

Uterine Fibroid Embolization (UFE)

Information for patients

Introduction

- UFE may be used to relieve adverse symptoms due to uterine fibroids, which include heavy menstrual flow, menstrual pain, pelvic pain and pressure symptoms.
- After UFE, both uterine arteries will be blocked, the fibroid may shrink about 40-70% by volume and the symptoms may be relieved. With heavy menstrual flow and pain, about 80% have significant improvement; with pressure symptoms, 70-80% have satisfactory improvement.
- This procedure is performed by a radiologist with special training in interventional radiology. It will be performed in the Department of Radiology under image guidance.

Procedure

- Before the procedure, some examinations will be performed which may include ultrasound, magnetic resonance imaging, blood test and endometrial biopsy.
- You will be admitted to the hospital, an intravenous line will be set and a urinary catheter will be inserted. The procedure is usually done under local anaesthesia and conscious sedation. Drugs for pain control (analgesics) and antibiotics will be given. Your vital signs will be monitored throughout the procedure.
- A small catheter is inserted into your femoral artery under the groin area and it is directed deeply to each uterine artery in turn. Another smaller catheter (coaxial catheter) may be inserted through the original catheter if necessary. Small particles will be injected to block the uterine arteries and their branches.
- Further analgesics may be given during and after the procedure if you experience pain.
- The duration of the procedure is about 1 to 2 hours.
- After the procedure your vital signs (like blood pressure and pulse rate) will be monitored.
- You will be discharged from hospital when your pain is under control. Oral analgesics will be given to you.
- The pain will usually subside in a few days to 2 weeks and your symptoms will improve gradually. In the next 2 to 3 cycles after treatment, the original symptoms may persist.
- You will be regularly followed up by the gynaecologist, and also with MRI or ultrasound in the Department of Radiology.

Potential Complications

- Transient pelvic pain occurs in almost all patient but this usually subsides within 14-17days and patient can return to normal daily activities or work.

- Vaginal discharge (about 60%, majority will be transient).
- Post embolization syndrome: transient fever, pain, nausea, malaise, increased white blood cell (<40%).
- Menstruation stops (Amenorrhoea) (about 2% if age <45, about 8% if age >45). A small percentage of patients may also experience irregular menstrual cycles. Amenorrhoea can be related to ovarian dysfunction or endometrial shrinkage.
- Pelvic infection: may need intravenous antibiotics or hysterectomy (<2%).
- Fibroid passed out through vagina (<10%). This may require emergent dilation and curettage.
- Sloughed-off subserosal fibroid (fibroid at the outer boundary of uterus) may lead to inflammation of the peritoneum.
- Sexual dysfunction (rare).
- Transient ovarian failure (rare).
- Injury of uterine artery or adjacent arteries (rare).
- Uterine necrosis (rare).
- Nontarget embolization causing injury to other adjacent organs: bowel, buttock, bladder and nerves (very rare).
- Massive blood clot to lungs (pulmonary embolism) (very rare).
- Undiagnosed malignant lesion (leiomyosarcoma) (very rare, uterine sarcoma occurs in less than 0.2% of fibroids).
- Radiation skin burn (very rare).
- Procedure related death (very rare).
- The overall adverse reactions related to iodine-base non-ionic contrast medium is below 0.7%. The mortality due to reaction to non-ionic contrast medium is below 1 in 250000.
- Effect on subsequent pregnancy and delivery: no long term study. Normal term delivery has been documented in many medical literatures.

Disclaimer

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Prepared in 2010. Version 2.0