

Uterine Fibroid Embolisation - Patient Information

Women's Health Service, Wellington Hospital

What is a uterine artery embolization (UAE)?

Fibroids are non-cancerous growths which form in your womb (uterus). The arteries which supply your fibroids with blood are called uterine arteries. A UAE involves blocking off (embolising) these uterine arteries, causing your fibroids to shrink.

The procedure is carried out by a Radiologist, in the xray department in a special procedure room. A Radiologist is a doctor who has special expertise in using x-ray equipment, and also interpreting the images produced. They look at these images while carrying out the procedure.

Diagnosis of fibroids

Fibroids are fairly common, particularly in women in their late 30s and 40s. Most women who have fibroids don't experience any symptoms. But for others, they can cause heavy and painful periods. They can also cause pain and discomfort in your lower abdomen (tummy), and problems with fertility.

Your GP or gynaecologist (doctor who specialises in women's reproductive health) will usually be able to tell whether you have fibroids by physically examining your lower abdomen.

You will also need to have an ultrasound scan, in which sound waves are used to produce an image of the inside of your body, to confirm the diagnosis. The ultrasound scan will show how big your fibroids are and where they are located in your womb.

What are the alternatives to a uterine artery embolisation?

There are some medicines which can help to reduce the symptoms of fibroids, such as heavy periods. However, these can only be used as a temporary treatment, so surgery is usually recommended.

A hysterectomy (an operation to remove your womb) is a common treatment for fibroids. Once

you have had a hysterectomy the fibroids won't return. However, after a hysterectomy you won't be able to have any children, so this isn't the best form of treatment for everyone.

A myomectomy is an operation where your fibroids are removed but your womb isn't. This is usually recommended for women who may want to have children in the future so don't want to have a hysterectomy. It's possible that your fibroids may grow back after you have had a myomectomy.

Unlike a hysterectomy or myomectomy, a uterine artery embolisation doesn't involve a large operation. You don't need to have a general anaesthetic and won't be left with a scar afterwards. However, there is a small risk that you may develop a serious infection which means that you need to be given a hysterectomy afterwards (see *what are the risks* section).

Your gynaecologist and an interventional radiologist will decide together whether a uterine artery embolisation would be a suitable treatment for you. They will also discuss the risks with you before you agree to the procedure.

The success rate of UAE is 80 to 90 percent; it may not work in all cases. However most women find that their fibroids shrink to at least half their size after having a uterine artery embolisation, and most also find that their symptoms are reduced.

Preparing for your uterine artery embolisation

You will not be allowed to eat anything for six hours before your procedure but you are allowed to drink water up until two hours before your procedure.

You will be given a hospital gown to wear. A needle will be inserted into a vein in your arm. This is so that you can be given a sedative (calming drug) and painkillers during your procedure. A urinary catheter will be inserted into

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your bladder. This is so your bladder does not obscure the X-ray images taken during the procedure.

You will be asked to lie flat on your back on an X-ray table. The procedure is carried out through a big artery in your groin, so you may be asked to shave this area. You will stay awake during the procedure but will be given a sedative and painkillers so you will feel a bit drowsy. The time the procedure takes varies, but it's usually between one and two hours.

About the procedure

The skin near the point of insertion (by the large artery in your groin) will be cleaned with antiseptic. Then the skin and deeper tissues over the artery in your groin will be numbed with a local anaesthetic. A needle will then be inserted into this artery. Once the radiologist is satisfied this is correctly positioned a guide wire is placed through the needle, and into your artery. The needle is then withdrawn allowing a fine, plastic tube called a catheter to be placed over the wire and into your artery. The radiologist will use X-ray images to guide the catheter through to your uterine arteries.

A special dye called contrast medium will be injected through the catheter and into your uterine arteries. It may cause a hot feeling in your pelvic area, but this should wear off quickly. The dye will allow the Radiologist to find the arteries which are supplying your fibroids with blood using X-ray images. Liquid containing thousands of tiny particles will then be injected through the catheter and into these arteries. The particles will block the arteries and stop blood reaching your fibroids.

The arteries supplying your fibroids will need to be blocked on both the right- and left- hand sides. This can usually be done through a catheter inserted into the right side of your groin. However, if the Radiologist is unable to access both arteries from one catheter, you may need to have another one inserted into the left side of your groin.

Once the procedure is finished, the catheter will be removed and the small puncture site in your groin artery will be sealed by using direct pressure for 10 – 15 minutes or by using a special arterial sealing device. This will prevent any bleeding

Recovering from the procedure

You will be taken to the ward on a bed. Your

nurse will carry out routine observations such as checking your blood pressure and pulse, and the groin puncture site to ensure that there is no bleeding. You will stay in bed for a few hours until you have recovered. You will generally be kept in hospital overnight.

You will require pain relief following the procedure. This will generally be via a pump connected to the drip line in your arm, you can use this pump to control the amount of painkiller you receive yourself.

Once you have returned home you will need to rest for between one and two weeks. It's recommended that you take at least two weeks off work so that you can recover properly. You may feel very tired, especially to begin with.

You may experience some bloody vaginal discharge as the fibroids break down. This usually stops around two weeks after the procedure, but can sometimes go on for a few months. You may need to wear sanitary towels during this time. This discharge is nothing to worry about unless it has an unpleasant smell. This may mean that you have an infection, so you should contact your GP as soon as possible. You may also experience some generalised aches (flu-like symptoms). This is normal and should only last 7-10 days. If these aches are persistent or your symptoms worsen or you have a fever, you need to contact your GP immediately.

You may also experience some pain similar to period pains or cramps.

What are the risks?

Side-effects are the unwanted, but mostly temporary effects of a successful treatment. Some women find that they pass a fibroid, or part of one, through their vagina.

This can happen between six weeks and three months after the procedure. If it does happen then you may feel some pain similar to period pains and there will be some bleeding, so you will need to wear a sanitary towel.

There is also a risk that your periods may stop, but this is rare. It's called premature menopause and it's more likely to happen if you're over the age of 50, around the time that it should happen naturally.

Pain relief

It is common to experience pain following this procedure. You will need to take **regular** pain relieving medications. You will be given a prescription for Tramadol, Paracetamol and Voltaren. You will also be prescribed Maxalon, a medication to reduce any nausea or vomiting you may experience after the procedure.

Diet and fluids

A diet high in fruit, vegetables, fibre and water will help you maintain a regular bowel routine. Try to eat 5 portions of fruit or vegetables daily. A portion size is approximately the size of the palm of your hand. It is also important to try and manage to drink 2 litres of water a day to help avoid constipation. Constipation may occur and is due to taking the pain relief tablets. It is important to prevent constipation. A mild laxative will be prescribed for you to assist in preventing constipation (Lactulose).

Complications

Complications are when problems occur during or after the procedure.

There is a small risk of bleeding from the puncture site by the groin in the hours after the procedure.

There is a risk that you may develop an infection after the procedure has been carried out.

If you start to feel unwell and develop a high fever, you may have an infection. Other signs that you may have an infection are if you're in a lot of pain, have a sore and tender lower abdomen (tummy) or have a vaginal discharge with an

unpleasant smell. If you have any of these symptoms, contact your GP as soon as possible. Infections can usually be treated with antibiotics.

However, there is a small chance that if you develop a serious infection you may need to have a hysterectomy, which will mean that you're no longer able to have children. For this reason, if you may want to have children in the future, then it may be best for you not to have a uterine artery embolisation.

Follow-up

Review appointments in the Woman's Clinics – Gynaecology Outpatients at 6 weeks post procedure and 6 months post procedure. Follow-up ultrasound imaging at 3 and 12 months post procedure and additional imaging as clinically indicated. It is not possible to identify the success of UAE until the three month follow up appointment.

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