Information for patients requiring an Uterine Fibroid Embolisation
Information for patients who require an Uterine Fibroid Embolisation

This information leaflet has been produced to give you general information and hopes to answer most of your questions when requiring an Uterine Fibroid Embolisation. It is not intended to replace the discussion between you and the healthcare team, but may act as a starting point for discussion. If after reading it you have concerns or require further explanation, please discuss this with a member of the healthcare team.

Why do I need this procedure?

You have had other tests, which have shown you have Fibroid in your uterus. Uterine fibroids are non-cancerous growths that develop in the muscular wall of the uterus. They can often be symptom less, but they can cause pain, heavy uterine bleeding, and urinary incontinence and can sometimes cause difficulty in conceiving or carrying a pregnancy to term.

What are the benefits of the procedure?

The aim of the procedure is to reduce or block off the blood supply to the fibroids to relieve symptoms and reduce their size. It is a less invasive alternative to hysterectomy or myomectomy, preserves the uterus with a faster recovery time. It is performed by a specially trained doctor called an interventional Radiologist. Interventional radiologists have special expertise in using X-ray equipment, and also in interpreting the images produced.

How do I know if this is a suitable procedure for me?

Your gynaecologist and the Interventional Radiologist have suggested that this as the most suitable treatment for you. You will need to attend the radiology pre-assessment clinic to establish your general health. At this appointment you will need to have your blood pressure measured, and blood samples taken. A nurse will talk to you about the investigation, it is important that you let us know if you have a coil in place as this will need to be removed prior to the embolization. The procedure needs to be performed in the first ten days of your menstrual cycle, you will be asked about your menstrual dates at pre assessment. You will also be asked to give your consent for the procedure to go ahead following a detailed discussion with a radiologist. There will be plenty of time during this appointment to answer your questions.

Can I take my medication as normal?

Most medication can be taken as normal. If you are taking Metformin or any blood thinning medication such as aspirin, warfarin, clopidogrel or rivaroxiban, it is important that you let us know at your pre-assessment appointment.
What happens during the procedure?

On the ward - The procedure usually involves an overnight. You will be asked to go to a ward for a couple of hours to prepare before the procedure. On the ward you will be asked to put on a hospital gown on and a cannula (plastic needle) will be inserted into one of your veins. A pregnancy test will also need to be performed. You can continue to eat and drink normally but avoid fizzy drinks. The nurses will give you some pre procedure medication (pain killers, antibiotics and anti-sickness medication). A nurse will complete a checklist with you before leaving the ward.

In the x-ray department - The procedure is performed in the x-ray department. On entering the x-ray room a radiologist, radiographer (person who takes the x-ray pictures) and a nurse will greet you. They will check your personal details and complete the safety checklist again with you, discussing the procedure including where we will access the artery. You will be asked to lie flat on the x-ray table with a pillow under your head. You will be awake during the procedure and there will be a member of staff nearby at all times to support you. Your blood pressure, oxygen levels and heart rate will be measured regularly.

The skin over the access site to the artery will be cleaned and local anaesthetic will be injected into the skin. The local anaesthetic will make this part of your body go numb. You may then feel a little pressure as a thin catheter (tube) is placed into the artery. The Doctor will then use x-rays to see the position of this catheter. Contrast (x-ray dye) is injected through the catheter and x-rays taken at the same time.

As the contrast enters the arteries, you may feel a warm sensation. It may feel as if you are passing water (urine), but this is only a feeling, it is normal and will pass quickly.

The radiologist will now position a catheter into the artery that has the fibroid blood supply. The radiologist will inject a fluid containing thousands of small particles into the blood vessel that take blood to the uterus, blocking the blood supply to the fibroids. The procedure itself may become painful. However, there will be a nurse, or another member of staff, standing next to you and looking after you. If the procedure does become too painful for you, then they will be able to give you some painkillers through the needle in your arm.

At the end of the procedure - For most patients, at the end of the procedure a closure device (a metal clip or stitch) will be used to seal the access site. When the bleeding has stopped immediately only 2 hours of bed rest is required. Sometimes there will be a small amount of bleeding, if this happens the Radiologist will press on the access site and longer bed rest is needed.

In a small number of patients the devices cannot be used or do not deploy correctly. In those circumstances, the artery is normally compressed for about 10 minutes or until we are satisfied that bleeding is controlled. A longer period of bed rest is needed, usually 4 - 6 hours.

What happens after the procedure?

You will be helped back onto a trolley. There will be someone with you until the nurse from the ward arrives to escort you back to the ward.

A nurse will observe your access site regularly and continue to measure your blood pressure, oxygen levels and heart rate. If you feel any swelling, oozing or pain in the area of the access site, please inform the nurse immediately.
You will still be allowed to eat and drink after this procedure, although this may need to be lying flat for the recovery period. It is important to drink plenty after this procedure to help your kidneys flush the x-ray dye from your body.

If you need to use the toilet during this time, please ask for a bedpan.

It is important to put pressure on your puncture site when moving, coughing, laughing or sneezing. This can be done by gently putting your hand over the area for the rest of the day.

Most patients feel some pain afterwards. This ranges from very mild pain to severe cramp, period-like pain. It is generally worst in the first 12 hours, but will probably still be present when you go home. While you are in hospital this can be controlled by pain killers.

What complications can happen?

The uterine fibroid embolisation is considered a very safe procedure. However it is important that you understand the risks.

The most common complication is the development of a bruise called a haematoma at the access site. This happens in about 2% of cases.

There is a very small risk that you may be allergic to the x-ray dye used during the procedure and also that the x-ray dye may affect how well your kidneys function. As this risk varies we will need to discuss it with you at your pre-assessment appointment.

A small number of patients have experienced infection usually controlled by antibiotics.

There is also a small risk of damage to the uterus which can create the need for an urgent hysterectomy.

There is a 1 to 2% risk of ovarian failure which would result in an instant menopause and would render the patient infertile.

Please feel free to ask any questions at your pre assessment appointment.

How soon will I be back to normal?

Most patients remain in hospital overnight following the procedure. This will be discussed with you at your pre-assessment appointment. The radiologist will return to see that you are progressing well before you are discharged. Ordinarily you will be discharged the following morning provided any discomforts or pain that you are experiencing are controlled. You will subsequently return to your gynaecologist out-patient clinic for follow up [usually 3 months after the procedure].

You may also experience a discharge for anything up to two months following the procedure and in fact patients have presented with late discharge from fibroids that have slowly shrinks following such treatment. Less frequently the fibroid itself passes when it gets smaller and this would present as solid material in the vagina.

There are no restrictions for driving once you have recovered.
If you have any concerns do not hesitate to contact your GP, the radiology nurse on the number below.

**What happens if I decide not to have the investigation?**

You will be referred back to the doctor who advised the Uterine Fibroid Embolisation to discuss it further.

**What if I have any special requirements?**

If you have any special needs or requirements please discuss this with the nurse or doctor at your pre assessment visit or contact the x-ray staff on the number below.

**Where can I get more information?**

Radiology nurses can be contacted on:

0191 445 3260 or 0191 482 0000 bleep 2687 Monday to Friday 0900-1700

NHS direct 24 hours a day on 0845 46 47

**Data Protection**

Any personal information is kept confidential. There may be occasions where your information needs to be shared with other care professionals to ensure you receive the best care possible.

In order to assist us to improve the services available your information may be used for clinical audit, research, teaching and anonymised for National NHS Reviews. Further information is available in the leaflet Disclosure of Confidential Information IL137, via Gateshead Health NHS Foundation Trust website or the PALS Service.

This leaflet can be made available in other languages and formats upon request