The Dudley Group
NHS Foundation Trust

Uterine artery embolisation for treatment of fibroids

Radiology Department

Patient Information Leaflet

What is fibroid embolisation?

Fibroids are non-cancerous growths that develop in or around the womb (uterus). Fibroid embolisation is a way of treating fibroids by blocking the arteries (blood vessels) that feed the fibroids (uterine arteries), making the fibroids shrink. It is an effective alternative to an operation. Fibroid embolisation was first performed in 1995 and since then tens of thousands of women have had the procedure worldwide.

Why do I need fibroid embolisation?

Your gynaecologist will have told you about fibroids and discussed treatment options with you. Previously, most fibroids have been treated by an operation to remove them individually (myomectomy) or by hysterectomy. In your case, it has been decided that embolisation is a suitable treatment option.

Who will be doing the procedure?

The procedure will be carried out by a specially trained doctor called an interventional radiologist. They have special expertise in using

X-ray-guided techniques and are the best trained people to carry out this procedure.

What happens before the procedure?

You will be seen at an outpatient appointment by the consultant interventional radiologist who will go through the procedure in detail. You will also have an MRI scan to determine whether your fibroids are suitable for treatment by embolisation.

On the day of the procedure, you will need to be an inpatient as you will need to stay overnight. You will be asked not to eat for six hours beforehand.

A urinary catheter will be placed into your bladder by a nurse. You need to have a small needle put into a vein in your arm for antibiotics, sedative and painkillers to be given. You will also be given an anti-inflammatory suppository (a bullet-shaped tablet designed to put in your back passage/anus).

You will have a special painkiller injection device attached to you so that you can give yourself safe doses of painkillers after the procedure by pressing a button.

What happens during fibroid embolisation?

The procedure will take place in the X-ray department and you will lie flat on your back. You will have a monitoring device attached to your finger, and may be given oxygen. In the majority of cases an anaesthetist will be present to give you sedation and keep you comfortable. Then your groin will be swabbed with antiseptic and most of the rest of your body will be covered with a theatre towel to keep everything as sterile as possible.

Local anaesthetic will be injected in the skin in your groin and a needle will be inserted into the artery (in the majority of cases both groins are used), then a fine plastic tube called a catheter is placed into the artery.

The interventional radiologist uses X-ray equipment to guide the catheter into the arteries which are feeding the fibroids. A special X-ray dye, called contrast, is injected down the catheter into these uterine arteries, and this may give you a hot feeling in your pelvis.

Fluid containing thousands of tiny particles is injected through the catheter into these arteries to block them. Then the catheter is removed and pressure is applied to the groin to stop bleeding.

Will it hurt?

As the local anaesthetic is injected, it will sting initially, but this passes. You may develop cramp-like pelvic pain toward the end of the procedure but this is treated with intravenous (into a vein) painkillers.

How long will it take?

Every patient's situation is different but, as a guide, expect to be in the X-ray department for about two hours.

What happens afterwards?

Nurses on the ward will carry out routine observations. They will also look at the skin entry point to make sure there is no bleeding. You will need to stay in bed for at least six hours. You will be kept in hospital overnight and discharged the next day.

Once at home you should not do strenuous exercise for about a week. It is advised that you take two weeks off work. You should use pads rather than tampons for at least six months after embolisation to help prevent the risk of infection. Also, you should avoid becoming pregnant for at least one year after embolisation.

What are the risks or complications?

Fibroid embolisation is a safe procedure but as with any medical procedure, there are some risks and complications that can arise.

Occasionally a small bruise may develop in your groin at the needle entry site. Most patients feel some pain afterwards that can range from very mild to severe, cramp-like pain (similar to period pain). It is generally worst in the first 12 hours and can be controlled by painkillers.

Most patients get a slight fever after the procedure which can last for up to 10 days. This is a good sign as it means that the fibroid is breaking down. The painkillers help control this fever.

Vaginal discharge can occur afterwards, and may be bloody, due to the fibroid breaking down. This can last for up to two weeks or can be intermittent for several months. It may take a few months for you to go back to a regular menstrual cycle.

If the discharge starts to smell and look unusual, and if you have a fever as well, there is the possibility of infection so you should ask to see your gynaecologist urgently or call the gynaecology nurse on 01384 244584.

The most serious complication of fibroid embolisation is infection. This happens to about one in every 100 women. It can cause severe pain, pelvic tenderness and a high temperature, with or without unusual vaginal discharge. If you experience these symptoms, contact the gynaecology nurse on the above number or if you cannot get through, go to the nearest accident and emergency department.

Mild infection can be treated with antibiotics or a ‘D and C’ (dilatation and curettage) procedure. In severe cases, an operation to remove the womb may be necessary but this is extremely rare.

There is a four per cent chance that the embolisation procedure will lead to premature menopause. This occurs usually in women who are 45 years or older.

What are the results of embolisation?

The vast majority of women (approximately 85 to 90 per cent of women) are pleased with the results, reporting a significant improvement in their quality of life. By one year after the procedure, most fibroids shrink to about half their size resulting in significant improvement in both heavy, prolonged periods and symptoms relating to pressure. Once fibroids have been treated like this, generally they do not grow back again.

As mentioned above infection occurs in one per cent of women. Approximately three per cent of women will need a hysterectomy at some stage after embolisation, either due to infection, or because symptoms of bleeding or pressure do not go away.

Some women, who could not become pregnant before the procedure because of their fibroids, become pregnant afterwards. However, with embolization there is a four per cent risk of premature menopause; therefore, if having a baby in the future is very important to you, you need to discuss this with your consultant as it may be that an operation such as myomectomy is still a better choice.

If you have any questions or concerns, or if there is anything you do not understand about this leaflet, please contact:

The gynaecology nurses on 01384 244584 or
Dr S Latif (consultant interventional radiologist)'s secretary, Jayne Hyde on 01384 456111 ext. 2386

This leaflet can be downloaded or printed from:

http://dgft.nhs.uk/services-and-wards/radiology

If you have any feedback on this patient information leaflet, please email dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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