

PATIENT INFORMATION

UTERINE ARTERY EMBOLISATION (FIBROID EMBOLISATION)



This patient information leaflet provides important information in regards to Fibroid embolisation and acts as a reference document in support of the informed discussion you will have/ have had with your doctor. Should you have any additional questions in regards to your referral, you should contact the doctor who referred you for the exam or if your questions are procedure related, you can contact the radiology department on the number provided in your appointment letter.

WHAT IS FIBROID EMBOLISATION?

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

WHY DO YOU NEED FIBROID EMBOLISATION?

Your gynaecologist will should have explained about your fibroids and discussed possible 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 embolisation is a suitable treatment option.

ARE THERE ANY RISKS?

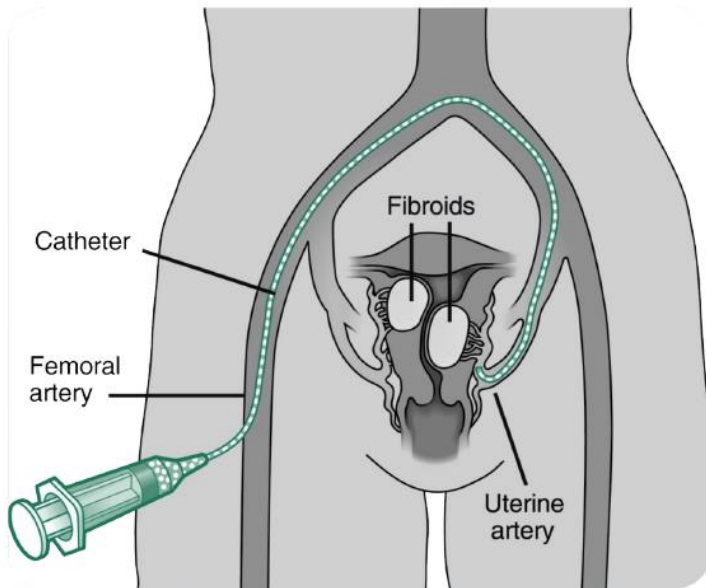
Fibroid embolisation is a safe procedure, but as with any medical procedure there are some risks and complications that can arise. Occasionally a small bruise may develop in your groin at the needle entry site.

Most patients feel some pain afterwards, which ranges from very mild to severe crampy, 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 embolisation is infection. This happens to perhaps one in every two hundred women. Severe pain, pelvic tenderness and a high temperature can occur. Lesser degrees of infection can be treated with antibiotics, or a dilatation and curettage (D&C). In severe cases an operation to remove the womb may be necessary but this is extremely rare.

There is a 2–4% chance that the procedure will lead to premature menopause. This occurs usually in women who are 45 years or older. Most women find it takes about six to nine months to resume a regular menstrual cycle.



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 will 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. An anti-inflammatory suppository may be given. A special painkiller injection device will be attached so that you can administer safe doses of painkillers after the procedure by pressing a button (patient-controlled analgesia; PCA).

WHO WILL YOU SEE?

A specially trained team, radiographers, nurses and assistants led by an interventional radiologist within the radiology department. Interventional radiologists have special expertise in reading the images and using imaging to guide catheters and wires to aid diagnosis and treatment.

WHAT HAPPENS DURING FIBROID EMBOLISATION?

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 EMBOLISATION?

The vast majority of 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.

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. Make sure you are satisfied that you have received enough information about the procedure.

References

British Society of Interventional Radiology: www.bsir.org

https://www.bsir.org/media/resources/BSIR_Patient_leaflet_Uterine_artery_embolisation_on_fibroid_embolisation.pdf

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PET@nhs.net

Opening times:

The PALS telephone lines are open Monday to Thursday from 8.30am to 4.30pm and Friday: 8.30am to 4.00pm. Please be aware that a voicemail service is in use at busy times, but messages will be returned as quickly as possible.

If you are unable to understand this leaflet, please communicate with a member of staff.