



York Teaching Hospital
NHS Foundation Trust

Fibroid Embolisation

Information for patients, relatives and carers

① For more information, please contact:

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Caring with pride

Contents	Page
About this leaflet.....	4
What is fibroid embolisation?.....	4
Why do I need fibroid embolisation?.....	5
Who has made the decision?	6
Who will be doing the fibroid embolisation?	6
Where will the procedure take place?.....	6
How do I prepare for fibroid embolisation?	7
What actually happens during fibroid embolisation?	8
Will it hurt?	9
How long will it take?	10
What happens afterwards?.....	10
What are the benefits?	10
Are there any risks or complications?.....	11
What else may happen after this procedure?	15
Are there any alternatives?.....	15
What are the results of fibroid embolisation?	16
Finally.....	17
Tell us what you think of this leaflet	18
Teaching, training and research.....	18
Patient Advice and Liaison Service (PALS).....	18

About this leaflet

This leaflet tells you about the procedure known as fibroid embolisation; it explains what is involved and what the possible risks are. It is not meant to replace discussion between you and your doctor, but we hope you find the information helpful.

What is fibroid embolisation?

Fibroid embolisation is a well-established minimally invasive uterine-sparing therapy for treating symptomatic fibroids by blocking off the uterine arteries that feed the fibroids and making them shrink. An Interventional Radiologist; a doctor specially trained in this kind of procedure, performs this.

Fibroid embolisation was first reported in 1995, and since then well over 100,000 women have had the procedure worldwide. As it is still a relatively new treatment, a local clinical audit of the outcome of the procedure is carried out as recommended by the National Institute for Health and Care Excellence (NICE).

Why do I need fibroid embolisation?

Other tests that you have had done will have shown that you are suffering from fibroids, and that these are causing you problems. Your gynaecologist and your GP will have told you all about the problems with fibroids, and discussed with you ways of dealing with them.

Previously, most fibroids have been treated by an operation, generally a hysterectomy, where the womb is removed altogether. In your case, it has been decided that embolisation may be the better first line treatment option.

It is almost certain that you are having the fibroid embolisation done as a pre-planned procedure, in which case you should have plenty of time to discuss the situation with your gynaecologist and the radiologist who will be performing the fibroid embolisation. If you need the fibroid embolisation as an emergency, then there may be less time for discussion, but none the less, you should have had sufficient explanation before you sign the consent form.

Who has made the decision?

The doctors in charge of your care, and the radiologist doing the fibroid embolisation. However, it is very important that you have had the opportunity for your opinion to be taken into account, and that you feel quite certain that you want the procedure doing. If, after full discussion with your doctors, you do not want the fibroid embolisation carried out, then you must decide against it.

Who will be doing the fibroid embolisation?

A consultant interventional radiologist who has particular expertise in image guided intervention using x-rays and other specialised equipment, and interpreting the images produced. Nurses and radiographers will assist during the procedure.

Where will the procedure take place?

In the Vascular Imaging Unit, in a Radiology theatre that is designed for specialised image guided procedures.

How do I prepare for fibroid embolisation?

You need to be an in-patient in the hospital and are usually admitted to Ward G1 under the care of your gynaecologist. On the ward you will be seen by a doctor from the gynaecology team, and by a member of the pain management team. The “pain” team will set up a patient controlled pain relieving drip and instruct you on how to use it. You will be asked to put on a hospital gown. As the procedure is carried out using the main artery in the groin, you may be asked to shave the skin around this area.

If you have any allergies or if you have previously reacted to intravenous contrast medium, the dye used for kidney x-rays and CT scanning, then you must tell your doctor about this.

What actually happens during fibroid embolisation?

In the vascular imaging unit theatre you will lie on the x-ray table, flat on your back. You will have a monitoring device attached to your finger, and may be given oxygen through a small tube in your nose. The radiologist will keep everything as sterile as possible, and will wear a theatre gown and operating gloves.

The skin of your groin will be cleaned with antiseptic, and then most of the rest of your body will be covered with theatre towels.

The skin and deeper tissues over the artery in the groin will be anaesthetised with local anaesthetic, and then a needle will be inserted into this artery. This will be used to introduce a fine plastic tube called a catheter into this artery.

The radiologist will use the x-ray equipment to guide the catheter to the correct position within the arteries that are feeding the fibroid. These arteries are called the right and left uterine arteries. A special x-ray dye called contrast medium is injected down the catheter into these uterine arteries. This may give you a warm feeling in the pelvis which soon passes. Contrast medium helps the radiologist see the arteries on the x-ray images.

Once the fibroid blood supply has been identified, fluid containing thousands of tiny particles is injected through the catheter into these small arteries which nourish the fibroid. The particles clog up these small blood vessels and block them so that the fibroid is starved of its blood supply.

Both the right and the left uterine arteries need to be blocked in this way. It can often all be done from the right groin, but sometimes it may be difficult to block the branches of the right uterine artery from the right groin, and so a needle and catheter needs to be inserted into the left groin as well. At the end of the procedure, the catheter is withdrawn and a radiology nurse then presses firmly on the skin entry point for several minutes, to prevent any bleeding.

Will it hurt?

When the local anaesthetic is injected, it will sting to start with, but this soon passes off, and the skin and deeper tissues should then feel numb. The embolisation procedure itself would cause pain due to a reduction of the blood supply to the fibroids. However, there will be a nurse, or another member of staff, standing next to you and looking after you. If the procedure does become too painful for you, then you can use your pain relieving drip.

How long will it take?

Every patient's situation is different, and it is not always easy to predict how complex or how straightforward the procedure will be. Most procedures take about an hour to an hour and a half. As a guide, expect to be in the x-ray department for about two hours.

What happens afterwards?

You will be taken back to your ward on a bed. Nurses on the ward will carry out routine observations, such as taking your pulse and blood pressure, to make sure that there are no untoward effects. They will also look at the skin entry point to make sure there is no bleeding from it. You will generally stay in bed for a few hours, until you have recovered. You will normally be kept in hospital overnight and discharged the following morning. Very occasionally you may need to stay for an extra day or two. Once you are home, you should rest for three or four days. Our general advice is to stay off work for two weeks.

What are the benefits?

The most frequent benefit of fibroid embolisation is the reduction in the heaviness of menstrual bleeding. Other certain benefits are a reduction in pressure symptoms such as frequency in passing urine and pelvic pain caused by the fibroids.

Are there any risks or complications?

Fibroid embolisation is a remarkably safe procedure, but there are some risks and complications that can arise, as with any medical treatment.

There may occasionally be a small bruise, called a haematoma at the site where the needle has been inserted in the groin, this is quite normal. If this becomes a large bruise, then there is the risk of it getting infected, which would then require treatment with antibiotics.

Most patients feel some pain afterwards. This ranges from mild pain to severe crampy, period-like pain. It is generally worst in the first 8 -12 hours, but will probably still be present when you go home. While you are in hospital this can be controlled by strong painkillers and you will be given more tablets to take home with you.

Most patients get a slight fever after the procedure for two to three days. This is a good sign as it means that the fibroid is breaking down. The painkillers you will be given will help control this fever.

Some patients get a vaginal discharge afterwards, which may be bloody. This is usually due to the fibroid breaking down. Usually, the discharge lasts for approximately two weeks from when it starts, although occasionally it can persist intermittently for several months.

This is not in itself a medical problem, although you may need to wear sanitary protection (pads **not** tampons).

If the discharge becomes offensive and if it is associated with a high fever, pelvic pain and feeling unwell, there is the possibility of infection and **you should ask to see your GP urgently. The most serious complication of fibroid embolisation is infection.**

This happens to perhaps two in every hundred women having the procedure. The signs that the uterus is infected after embolisation include severe pain, pelvic tenderness and a high temperature. Most infections can be treated with antibiotics, and perhaps a small procedure on the womb, a “D and C” (Dilation and Curettage). In rare occasions when severe infection has developed that does not respond to antibiotics, it is sometimes necessary to have an operation to remove the womb, a hysterectomy. **If you feel that you would not want a hysterectomy under any circumstances, then it is probably best not to have fibroid embolisation performed.**

There has been one fatal case of infection and one fatal case of pulmonary embolism (lung clot) reported in the world literature.

Reaction to intravenous dye (contrast medium)

There is a slight risk of an allergic reaction to the contrast agent (dye), which may lead to a skin rash. On rare occasions, more serious complications can occur but the risk of a fatal allergic reaction is estimated to be less than one in 100,000.

The Doctors in the Radiology Department are trained to deal with any complications. However, **if you have had an allergic reaction to an injection of x-ray contrast in the past you must tell a member of staff before you go in for the examination.**

The contrast agent can upset your kidney function. This is more likely to happen if your kidneys are already diseased. If this were the case then you would be admitted to hospital the day before the procedure to receive either fluid given through an intravenous drip or some tablets taken by mouth, or both. This reduces the risk of worsening kidney function to less than one in 50 patients. If kidney function does worsen this is usually a temporary upset, which should improve over four to five days.

Radiation Risk

X-rays are used to take the pictures so the procedure also carries small risks associated with ionising radiation. If you might be pregnant, it is essential that you inform a member of staff beforehand. The amount of radiation varies depending on the complexity of the procedure and your size but will be similar to the natural background radiation you receive from the environment over the course of 6-12 months.

All of the above risks have been considered by the Radiologist and your doctors who feel that the risks are outweighed by the potential benefits to you of having the procedure. Please ask if you have concerns or would like to discuss further.

What else may happen after this procedure?

Some patients may feel very tired for up to two weeks following the procedure, though some people feel fit enough to return to work three days later. However, patients are advised to take at least two weeks off work following embolisation. Approximately eight in 100 women have spontaneously expelled a fibroid, or part of one, usually six weeks to three months afterwards, they are usually of Afro-Caribbean origin. If this happens, you are likely to feel period like pain and have some bleeding.

Very few women, approximately one in a hundred, have undergone an early menopause, the change of life, after this procedure. This has probably happened because they were at this time of life to start with.

Are there any alternatives?

Alternative treatments are drug therapy to reduce menstrual bleeding, surgical procedures to remove a fibroid (myomectomy) and hysterectomy. These should have been discussed with you by the gynaecologist when considering embolisation.

What are the results of fibroid embolisation?

Research studies indicate that around nine out of ten patients treated by embolisation are happy with the outcome and require no further treatment, this is our experience too. Once fibroids have been treated like this, it is believed that they do not 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. Do satisfy yourself that you have received enough information about the procedure, before you sign the consent form.

Fibroid embolisation is considered a safe procedure, designed to improve your medical condition and save you having a larger operation. There are potentially some risks and complications involved, and because there is the small possibility of a hysterectomy being necessary, you do need to make certain that you have discussed all the options available with your doctors.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:
Dr B Almazedi, Radiology, The York Hospital,
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01904 726675.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

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