



Uterine Fibroid Embolization

How to prepare for your procedure

Uterine fibroid embolization treats uterine fibroids with angiography instead of surgery.

Uterine fibroid embolization (UFE) is a way of treating fibroids of the uterus without surgery. Fibroids, also known as *myomas*, are masses of fibrous muscle tissue in the uterine wall. They are benign, but they are often painful and can cause heavy menstrual bleeding or pressure on the bladder and bowel.

UFE uses advanced X-ray procedures, originally developed for heart catheterization, to introduce a catheter (a tiny tube) into each of the 2 uterine arteries so that small particles can be injected to block blood flow to the fibroid. When the fibroid loses blood supply, it loses its supply of oxygen and nutrients. When that happens, the fibroid shrinks, and in most cases symptoms are relieved.

UFE was first used to decrease blood loss during surgery to remove fibroids. It was found that many patients, while waiting for fibroid surgery, no longer had symptoms and the surgery was not needed. Now UFE is used as a stand-alone treatment for uterine fibroids.

UFE is much less invasive than an open surgery. It should be done by an interventional radiologist – a doctor trained to do this procedure.

What are some common uses of the procedure?

The most common reason for UFE is to treat symptoms caused by fibroid tumors. This is done by stopping the growth of fibroid tumors and attempting to shrink them. Because the effects of UFE on fertility are not yet known, the ideal candidate is a woman with symptoms from fibroid tumors who no longer wishes to become pregnant.

UFE may be an option for women who, for reasons of health or religion, do not want to receive blood transfusions, which may be needed if an open surgery is carried out. Embolization of the uterine

Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. Clinic staff are also available to help.

- UWMC Imaging Services:
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arteries also may be used to stop severe bleeding that occurs after childbirth or is caused by malignant gynecological tumors.

Though UFE has not been found to treat infertility or increase fertility, it is an alternative to a hysterectomy, which is one of the other treatment options for uterine fibroids.

How does the UFE work?

UFE works because tissues that are deprived of blood, which carries oxygen and nutrients, will often shrink in size. The lack of blood supply shrinks the fibroids and therefore decreases symptoms. After UFE is done, the site of skin puncture is cleaned and pressure is held at the catheter site for 20 minutes to prevent bleeding.

How should I prepare for the procedure?

If you want to have a UFE, start by seeing your gynecologist. If your doctor believes that your symptoms may be caused by fibroids, an MRI or ultrasound of the uterus will be done to assess size and number of fibroids.

After other causes of the symptoms have been ruled out, you may be referred to an Interventional Radiologist trained in UFE. During your clinic visit with this specialist, you will be given specific instructions about how to prepare for the procedure.

- Do not eat or drink anything for 6 hours before the procedure.
- You will need to be off work for 1 to 2 weeks after the procedure. You may need some help with household chores during this time.

What will I experience during and after the UFE?

Most patients having uterine fibroid embolization stay overnight in the hospital for pain control and observation. Most patients have pelvic cramps for several days after UFE, and may have mild nausea and a low-grade fever as well. Cramps are most severe during the first 24 hours after the procedure, and rapidly get better over the next several days.

While in the hospital, discomfort usually is well-controlled with a patient-controlled analgesia (PCA) pump, which dispenses intravenous pain medicine at the push of a button. Oral pain medicine will be provided when you are discharged the next day.

Most patients recover from the effects of UFE in 1 to 2 weeks after the procedure, and will be able to return to their normal activities. Most times, it takes 2 to 3 months for the fibroids to shrink enough so that symptoms such as pain and pressure improve. It is common for heavy bleeding to improve during the first menstrual cycle after the procedure.

Most women are able to return to work 1 to 2 weeks after UFE. Sometimes patients take longer to recover fully.