

# Uterine artery embolisation (fibroid embolisation)

Radiology

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.



## What is the aim of this leaflet?

The aim of this leaflet is to explain the procedure for patients undergoing a uterine artery embolisation. This leaflet is not meant to replace informed discussion between you and your doctor, but can act as a starting point for outlining risks and benefits.

## What is fibroid embolisation?

Fibroid embolisation is a relatively new way of treating fibroids by blocking the arteries that feed the fibroids (uterine arteries), making periods lighter and less painful. It is an effective alternative to an operation.

## Who has made the decision?

The choice about which treatment is best for you will be made together with your doctor. This will be based on the risks and benefits of the treatment and your individual circumstances.

## Why do you need a fibroid embolisation?

Previously, most fibroids have been treated by removing the womb (hysterectomy) which often also removes the ovaries. It may less commonly be treated by an operation to remove the fibroids individually (myomectomy). Periods can also be treated with blood thickeners or hormones to affect the menstrual cycle. It may be possible for you to have a coated coil fitted. For you it has been decided that embolisation is a suitable treatment option.

## Who will do the procedure?

An Interventional radiologist will perform the intervention. They have special expertise in interpreting the images and using imaging to guide catheters and wires to aid diagnosis and treatment.

# Consent

We must seek your consent for any procedure or treatment beforehand. Written consent will be obtained from yourself by a doctor to give permission to have the procedure done. Your doctor will explain the risks, benefits and alternatives where relevant before you sign the consent. A referral will be made and your appointment will be arranged. If you are unsure about any aspect of the procedure or treatment proposed please do not hesitate to ask for more information.

## What are the potential risks?

Serious complications from fibroid embolisations are uncommon, but a number have been described:

- Bruising around the puncture site
- Most patients feel some pain afterwards, which ranges from very mild to severe crampy, period-like pain. It is generally worse in the first 4 hours, and is controlled by painkillers. You will be given patient controlled analgesia (a morphine drip with a demand switch)
- Most patients get a slight fever after the procedure. This is a good sign as it means that the fibroid is breaking down
- Vaginal discharge can occur afterwards and may be bloody due to the fibroid breaking down. This can persist for up to two weeks or can be intermittent for several months. If the discharge becomes offensive, and if associated with a fever, there is the possibility of infection and you should seek medical attention urgently from the Interventional Radiologist during office hours, a gynaecologist, or E.D. (Emergency Department)
- The most serious complication of fibroid embolisation is infection. This happens to 10%. Severe pain, pelvic tenderness and a high temperature can occur. Urgent medical attention should be sought
- In severe cases an operation to remove the womb may be necessary if the infection is uncontrolled by antibiotics

- There is a 5% chance that the procedure will lead to premature menopause. This occurs usually in women who are 45 years or older. Most women find it takes about 3 months to resume a regular menstrual cycle
- Death as a result of the procedure is extremely rare
- **Radiation:** This procedure involves exposure to radiation. For most patients' the risk of causing cancer from this exposure is less than 1 in 1000. It may be more than this if your procedure is complex or depending on factors such as body type, height and weight. The requesting doctor and the doctor that will be performing your examination feel that the benefit of having the test or treatment outweighs the risk from the exposure to radiation.

If you have further questions about the risk of exposure to radiation, please talk to your doctor during consent.

**Please contact the X-ray Department as soon as you receive this appointment if you think you may be pregnant!**

#### **Contrast Media:**

The "dye" that is used to show up the blood vessels can have side effects for a minority of patients

- 3 in 100 patients experience mild side effects including nausea and hot flushes.
- 4 in 10,000 have more serious side effects including breathing difficulties and can rarely be life threatening.

If a side effect does occur the doctors, nurses and radiographers are trained to deal with it.

## **What are the benefits of embolisation?**

- Reduce heavy periods and pain
- Family planning.

## Are there any alternative treatments and what if I decide not to have it done?

The Consultant in charge of your care will discuss the alternatives with you, which includes surgery. They will also discuss the consequences of no treatment.

## Are you required to make any special preparations?

Fibroid embolisations are usually carried out as an inpatient procedure under local anaesthetic.

- At the consent clinic, blood samples and skin swabs will be taken.
- On admission a needle will be inserted into your arm into which you will have antibiotics and medication to prevent infection from occurring.
- If you have any allergies or have previously had a reaction to the dye (contrast agent), you must tell the radiology staff before you have the procedure.
- You can enjoy a light breakfast before 08:30 and drink as normal before the procedure. The nurse on the ward will already know how to prepare for your procedure.

If you are taking the following medication and the doctor hasn't discussed them during consent please contact the X-ray Department when you receive this information:

- Acenocoumarol, Apixaban, Asprin, Bivalirudin, Dabigatran, Dalteparin, Danaparoid, Dipyridamole, Edoxaban, Enoxoparin (clexane) Fondaparinux, Heparin, Phenindione, Tinzaparin, Warfarin.

## Where will the procedure take place?

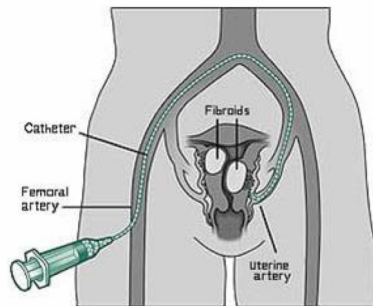
The procedure will take place in the Interventional Radiology unit; this is located on the 2nd floor of the Radiology department. This is similar to an operating theatre in which specialised X-ray equipment has been installed.

The Interventional Radiology unit will liaise with your ward nurse and porters to arrange transport to your procedure.

# What happens during fibroid embolisation?

The radiologist uses X-ray equipment to guide the catheter into the arteries, which are feeding the fibroids.

You will be asked to get undressed and put on a hospital gown. You will be asked to lay flat on your back. Observations of your heart rate and blood pressure will be taken during and after the procedure. This is routine. A team of nurses and radiographers will assist the radiologist during the procedure. Local anaesthetic is injected at the procedure site (this may be injected in both groins). This may sting for a few seconds but will then go numb. The interventional radiologist places various catheters and wires up or down the arteries that are feeding the fibroids. A special dye, called a contrast agent, is injected down the catheter into these uterine arteries, and this may give you a hot feeling in the pelvis. Fluid containing thousands of tiny particles is injected through the catheter into these arteries to block them. The catheter is removed and pressure applied to the groin to stop bleeding.



## Will it hurt?

When the local anaesthetic is injected, it will sting for a short while, but this soon wears off. You may develop cramp-like pelvic pain toward the end of the procedure, but this is treated with intravenous painkillers. There will be a nurse taking care of you during the procedure. If pain persists after the procedure the nurse on the ward looking after you will be able to offer more pain relief.

## How long will it take?

Every patient is different, and it is not always easy to predict; however, expect to be in the radiology department for about two hours.

## What are the results of embolisation?

The vast majority of women are pleased with the results, 90% have a satisfactory reduction in the heaviness of their periods, 80% have much less period pain, resulting in a significant improvement in their quality of life. By one year, most fibroids shrink to 40% of their previous volume resulting in significant improvement symptoms relating to pressure. Once fibroids have been treated like this, they do not generally grow back again. Some women, who could not become pregnant before the procedure because of their fibroids, have become pregnant afterwards. However, if having a baby in the future is very important to you, you need to discuss this with your doctor as it may be that an operation is still the better choice.

## What happens afterwards?

- You will return to the ward
- The Nurse on the Unit will take your pulse and blood pressure to make sure that there are no problems. They will also look at the skin entry point to make sure there is no bleeding from it
- You will need bed rest for at least six hours, you will then be able to sit up and walk around if there are no complications
- You will stay on the ward overnight and will be discharged the next day.

## Going home advice

- Once at home, you should refrain from strenuous exercise for about a week
- 3 weeks off work is usual
- For 1 day you will need to regularly check the procedure site for oozing or swelling
- The dressing can be removed 48 hours after the procedure



- Driving after surgery: It is your responsibility to make sure you are fit to drive after any surgical procedure. If you feel braking will cause the access site to bleed then it is advised you wait a few days before you drive. Information can be found on the DVLA website:  
<https://www.gov.uk/guidance/general-information-assessing-fitness-to-drive>
- Any concerns should be reported to the Interventional Radiology Department, the Gynaecology ward, or your local Accident and Emergency Department
- It is unlikely that the puncture site will bleed, but if this happens, you should follow these instructions:
  - Stop what you are doing and lie down
  - Press firmly on the site with your fingers
  - Call NHS helpline on **111** or **999**. Say you have had an Embolisation and the site is bleeding.

## Trainees

A Radiology trainee (qualified experienced doctors training in Radiology) or occasionally a student may be present during the examination. If you would prefer them not to attend, please let a member of Radiology staff know.

## How to contact us

If you have any personal access needs, require wheelchair access and wish to speak to a member of staff for further information please contact the Interventional Radiology department on (01902) 307999 Ext 6344 between 9.00am and 5.00pm.

### **Angiography Suite / Interventional Radiology**

Second floor Radiology A2  
New Cross Hospital  
Wolverhampton  
West Midlands  
WV10 0QP

### **Gynae Ward (D7)**

New Cross Hospital  
01902 694034

### **Patient Advice and Liaison Service**

New Cross Hospital  
01902 695362  
Email: [rwh-tr.pals@nhs.net](mailto:rwh-tr.pals@nhs.net)

## Further information

Further information about your examination is available from The British Society of Interventional Radiologists at:

[http://www.bsir.org/static/uploads/resources/BSIR\\_Patient\\_Leaflet\\_Uterine\\_Artery\\_Embolisation\\_Fibroid\\_Embolisation\\_2.pdf](http://www.bsir.org/static/uploads/resources/BSIR_Patient_Leaflet_Uterine_Artery_Embolisation_Fibroid_Embolisation_2.pdf)

Information taken from:

British Society of Interventional Radiology



## English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

## Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

## Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowałiby Państwo usługi tłumaczenia ustnego lub innej pomocy.

## Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

## Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

## Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。