

Information about having an

Uterine Fibroid Embolisation

What is a Uterine Fibroid Embolisation?

This is the blocking of the arteries (blood vessels) that supply blood to the fibroids causing them to shrink in size or disappear.

Who will do it?

A specially trained doctor called a Radiologist.

Where will it be done?

Usually in a screening room in the x-ray department.

When can I discuss the procedure?

You can discuss this with your Gynaecologist and also the Radiologist before the procedure.

Consent

We will ask you to sign a consent form before the procedure. Please make sure that you ask any questions you may have. When signing the form you should know what we plan to do, alternative treatments, and any risks or complication of the procedure.

What preparation is required before the procedure?

You cannot eat for 6 hours before the procedure but you may drink small amounts of clear fluid up to 2 hours before the procedure. Before you come to the x-ray department nursing staff will give you medication and you may have an intravenous drip.

You will need to undress and wear a hospital gown.

What happens during the procedure?

You will need to lie on your back on the x-ray table.

We may give you sedatives or painkillers via a needle in your arm. We will monitor your vital signs (blood pressure, pulse, oxygen intake). You may need oxygen.

The radiologist will inject local anaesthetic into the groin, make a small cut and place a fine plastic catheter in the artery. The radiologist uses the catheter to find the arteries supplying blood to the fibroids. We also use x-ray for guidance.

We inject tiny particles into the arteries until the blood flow is stopped. We then remove the catheter and apply pressure on the groin area for about 10 minutes to prevent bruising.

How long will it take?

Every patient's situation is different, for a variety of reasons, however you can expect to be in the x-ray department for about 2 to 3 hours.

What happens afterwards?

The procedure itself is relatively painless but most patients will experience some moderate pain lasting up to 24 hours after the procedure.

When you return to your ward we will give you pain relief. If the painkillers cause nausea and, or vomiting we will give you medication for this.

You will need bed rest for a few hours. The nursing staff will monitor you and carry out routine observations (blood pressure, pulse etc). Nursing staff will also monitor the puncture site to make sure there is no bleeding.

Most women are well enough to go home the following day, although pain may continue for a week, occasionally two. There may be a mild discharge for a few days or weeks. You should be able to return to work within a couple of weeks.

Are there any risks and, or complications?

Early experience suggests the procedure is safe and serious complications are rare.

Pain is very common in the first 24 hours and can be severe but this can be controlled by painkillers.

There may be bruising in the groin area where the artery is punctured but this should settle after a few days.

Very rarely an infection may develop in the womb in the weeks after the procedure.

If you have a coil (IUCD) fitted, it is best to remove this before the procedure to remove the risk of infection. You must tell the doctor of this before your procedure.

Fibroid Expulsion – Some women (10%) have reported a vaginal discharge which may include pieces of tissue. This usually clears up within a few weeks but can continue for several weeks or months.

Premature Menopause – Around 2% of women will experience a premature menopause as a result of embolisation.

If you have any questions please telephone the number on your appointment card or letter.