

Uterine Fibroid Embolisation Interventional Department Diagnostic Imaging

This leaflet tells you about having a uterine fibroid embolisation, what it involves and the steps you need to take beforehand.

What is fibroid embolisation?

Fibroid embolisation is a way of treating fibroids by blocking off the arteries that feed the fibroids, the uterine arteries, and making the fibroids shrink. It is performed by a Radiologist, rather than a surgeon, and is an alternative to an operation.

Fibroid embolisation was first performed in 1995, and since then thousands of women have had the procedure performed world-wide.

Why do I need fibroid embolisation?

Other tests that you have had done will have shown that you are suffering from fibroids, and that these are causing you considerable symptoms. Your gynaecologist and your GP should have told you all about the problems with fibroids, and discussed with you ways of dealing with them. Previously, most fibroids have been treated by an operation, generally a hysterectomy, where the womb is removed altogether. In your case, it has been decided that embolisation is the best treatment.

Who has made the decision?

The doctors in charge of your case, and the Radiologist doing the fibroid embolisation, will have discussed the situation, and feel that this may be the most suitable treatment. However, it is very important that you have had the opportunity for your opinion to be taken into account, and that you feel quite certain that you want to have the procedure. If, after full discussion with your doctors, you do not want the fibroid embolisation carried out, then you must decide against it.

Who will be doing the fibroid embolisation?

A specially trained doctor called a Radiologist. Radiologists have special expertise in using x-ray equipment, and also in interpreting the images produced. They need to look at these images while carrying out the procedure. Consequently, Radiologists are the best trained people to insert needles and fine catheters into blood vessels, through the skin, and place them correctly.

Where will the procedure take place?

In the Interventional Theatre within the Day Treatment Unit at Peterborough City Hospital.

How do I prepare for fibroid embolisation?

It is **very important** that you ensure that you are using a reliable form of contraception and take **no chance** of becoming pregnant prior to the procedure as it would be damaging to a pregnancy.

If you have any questions about this please speak to your doctor or call the Diagnostic Imaging Department on **01733 677373** **before** you attend the Hospital.

Before the embolisation takes place you will need to have a **blood test**. Please could this be arranged with Womens Health Out Patient Department Tues -Thurs 0800-0830 for the following tests FBC, Urea, Electrolytes, Full Coagulation screen and a Group and save the week before your procedure. There may be occasions when your bloods may need to be taken again on the day of the procedure.

If you are on any blood thinning medications (Such as Warfarin, Clopidogrel etc.) please contact your referring team for advice on whether to stop pre procedure.

Please make sure you bring in a list of your medications on the day of your procedure.

You may need to be an in-patient in the hospital for approximately 24 hours. If you are a Day case patient then you are required to have a responsible adult (over 18 years) with you for 24 hours post procedure. On the day of the procedure you must NOT eat any food after midnight. This includes not sucking sweets or chewing gum. Sips of water only may be taken until 06:30. Please follow the starving instructions sent with this letter. You may receive a sedative to relieve anxiety or have a patient-controlled analgesia pump. This will be explained to you on the ward prior to the procedure. You will be asked to undress and put on a hospital gown as the procedure can be carried out either via the radial artery in the arm (at the wrist area) or the artery in the groin, depending which is best for your care; the Radiologist will discuss this with you on the day.

If you have any allergies, you must let your doctor know. If you have previously reacted to intravenous contrast medium, the dye used for kidney x-rays and CT scanning, then you must also tell your doctor about this.

What do I do with my valuables/property?

You should not bring anything of value with you into hospital. If you do so you must be aware that it is at your own risk, the Trust cannot accept responsibility for loss or damage to property of elective patients.

If your bed is located in the Day Treatment Unit - property can be locked in the locker provided, the key is attached to the patient's dressing gown which goes with the patient to theatre/recovery and returns with the patient.

If your bed is located on the General Wards - the Trust will provide storage facilities for patient property in the form of an unlockable bedside cabinet.

What actually happens during fibroid embolisation?

You will lie on the x-ray table, generally flat on your back. You need to have a needle put into a vein in your arm, by an anaesthetist so that they can give you a sedative or painkillers. Once in place, this will not cause any pain. You will also have a monitoring device attached to your chest and finger, and may be given oxygen through small tubes in your nose.

The Radiologist will keep everything as sterile as possible, and will wear a theatre gown and operating gloves. The skin around the area the Radiologist has chosen as the approach (either the groin or the wrist) will be swabbed with antiseptic, and then most of the rest of your body covered with a theatre towel.

The skin and deeper tissues over the artery will be anaesthetised with local anaesthetic, and then a needle will be inserted into this artery. Once the Radiologist is satisfied that this is correctly positioned, a guide wire is placed through the needle, and into the artery.

Then the needle is withdrawn allowing a fine, plastic tube, called a catheter, to be placed over the wire and into the artery.

The Radiologist will use the x-ray equipment to make sure that the catheter and the wire are then moved into the correct position to demonstrate the arteries which are feeding the fibroid. These arteries are called the right and left uterine arteries. A special x-ray dye, called contrast medium, is injected down the catheter into these uterine arteries, and this may give you a hot feeling in the pelvis. Once the fibroid blood supply has been identified, fluid containing thousands of tiny particles is injected through the catheter into these small arteries which nourish the fibroid. This silts up these small blood vessels and blocks them so that the fibroid is starved of its blood supply.

Both the right and the left uterine arteries need to be blocked in this way. It can often all be done from the artery the Radiologist started the procedure with, but sometimes when going from the groin it may be difficult to block the branches of the right uterine artery from the right groin, and so a needle and catheter needs to be inserted into the left groin as well. At the end of the procedure, the catheter is withdrawn. If the procedure was undertaken from the arm a small band will be placed at the entry point which inflates to put some pressure on the skin to prevent any bleeding. If the procedure was undertaken from the groin then the Radiologist will press firmly on the skin entry point for several minutes, to prevent any bleeding.

Will it hurt?

When the local anaesthetic is injected, it will sting to start with, but this soon passes, and the skin and deeper tissues should then feel numb. The procedure itself may become painful; however, the anaesthetist will use drugs to control any pain you feel during the procedure. As the dye, or contrast medium, passes around your body, you may get a warm feeling, which some people can find a little unpleasant. However, this soon passes and should not concern you. After the procedure you will have a patient-controlled analgesia pump, this will help you cope with any discomfort you may get overnight. If your procedure is a day case you will be given a bolus of pain relief prior to the procedure. It is recommended that you continue with regular pain relief afterwards for at least 48 hours.

How long will it take?

Every patient's situation is different, and it is not always easy to predict how complex or straightforward the procedure will be. Some fibroid embolisations do not take very long, perhaps an hour. Other embolisations may be more involved, and take rather longer, perhaps over two hours. As a guide, expect to be in the Interventional Theatre for about two hours.

What happens afterwards?

You will be taken back to your ward on a trolley. Nurses on the ward will carry out routine observations, such as taking your pulse and blood pressure, to make sure that there are no untoward effects. They will also look at the skin entry point to make sure there is no bleeding from it. You will generally stay in bed for a few hours until you have recovered. This procedure can be carried out as either a day case or overnight procedure. Your radiologist will decide whether your procedure will be a day case or an overnight procedure. Once you are home, you should rest for three or four days - do not undertake

any strenuous activity. You will not be able to drive for at least 24hrs so you will need to make arrangements to travel home following discharge. A responsible adult should stay with you for the 24hrs following discharge

Are there any risks or complications?

Fibroid embolisation is a safe procedure, but there are some risks and complications that can arise, as with any medical treatment. There may occasionally be a small bruise, called a haematoma, around the site where the needle has been inserted, and this is quite normal. If this becomes a large bruise, then there is the risk of it getting infected, and this would then require treatment with antibiotics.

What else may happen after this procedure?

Some patients may feel very tired for up to two weeks following the procedure, though some people feel fit enough to return to work three days later. However, patients are advised to take at least two weeks off work following embolisation. Approximately 8% of women have spontaneously expelled a fibroid, or part of one, usually six weeks to three months afterwards. If this happens, you are likely to feel period like pain and have some bleeding. A very few women have undergone an early menopause after this procedure. This has probably happened because they were at this time of life to start with.

What are the results of fibroid embolisation?

This is a relatively new procedure, and long-term results are not available yet. The majority of women are pleased with the results, and most fibroids are shrunk to about half the size they were before. Once fibroids have been treated like this, it is believed that they do not 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.

Finally

Some of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Do satisfy yourself that you have received enough information about the procedure, before you sign the consent form.

Fibroid embolisation is considered a safe procedure, designed to improve your medical condition and save you having a larger operation. There are some risks and complications involved, and because there is the possibility of a hysterectomy being necessary, you do need to make certain that you have discussed all the options available with your doctors.

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