Interventional
Radiology
Associates

Dr Brendan T Buckley
MRCS FRCR
Interventional Radiologist

UTERINE ARTERY EMBOLISATION

A MINIMALLY INVASIVE TREATMENT OPTION FOR UTERINE FIBROIDS

PATIENT GUIDE

Q. What are uterine fibroids?

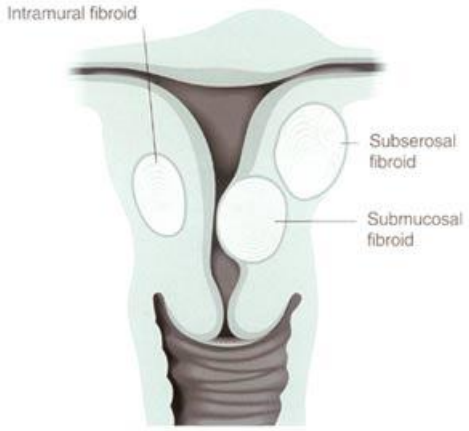
A. Fibroids are benign (non-cancerous) growths that develop in the muscle wall of the uterus. Between 20-40% of women over the age of 35 have fibroids, but they do not always cause symptoms. Fibroids vary in size but can grow to be very large, up to the size of a 5 or 6 month pregnancy. They typically improve after the menopause. Fibroids are also called by other terms including leiomyoma and myoma.

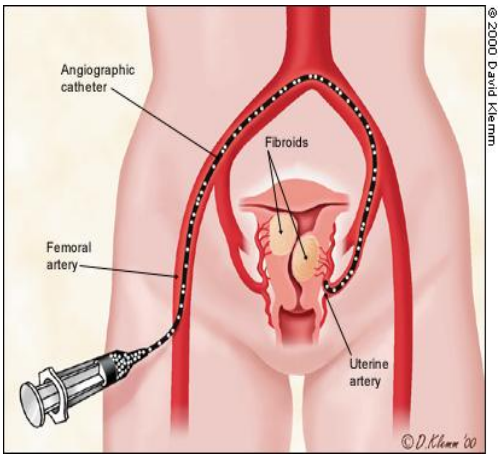
Q. What are the most common Symptoms?

A. Symptoms depend on the number, size and location of fibroids, and they may cause;

- Heavy, prolonged menstrual periods that can cause anaemia.
- Pelvic pain
- Pelvic pressure or heaviness often described as 'bloating' of the abdomen.
- Bladder and bowel pressure resulting in the need to constantly pass urine or causing onstipation.
- Infertility

Fibroids are typically multiple and are described by their location as shown on the diagram below; Intramural fibroids are the most common type.





Gilgit Road Specialist Centre
15 Gilgit Road, Epsom
Auckland 1023

P: 09 623 7506
F: 09 630 6960
M: 027 459 8590
E drbuckley@interventionalradiology.co.nz
www.interventionalradiology.co.nz

Interventional
Radiology
Associates

Dr Brendan T Buckley
MRCS FRCR
Interventional Radiologist

Q. How are fibroids treated?

A. Most fibroids do not cause symptoms and do not need treatment. For symptomatic fibroids there are three main types of treatment; medical, surgical and embolisation. A gynaecologist and intervetional radiologist should be able to talk through all the treatment options in more detail.

Medical Therapy

This is the use of drugs to control symptoms including hormonal treatment, such as the birth control pill or an IUD coil, and anti-inflammatory medication such as ibuprofen. Some hormone therapies can have side effects and are generally used temporarily.

Surgical Therapy

There are a growing number of surgical options available including;

- Endometrial ablation and hysteroscopic resection.
- Myomectomy – laparoscopic (‘key hole’) and abdominal (‘open’).
- Hysterectomy.

Hysteroscopic resection can be used for fibroids just under the lining on the inside of the uterus (sub-mucosal) and laparoscopic myomectomy can be used for fibroids on the outside of the uterus (sub-serosal fibroids). Larger fibroids may not be suitable for ‘key hole’ procedures.

Abdominal myomectomy can remove larger fibroids including fibroids in the wall of the uterus (intra-mural fibroids).

Hysterectomy involves removing the entire uterus either through the vagina or through a cut in the abdomen. This is currently the most common therapy offered for women who have fibroids.

Fibroid Embolisation

This procedure is performed by an Interventional Radiologist and this brochure explains about fibroid embolisation as a treatment for fibroids.

Gilgit Road Specialist Centre
15 Gilgit Road, Epsom
Auckland 1023

P: 09 623 7506
F: 09 630 6960
M: 027 459 8590
E drbuckley@interventionalradiology.co.nz
www.interventionalradiology.co.nz

Interventional
Radiology
Associates

Dr Brendan T Buckley
MRCS FRCR
Interventional Radiologist

Q. What is fibroid embolisation and how does it work?

A. Fibroid embolisation is a procedure that has been performed worldwide for over 20 years. Small particles are used to block the blood vessels supplying the fibroids. It is a minimally invasive procedure performed by an Interventional Radiologist requiring only a tiny nick in the skin in the groin, with most patients able to go home the day after the procedure.

The patient is given medication before the procedure to help them relax and control pain, but remains awake during the procedure. Under X-ray guidance a small tube called a catheter is feed into the artery in the groin and then into the artery supplying the fibroids. Particles smaller than a grain of sand are injected into the artery blocking the blood vessels supplying the fibroids. It doesn't matter how many fibroids are in the uterus because all of them are treated at the same time. Without blood supply the fibroids die off and then shrink, on average by 40 -50%, over a 3 – 6 month period. The majority of patients have a significant improvement in their symptoms both for heavy bleeding (80 - 90%) and pelvic pressure (80-90%) after 4 – 6 weeks.

Q. Is fibroid embolisation safe and what are the risks of having the procedure?

A. Embolisation of the uterus has been performed for over 20 years with a large number of recent studies showing fibroid embolisation to be very safe and effective. The main risks that patients need to be aware of include a small risk of requiring hysterectomy (1-2%) if infection occurs. Some women enter menopause early (3-4%), although this is more likely to occur in women over 45. A small number of women may require a second procedure under anaesthetic to help treat post procedure symptoms (3-4%).

Q. Are my fibroids suitable for embolisation?

A. Almost all fibroids are suitable for embolisation. Where possible all patients have an MRI scan of the pelvis that helps to show the fibroids in detail. In a small number of patients the MR scan shows no blood supply to the fibroid or a fibroid on a thin stalk called a 'pedunculated fibroid' and these may be better treated with a surgical operation such as myomectomy.

Q. What are the particles made of and are they safe?

A. The particles are made from plastic type materials that are biocompatable (don't react with the body) and are smaller than a grain of sand. These particles have been used for over 40 years in a wide variety of procedures with no significant side effects from the material reported. In total no more than a teaspoon of particles is usually required to complete the procedure. There are two main types of particles made from Polyvinyl alcohol or PVA and tris-acryl gelatin spheres called 'Embospheres".

Gilgit Road Specialist Centre
15 Gilgit Road, Epsom
Auckland 1023

P: 09 623 7506
F: 09 630 6960
M: 027 459 8590
E drbuckley@interventionalradiology.co.nz
www.interventionalradiology.co.nz

Interventional
Radiology
Associates

Dr Brendan T Buckley
MRCS FRCR
Interventional Radiologist

Q. How long does it take to recover from the procedure?

A. One of the benefits of fibroid embolisation is the quicker recover when compared with surgery. Most patients can return to normal activities after 1-2 weeks and return to work in 1-3 weeks.

Q. How will my fertility be effected?

A. While many studies have shown women can have successful pregnancies following fibroid embolisation the full effect of fibroid embolisation on fertility and pregnancy is still being studied in detail. Currently where fibroids are suitable for myomectomy, without a significant risk of hysterectomy, this procedure is recommended for patients hoping to preserve fertility. In patients where myomectomy would result in a high risk of hysterectomy fibroid embolisation is reasonable to perform to preserve fertility. Similar to myomectomy, patients are advised to avoid becoming pregnant for 6 months following embolisation.

Q. Are women who have had fibroid embolisation satisfied with the procedure?

A. A number of studies have shown that after 12 months 80 – 90% of women who have had fibroid embolisation would recommend the procedure to a friend.

Q. What happens when I go home?

A. You will receive discharge instructions from your doctor and be given medications to keep you comfortable. You may experience some cramping, similar to menstrual period cramping, that lasts a few days after the procedure. Most women are able to return to light activity within a few days and are usually back to work and normal activity within 10 to 21 days.

Q. Who will provide my care after fibroid embolisation?

A. You will be looked after by both your Gynaecologist and Interventional Radiologist. You will be told who to contact in case of an emergency after your procedure. This is especially important if you are experiencing fever, pelvic pain, or vaginal discharge that is increasing over time.

You will be asked to see your Interventional Radiologist after 2 weeks and then to see your Gynaecologist at 6 – 8 weeks to ensure you are recovering well. For most women whose symtpoms resolve there is no need to have a repeat scan. For some women a further scan can be organised to assess the change in the fibroids if symptoms have not improved as much as expected.

Gilgit Road Specialist Centre
15 Gilgit Road, Epsom
Auckland 1023

P: 09 623 7506
F: 09 630 6960
M: 027 459 8590
E drbuckley@interventionalradiology.co.nz
www.interventionalradiology.co.nz

Interventional
Radiology
Associates

Dr Brendan T Buckley
MRCS FRCR
Interventional Radiologist

Q. What do I need to do to prepare for the procedure?

A. The is very little preparation involved to get ready for the procedure. We do need women who have a Mirena coil in to have it removed 2 – 4 weeks before the procedure date. Also, where possible we ask women to stop taking their hormone medication 2 – 4 weeks before the procedure as it is felt this improves the chance of having a good outcome.

This patient guide is to help you understand some of the important points about fibroid embolisation. You will have an opportunity to discuss the procedure in more detail when you see your Interventional Radiologist in clinic before the procedure.

Feel free to jot down any questions that you have so you don't forget them at the time of your clinic appointment.

Brendan T Buckley MRCS FRCR
Interventional Radiologist

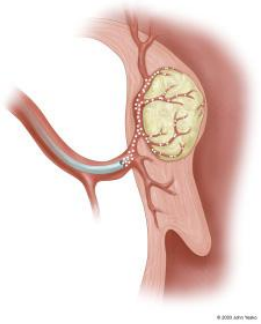
Gilgit Road Specialist Centre
15 Gilgit Road, Epsom
Auckland 1023

P: 09 623 7506
F: 09 630 6960
M: 027 459 8590
E drbuckley@interventionalradiology.co.nz
www.interventionalradiology.co.nz

Interventional
Radiology
Associates

Dr Brendan T Buckley
MRCS FRCR
Interventional Radiologist

PATIENT NOTES:



Gilgit Road Specialist Centre
15 Gilgit Road, Epsom
Auckland 1023

P: 09 623 7506
F: 09 630 6960
M: 027 459 8590
E drbuckley@interventionalradiology.co.nz
www.interventionalradiology.co.nz