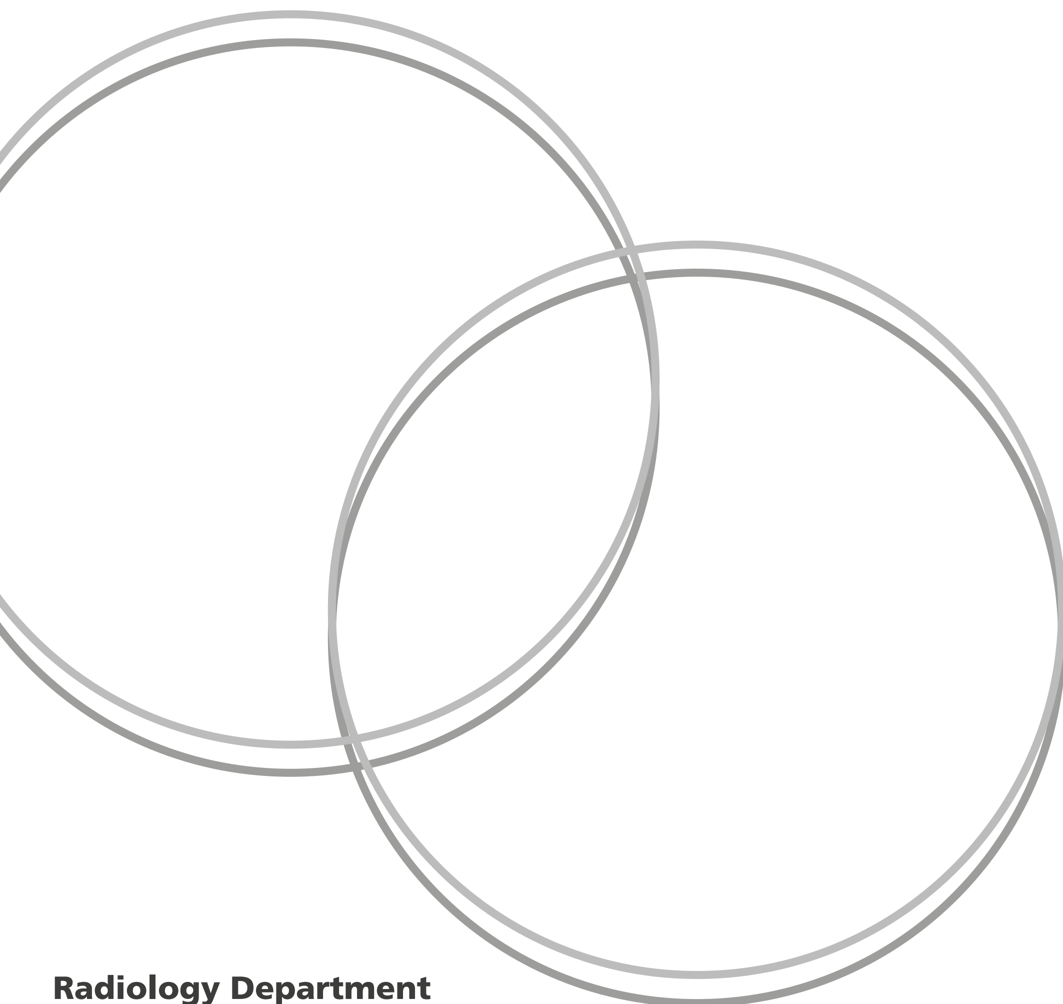
NHS

Oxford University Hospitals
NHS Foundation Trust

Fibroid embolisation

Information for patients



Radiology Department

Fibroid embolisation (uterine artery embolisation)

A fibroid is a harmless growth in the uterus. It may be large or small and there may be more than one. Many women have these without knowing about them because there are no symptoms. However, if they create symptoms that are troublesome an embolisation (also called uterine artery embolisation) can be performed to reduce these. It is a minimally invasive procedure where the doctors place a liquid containing very tiny beads, into the blood vessel that supplies the fibroid. This blocks the artery causing it to shrink and so will reduce your symptoms.

Before the procedure

You will be admitted to the gynaecology ward. You will be asked to change in a gown. The nurse will take your blood pressure and heart rate and place a small cannula into a vein in your arm (for medications in the interventional radiology suite). They will also place a urinary catheter into your bladder, this is a flexible tube used to empty your bladder and collect urine in a drainage bag.

When you arrive in the interventional radiology suite the nurse will give you some antibiotics and an anti-sickness medication and attach a PCA (Patient Controlled Analgesia) pump. A PCA pump allows you to give yourself pain relief as you need it by pressing a button on the pump. You will be encouraged to use the button so that you are already benefitting from pain relief before you leave the interventional radiology room.

Do not eat or drink anything (except water) for 6 hours before your procedure.

Giving your permission (consent)

We want to involve you in decisions about your care and treatment. If you decide to have a fibroid embolisation, we will ask you to sign a consent form. This says that you understand what is involved and agree to have the treatment.

What does the procedure involve?

Most people have the procedure under conscious sedation. This is when we give you medicines through the cannula in your hand to relax you and ease your pain.

You often forget most of the procedure afterwards. However, you are awake enough to breathe for yourself and communicate with staff during the procedure.

You will lie on the X-ray table, generally flat on your back. You will also have a monitoring device attached to your chest and finger.

The doctor will perform a uterine artery angiogram first (angiography is a type of X-ray used to check blood vessels). They will paint the top of the leg with antiseptic, drape you in sterile blue towelling and place some local anaesthetic into the top of your leg. This will sting, but the area should go numb. The doctor will then place a small tube into the artery at the top of your leg and inject a liquid call contrast (or dye). As the contrast travels through the blood vessel X-ray pictures are taken. This will clearly demonstrate the blood vessel feeding the fibroid. On occasion the doctors will have to put a small tube into the artery from both groins.

Once they are certain which is the correct blood vessel feeding the fibroid they will place a liquid with the very tiny beads into the vessel. These beads will block the small blood vessels to the fibroid and so the fibroid will ‘die’. The fibroid will shrink over time (several months) to about 50% of it current size and hopefully reduce your symptoms. The procedure is particularly effective at reducing heavy bleeding in up to 95% of patients, although the fibroids will not disappear completely.

When the embolisation is completed the doctor will remove the tube from your leg and press on the skin entry point to stop the bleeding. You will then be transferred back to the gynaecology ward.

What are the risks?

Fibroid embolisation is generally very safe. However, as with any procedure, there are some risks involved.

The most common risks are:

- Damage to a blood vessel, and/or bruising or bleeding where we put the catheter.
- Infection. There is a small risk of infection, but we can usually treat this with antibiotics. In about 1 out of every 100 cases, the infection is serious.
- Allergic Reaction. It is possible to have an allergic reaction to the contrast agent used during the procedure. This is a substance used to make structures in the body show clearly on X-rays.

  Allergic reactions range from mild itching to severe reactions that can affect breathing or blood pressure. We monitor you carefully during the procedure. This means that we can notice and treat any allergic reaction immediately.
- Procedure not working. There is a small risk that the procedure may not work. This happens in about 1 out of 10 cases (10%). In these cases, the fibroids continue to grow or grow again within 4 months of the procedure.

Remember that your consultant would not put you forward for this procedure if they didn't believe the benefits outweighed the risks.

What are the alternatives?

There are a number of alternative treatments for fibroids including medication and surgical procedures such as myomectomy (surgical removal of fibroids without removing the womb) and hysterectomy (surgical removal of fibroids by removing the whole womb). It is important you have discussed all options with your gynaecologist before referral for fibroid embolisation.

After the procedure

The nurse on the gynaecology ward will continue to monitor your blood pressure, heart rate and the skin entry point. They will encourage you to use the PCA pump. You will be asked to lie flat for 2 more hours to let the skin entry point heal. After 2 hours you can sit up if you wish and eat. You will then be asked to rest in bed for 2 more hours. The nurse will be with you when you get up out of bed.

You may have an uncomfortable first night after the procedure, but any pain should be controlled with the PCA pump. Most patients will be discharged the next day, although some will need a longer stay in hospital to make sure that you will be able to control any pain after discharge using oral painkillers.

Signs to look out for after the procedure

You will be given further discharge information when you leave the ward. The main complication to be aware of after discharge is infection in the womb. This is fortunately rare (less than 1 in 200), but symptoms to be aware of are:

- increasing pain
- high fever
- offensive discharge.

If you have any of these symptoms you should contact either your GP, the gynaecology/interventional radiology team (using the number at the top of your appointment letter) or go directly to the A&E department.

Some pain and a low-grade fever (less than 38°) are to be expected in the weeks after embolisation. If you are in any doubt, seek medical advice. Fibroid material may be passed through the womb/vagina and may cause pain – but this is uncommon. This can occur many months or even years after the embolisation procedure and you should be aware of this possibility and seek appropriate medical attention as the fibroid material may need to be extracted.

How to contact us

If you have any questions or concerns, please contact us at the Fibroid Embolisation Service on **01856 220 817**.

Further information

NHS

Website: www.nhs.uk/conditions

Consent to treatment

Website: www.nhs.uk/conditions/consent-to-treatment

Cardiovascular and Interventional Society of Europe

Website: www.cirse.org

Interventional Procedures Guidance (IPG367)

Website: www.nice.org.uk/guidance/ipg367

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust
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