

EURACARE

PATIENT INFORMATION FORM **UTERINE FIBROID EMBOLIZATION**

What is fibroid embolization?

Fibroid embolization is a relatively new way of treating fibroids by blocking the arteries that feed the fibroids (uterine arteries), making the fibroids shrink. It is an effective alternative to an operation.

Why do you need fibroid embolization?

Your gynaecologist will have told you about fibroids and discussed treatment options with you. Previously, most fibroids have been treated by an operation to remove the fibroids individually (myomectomy) or by removing the womb (hysterectomy). In your case, it has been decided that embolization is a suitable treatment option.

Are there any risks?

Fibroid embolization is a safe procedure, but as with any medical procedure there are some risks and complications that can arise. Occasionally a small bruise may develop in your groin at the needle entry site. Most patients feel some pain afterwards, which ranges from very mild to severe cramps, period-like pain. It is generally worst in the first 12 hours and is controlled by painkillers. You will be given painkiller tablets to take.

Most patients get a slight fever after the procedure. This is a good sign as it means that the fibroid is breaking down. The painkillers help control this fever. 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 ask to see your gynaecologist urgently. The most serious complication of fibroid embolization is infection. This happens to perhaps one in every 200 women. Severe pain, pelvic tenderness and a high temperature can occur.

Are you required to make any special preparations?

You will need to be an inpatient. You will be asked not to eat for six hours before the procedure. A urinary catheter may be placed into your bladder by a nurse. You need to have a small needle put into a vein in your arm for a sedative and painkillers to be given.

Who will you see?

A specially trained team led by an interventional radiologist within the radiology department.

What happens during fibroid embolization?

The procedure will take place in the X-ray department and you will lie flat on your back. You may have monitoring devices attached to your chest and finger and may be given oxygen. Your groin will be swabbed with antiseptic and you will be covered with sterile drapes. Local anaesthetic will be injected in the skin in your groin and a needle will be inserted into the artery. Sometimes both groins are used. A fine plastic tube called a catheter is placed into the artery. The radiologist uses X-ray equipment to guide the catheter into the arteries, which 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.

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 happens afterwards?

You will be taken back to your ward. Nursing staff will carry out routine observations including pulse and blood pressure and will also check the treatment site. You will stay in bed for at least six hours. You will be kept in hospital overnight and discharged the next day. Once at home, you should refrain from strenuous exercise for about a week. One to two weeks off work is advised.

What are the results of embolization?

Most women are pleased with the results, reporting a significant improvement in their quality of life. By one year, most fibroids shrink to about half their size resulting in significant improvement in both heavy prolonged periods and 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.

Giving my consent (permission)

The staff caring for you will ask your permission to perform the procedure. You will be asked to sign a consent form that says you have agreed to the procedure and that you understand the benefits, risks, and alternatives. If there is anything you do not understand or you need more time to think about it, please tell the staff caring for you.

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