

Fibroid Embolisation (Uterine Artery Embolisation)

Radiology Department



Patient information leaflet

This leaflet tells you about the procedure known as fibroid embolisation. It explains what is involved and the possible risks.

The benefits and risks of this procedure should already have been explained to you by your doctor. If you have any concerns about the procedure, you should discuss these with your doctor prior to being admitted. You will have an opportunity to ask the radiologist any questions you may have prior to the examination being undertaken. Written consent will be obtained from you once the examination has been fully explained to you.

Prior to attending this appointment you will attend the pre-assessment clinic to prepare everything for your admission date.

What is Fibroid Embolisation?

It is a non-surgical procedure which involves the occlusion (blocking) of the blood vessels supplying uterine fibroids.

Uterine fibroids are benign growths of the uterine muscle occurring in 30-40% of women. Most fibroids do not cause any problems and do not require treatment.

A tiny catheter is inserted under local anaesthetic into an artery in the right groin. Under x-ray control a micro catheter is introduced selectively into each of the two arteries that supply the uterus. The micro catheter is passed approximately half-way down the artery and then fine particles of a solid substance called PVA (Poly Vinyl Alcohol) are injected through the catheter into the uterine artery. The particles are carried to the group of vessels supplying the fibroid(s). These vessels become silted up thereby depriving the fibroid of blood which causes it to die and shrink.

During the procedure intravenous sedation is administered as required.

Why do I need a Fibroid Embolisation?

Some fibroids can cause heavy periods which can lead to anaemia and debilitation. If the fibroids grow large they can lead to 'compression syndrome' in which adjacent organs may be compressed such as the

bladder leading to frequency of urination or the bowel leading to constipation and bloating or they may cause backache and sciatica.

You may have been referred for fibroid embolisation for one or more of the above conditions.

What preparation is required?

Please refrain from taking aspirin, non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen for 5 days before the procedure. If you are on anticoagulant (blood thinning medication) such as Warfarin please let us know as soon as you receive this appointment. It may be necessary to change to another form of temporary blood thinner for a few days if your clotting risk is high; your doctor will discuss this with you if necessary.

You should abstain from sexual intercourse from day one of your period until the next cycle after your appointment. Should a pregnancy occur during this time the procedure could cause a miscarriage.

Patients are asked not to have any food for 4 hours or liquids for 2 hours prior to the procedure.

Can I bring a relative or friend?

Yes, but for safety reasons, they will not be able to accompany you into the x-ray room, except in very special circumstances.

You must have someone collect you and drive you home after your required amount of bed rest, and you will need someone to stay with you overnight.

On Admission

- You will be asked to remove your clothes including your underwear and put on a hospital theatre gown. Please remove your watch and any nail varnish.
- If you have any other allergies please tell the nursing staff.
- Blood will be taken while you are on the ward to test for your hormone and haemoglobin levels; the latter is to check if you are anaemic.

- We usually ask the ward to give you a suppository as part of your pain relief. If you have asthma this is contra indicated; there are other pain relief drugs you may have instead.
- A urinary catheter will be placed into your bladder to drain away x-ray dye that collects in your bladder during the embolization. The urinary catheter will be removed some four hours after embolization, when you will be able to visit the toilet.
- A self-certification 'fitness to work note' can be obtained from the ward, to cover the time you are off work.
- You will be transported on your ward bed to the Radiology (x-ray department).

Who will carry out the procedure in the Radiology department?

A specially trained team led by an interventional radiologist. This is a doctor with special expertise in using imaging to guide catheters and wires to aid diagnosis and treatment.

The procedure will be carried out in the interventional suite with digital x-ray imaging equipment.

What happens during Fibroid Embolisation?

If you use glasses to read please bring them with you to the department as you will need them to read your consent form. You will have the opportunity to discuss anything with the doctor prior to signing the consent form.

A cannula will be placed into a vein in your arm; this will be used to give you sedation, pain relief and antibiotics. We will monitor your blood pressure and other vital signs during the procedure.

The most common place for the doctor to gain access to your arterial system is via the femoral arteries. It may be necessary to shave a small area near your groin.

For the majority of patients the embolisation can be completed from the right groin, but occasionally due to the anatomy of the blood vessels the doctor may need to use both sides, so both groins are prepared. You will have the skin around your groin swabbed with antiseptic fluid and your body covered with sterile towels.

The doctor and an x-ray nurse will prepare and put on sterile gown and gloves. A radiographer (a trained health care professional) will operate the x-ray equipment.

Will the procedure be painful?

You will experience a stinging sensation as the local anaesthetic is injected into the groin, but the area will soon become numb.

A fine catheter will then be introduced into the groin artery and X-ray 'dye' will then be injected through it to visualise the blood supply to the fibroid/s. You will feel a momentary hot flush in your pelvis, bladder and back passage as the dye is injected (This is normal)

When the catheter reaches the uterine artery you may feel further tiny 'hot flushes' as the radiologist injects a small amount of the "dye" to visualise the vessel. Once the fibroid blood supply has been identified, fluid containing thousands of tiny PVA particles is injected through the catheter into the small arteries that nourish the fibroid. This silts up the vessels and blocks them so that the fibroid is starved of its blood supply.

Both right and left uterine arteries need to be blocked in this way. The treatment is the same for one or more fibroids.

How long does the Embolisation take?

Every patient's situation is different, and it is not always easy to predict how complex, or straight forward the procedure will be. Some fibroid embolisations do not take very long, perhaps an hour. Other embolisations may be more involved and take longer, perhaps two hours. As a guide, expect to be in the x-ray department for two hours.

Radiation is used during the procedure, but your consultant has decided that the benefits of having the procedure done are greater than any potential risk of exposure to radiation. The radiation dose you receive will be kept as low as possible.

What about after care?

At the end of the procedure, the catheter is withdrawn from the femoral artery and the radiologist then presses firmly on the skin entry point for several minutes, to prevent any bleeding. Occasionally we may need to apply a special pressure device to control the bleeding from the puncture site and this will be left in place for two or three hours after you return to the ward. It will apply light, constant pressure on the puncture site.

You will be transferred to your ward bed and made comfortable. The nurse can give you intravenous pain control if you have any pain. You will be taken to the recovery area to have a 'patient controlled' pain relief pump connected to your cannula and your pain will be reassessed and further pain relief may be given if needed. You will be escorted to your ward. A ward nurse will monitor your blood pressure, pulse, puncture site and check that you are comfortable.

You will be asked to stay in your bed for four hours, lying flat on your back for the first two hours to allow the puncture site to stabilise.

Most patients feel some pain afterwards. This ranges from very mild to severe crampy, period-like pain. This pain is generally worse in the first twelve hours following the embolisation. While you are in hospital the pain will be controlled with suitable painkillers. You may still have some pain when you go home; you will be given further pain relief tablets to take home with you.

For the first 1-2 days your bowels may be rather sluggish/inactive, you are advised to have a light diet and if required take a mild laxative 2-3 days after the procedure.

What to expect when I get home?

A bruise may occur around the puncture site in your groin. This usually resolves in a week or two.

A few patients get a vaginal discharge afterwards, which may be bloodstained. This is usually due to the fibroid breaking down. Usually, the discharge persists for approximately two weeks from when it first starts, although occasionally the discharge can persist intermittently for several months. This is not in itself a medical problem, you may

need to wear sanitary protection; we advise you use sanitary towels at this time.

Are there any potential complications with this procedure?

The most serious complication of fibroid embolisation is infection.

This happens to perhaps one in a hundred women having the procedure. If you have a vaginal discharge and it becomes offensive and it is associated with a high fever i.e. 101 deg F/ 38.3 deg C and you feel unwell, experience pain and / or pelvic tenderness, there is the possibility of infection in which case you should contact your doctor urgently.

Lesser degrees of infection can be treated with intravenous antibiotics and perhaps a 'D & C' (dilatation and curettage) of the uterus (womb). Once a severe infection has developed, it is generally necessary to have an operation to remove the uterus (a hysterectomy)

The mortality from Uterine Fibroid embolisation is ,1 in 10,000 compared to mortality for hysterectomy for fibroids of 1 in 1,000 to 1,500.

What else may happen after this procedure?

During the next 2-3 weeks some patients feel tired and experience further bouts of pain and have a slight fever. These symptoms will be controlled with painkilling tablets that you will be given to take home. These are good signs and mean that the fibroid is breaking down.

When you get home, rest and do not take up any strenuous tasks for two weeks.

Avoid standing for too long or lifting anything too heavy whilst you are recovering from the procedure.

Although some patients may feel fit enough to return to work as early as three days after the procedure, it is advisable to take at least two weeks off work.

It is advisable to avoid sexual intercourse for four weeks after the procedure to allow your uterus to "settle down". Please do not use tampons or go swimming during this time.

You will be sent an appointment for an ultrasound scan at 8 weeks after your embolisation, with further follow up scans at regular intervals.

About 8% of women spontaneously expel a fibroid, or part of one, this usually occurs six to twelve weeks after embolisation. If this happens, you are likely to feel a period like pain and have some vaginal bleeding. A very small number of patients suffer a temporary loss of periods. True permanent ovarian failure occurs in less than 1% of patients.

What are the alternative treatments to fibroid embolization?

The usual surgical alternative to embolisation would be a hysterectomy, or in patients wanting to become pregnant an abdominal myomectomy.

Make sure you are satisfied that you have received enough information about the procedure before you sign the consent form.

Privacy and dignity

Sometimes tests, although necessary, can be embarrassing or undignified for patients but we promise to do everything we can to make you as comfortable as possible during your visit to the department. We hope that the information in this leaflet will answer any questions you may have but please feel free to contact us if you have any particular worries, questions or concerns.

Questions and contacts

Following the examination, if you experience any problems please contact the Radiology department between 08:30 and 17:00. Outside these times please contact your GP/gynaecologist.

If you have any questions or would like to know more about this procedure, please telephone the Radiology department:

01483 464053

If you are unable to keep your appointment notify the Radiology department as soon as possible.

For further information about Diagnostic Imaging Services at Royal Surrey County Hospital NHS Foundation Trust, please contact:

Royal Surrey County Hospital NHS Foundation Trust
Egerton Road
Park Barn
Guildford
Surrey
GU2 7XX

www.royalsurrey.nhs.uk

Reference sources

- British Society of Interventional Radiology – www.bsir.org/patients/fibroids/
- www.fibroids.co.uk

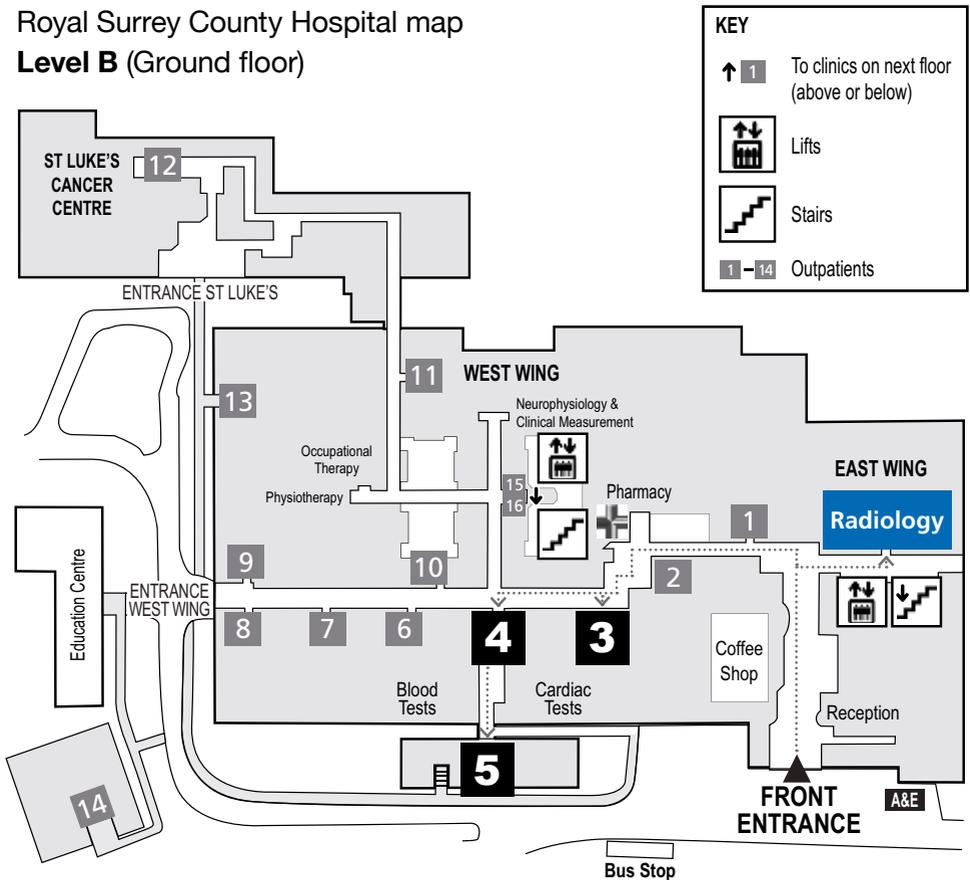
Additional information

- Nice guidelines – www.nice.org.uk/guidance/ipg367
- NHS choices – www.nhs.uk/Conditions/Fibroids/Pages/Treatment.aspx

How to find the Radiology Department

Royal Surrey County Hospital map

Level B (Ground floor)



Data sharing reference information is available on Royal Surrey County Hospital patient information leaflet entitled:

Your Healthcare records – your information, PIN120703–562

Royal Surrey County Hospital NHS Foundation Trust

Egerton Road

Guildford

Surrey

GU2 7XX

www.royalsurrey.nhs.uk

Radiology Department contact details

If you have any questions or would like to know more about this examination, please contact the Radiology Department on:

Telephone: 01483 571122 **ext** 2050 or 01483 464150

Monday–Friday, 9am–5pm

If you are unable to keep your appointment, please contact us as soon as possible.

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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