

## Uterine Fibroid Embolization (UFE)

### What are Uterine Fibroids?

Uterine fibroids are non-cancerous (benign) growths that develop within or on the muscular wall of the uterus. Fibroids can range in size from ¼ inch to the size of a cantaloupe. They are very common in women of child bearing age. Around 20-40% of women age 35 and older have uterine fibroids of significant size. African-American women are at a higher risk for fibroids—up to 50% may have fibroids of significant size. While fibroids do not always cause symptoms, their size and location can lead to significant discomfort for women.

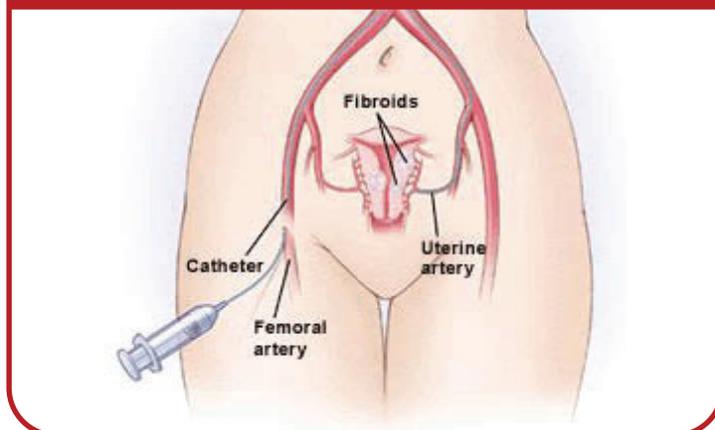
Common fibroid symptoms include:

- Heavy, prolonged menstrual periods
- Premenstrual pelvic pain
- Back, flank, or leg pain
- Urinary frequency, incontinence, constipation or bloating

### What is Uterine Fibroid Embolization?

UFE is an effective, minimally invasive, non-surgical alternative to traditional surgical treatments, which include the surgical removal of the fibroids (*myomectomy*) or removal of the entire uterus (*hysterectomy*). UFE is performed by an interventional radiologist, who is specialized to perform minimally invasive, image-guided procedures. The UFE procedure blocks the blood supply to the fibroids, causing them to shrink. This highly-effective procedure is clinically proven to successfully reduce all major symptoms of fibroids.

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### Who is a Candidate for UFE?

- Women 18 years of age and older
- Documented symptoms of uterine fibroids, with recommendation of hysterectomy or myomectomy
- Not pregnant
- Malignancy not present
- Not a candidate for surgery
- Wish to preserve the uterus to keep fertility
- No presence of pelvic infection

### Who is not a candidate for UFE?

While UFE is an effective, minimally invasive option for many women, it may not be for all patients, including those with the following:

- **Asymptomatic Fibroids**
- **Infections, pelvic inflammatory disease (PID)**
- **Suspicion of malignancy**
- Urinary frequency, incontinence, constipation or bloating

## What do I Need to do Before My Procedure?

You will be given detailed pre-procedural instructions by your healthcare team, including that you should:

- **Arrange for time off of work or school.** You can return to work when your doctor tells you, which is usually around a week after the procedure.
- **Tell your doctor about all medications that you are taking and follow all instructions on when to stop eating and drinking before the procedure.**
  - This includes over the counter medications, patches, vitamins, and/or herbal remedies.
- **Follow your doctor's directions about medications.** You may be asked to stop taking certain blood thinners before the procedure.
- **Arrange for a ride.** You will need someone to drive you to and from the office.

## How is the Procedure Performed?

- **You will be given a mild sedative** to help you feel relaxed throughout the procedure.
- **The catheter insertion site will be cleaned and numbing medication will be injected into the skin.**
- **A small incision is made,** the catheter is inserted and guided into your femoral artery using x-ray guidance. **The catheter** is then guided to each uterine artery (right and left), where the **embolic agent** is released.
- **The catheter is then removed,** pressure is held over the incision site to stop any bleeding. In some cases, a closure device (seal) is placed over the incision, which allows you to move around instead of waiting while the doctor holds pressure. This will then be covered with a dressing.
- **You will then be taken to recovery,** where you will wait until cleared to go home by the doctor.
- The entire procedure can usually be completed in around *90 minutes*.

## How do I Care for Myself at Home?

- **You may experience pelvic cramping** for several days following the procedure and possibly nausea and a low-grade fever.
- **Take all prescriptions given as directed by your doctor.**
- You should be able to return to your usual lifestyle within 1-2 weeks following the procedure.
- **It is common to experience differences in your menstrual periods following this procedure, including:**
  - Decreased menstrual bleeding for several cycles
  - Several missed cycles before normal cycle returns
  - *In rare cases,* stoppage of menstrual bleeding altogether
- The relief of your fibroid symptoms should be apparent within 2-3 weeks, **as your fibroids rapidly decrease in size.**

### Contact your doctor if you experience the following:

- Continued pelvic cramping over an extended period of time.
- Fever (100° F or above).
- Severe pain, redness or swelling.
- **Chest pain. If not relieved by medication, CALL 911.**