Uterine Fibroid Embolization

Preprocedure Patient Information

What are uterine fibroids?
Uterine fibroids are benign, non-cancerous growths within or on the muscular walls of the uterus and range in size from 1/4 inch to the size of a cantaloupe. They are extremely common among 20 to 40 percent of women of child-bearing age. Common fibroid symptoms include:
- Heavy, prolonged menstrual periods
- Premenstrual pelvic pain, menstrual cramping
- Pelvic pain and/or pressure
- Back, flank or leg pain
- Urinary frequency, incontinence
- Gastrointestinal symptoms such as constipation or bloating

What is uterine fibroid embolization?
Uterine Fibroid Embolization (UFE) is an alternative to traditional treatments, which include the surgical removal of the fibroids (myomectomy) or removal of the entire uterus (hysterectomy). UFE blocks the blood supply to the fibroids, causing them to shrink. It is a minimally invasive procedure and is clinically proven to be successful in reducing the major symptoms of fibroids.

Who is a candidate for uterine fibroid embolization?
UFE may be appropriate for patients who meet the following criteria:
- Over the age of 18
- Have documented symptomatic fibroids and have been given recommendation to have hysterectomy or myomectomy
- Not pregnant
- Malignancy not present
- Not a candidate for surgery
- Wish to preserve the uterus
- Wish to remain fertile
- Do not have a pelvic infection
- Presence of symptoms, including pain, pressure, constipation, heavy bleeding

Who is NOT a candidate for uterine fibroid embolization?
While UFE is an effective, non-invasive option for some women, it may not be for all patients, including those who have:
- Asymptomatic fibroids
- Infection, pelvic inflammatory disease
- Suspicion of malignancy

What are the advantages of uterine fibroid embolization?
There are several advantages offered by the UFE procedure:
- Minimally invasive
- Safe
- Efficacious
- Performed on an outpatient basis
- Allows for faster recovery; usually return to work in 7 to 10 days
- Lower overall financial costs
UFE may also allow maintenance of fertility. Several studies have shown that women have become pregnant and given birth to healthy babies after undergoing UFE.

What are the disadvantages/risks of uterine fibroid embolization?
There are a few risks associated with UFE, which include:
- 10 to 15 percent of patients do not respond to embolization
- Pelvic pain that can last up to several days following the procedure
- Premature ovarian failure, which occurs in 1 percent of patients
- Contrast allergy
- Embolization material leak, which is rare

Does my insurance cover this procedure?
Most insurance companies cover UFE.
About the Procedure

Before the procedure
- Routine blood tests will be performed 5 days prior to your procedure.
- Do not eat or drink anything after midnight the day before your procedure. You should take any medications you usually take the morning of the procedure, but use only a very small amount of water to swallow them.
- You should not take aspirin or vitamin E for 5 days before the procedure.

The day of the procedure
- Please register at Gateway 1, then proceed to Gateway 3 for pre-op.

During the procedure
- The UFE procedure usually lasts between 45 and 90 minutes.
- You will be given local anesthesia and conscious sedation. No general anesthesia is administered.
- The uterine arteries are easily accessed from the femoral artery using a needle. A catheter, or small tube, is then inserted into the uterine artery. An angiogram, or x-ray, is performed to provide a road map of the blood supply to the uterus and fibroids.
- After the angiogram, particles are injected with x-ray guidance. The particles wedge into the uterine arteries, creating nearly a complete blockage of the blood flow in the vessels; they cannot travel to other parts of the body.
- Once one side is completed, the other side is embolized using the same technique.
- Arterial flow will still be present to the uterus, but flow to the fibroids will be blocked.

After the procedure
- You will be transferred to the Women’s Surgical Unit and will receive pain control.
- You will be discharged the next day with post-procedure instructions as well as any prescriptions for medication as needed.
- You should increase your fluids for the first week after your procedure and resume your usual diet. It may take several days for your normal appetite to return.

Outpatient follow up
- A member of the medical staff will call you within 24 to 48 hours after you have been discharged.
- Within 7 to 10 days, you will have your first follow-up appointment.
- During your 3-month and 1-year follow-up appointments, an ultrasound will be performed to compare your fibroids before and after the procedure.
- You should continue routine gynecological care.

Frequently asked questions

Will my heavy periods go away after UFE?
A majority of UFE patients experience an improvement in bleeding, pelvic pain as well as bowel, bladder or pelvic fullness.

Will my fibroids totally disappear after UFE?
Within 3 to 6 months, your fibroids should reduce in size by 50 percent and by 80 percent after the first year. Overall, you should experience a 90 percent improvement of your symptoms.

Uterine fibroid embolization summary
UFE is effective and works best with a team effort. The minimally invasive procedure has a clinical success rate related to bleeding and other symptoms of about 85 to 95 percent. The procedure involves a 23-hour hospital stay with a rapid recovery and a return to normal activity within 7 to 10 days.

For More Information
If you have any questions or concerns regarding the procedure, please call the VCU Medical Center UFE Hotline at 804-828-4914.

www.radiology.vcu.edu