

Uterine Fibroid Embolization

A Patient's Guide to a Minimally Invasive Fibroid Treatment

Uterine Fibroids and Their Symptoms

Fibroids are benign, non-cancerous growths in or on the walls of the uterus, or womb. They can range from less than an inch around to more than six inches. African-American women and those with a family history are more likely to develop fibroids. Most fibroids cause no symptoms, and are only discovered when a woman has a routine pelvic examination. If you do experience fibroid symptoms, they may include:

- Heavy, prolonged monthly periods, sometimes with clots
- Anemia (fatigue due to low red blood count)
- Pain or pressure between the hip bones or in the back of the legs
- Pain during sexual intercourse
- Frequent need to urinate
- Constipation or bloating
- An enlarged belly

If you suspect you have fibroids, your doctor should conduct an ultrasound or other imaging tests to be certain.

Fibroid Treatment Options

If you do not have symptoms, treatment is probably unnecessary. Your doctor may want to continue to monitor your fibroids. If you do have symptoms, several options are available.

Medical Treatments

Birth control pills can often decrease heavy bleeding. Other hormone treatments can shrink fibroids, but these treatments may cause menopause-like side effects such as hot flashes and bone loss. Fibroid symptoms usually return when medical treatment stops.

Uterine Fibroid Embolization

Uterine fibroid embolization, or UFE, is a minimally invasive option that preserves the uterus and greatly reduces recovery times compared to surgical procedures. It is described more fully on the next pages.

Surgical Treatments

Surgical treatment options include hysterectomy, which is the removal of the uterus, and myomectomy, the removal of just the fibroids. While these options are generally effective, they require anesthesia and lengthy recovery times and carry a risk of surgical complications. Many women are not candidates for myomectomy because of the size, number, or location of their fibroids. Endometrial ablation is sometimes suggested by physicians, which may cause confusion as it sounds similar to "fibroid embolization" (or UFE). Endometrial ablation only treats the endometrial lining and not specifically fibroids. Endometrial ablation is best performed for women who do not have fibroids, but are suffering with heavy bleeding for other reasons and do not desire future fertility.

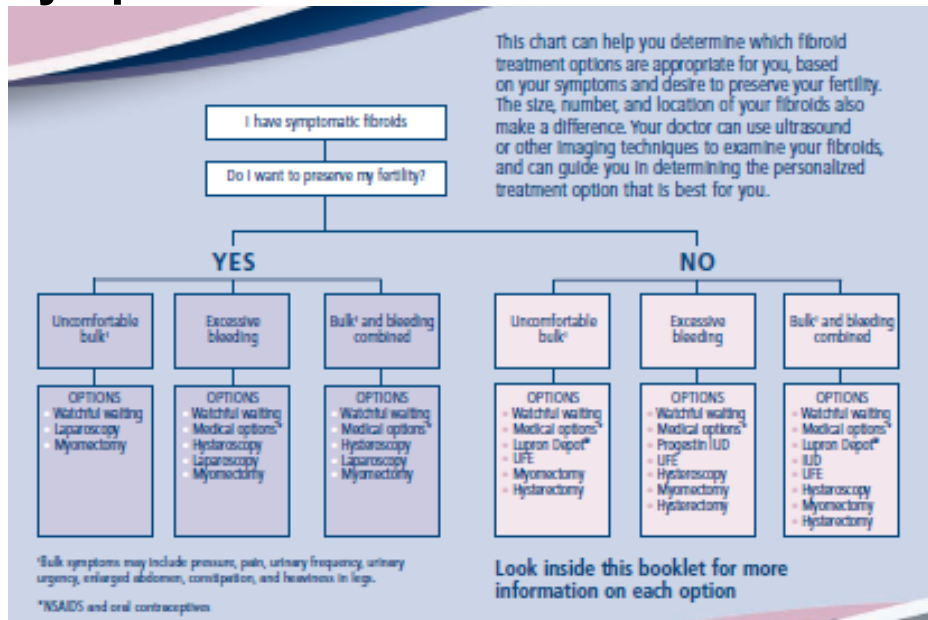
Questions to ask your Interventional Radiologist about UFE

- Are your patients happy with UFE?
- How often is the procedure successful?
- How will you coordinate care with my gynecologist?
- What are typical complications and how often do they occur?
- How will I feel during and after the procedure?
- How long should I expect to be off work?
- How long should I expect to stay in the hospital?
- What kind of follow-up care is typical and who manages it?
- Will my insurance cover the procedure?

Fibroid Treatment Options

A guide for patients

Choosing the Right Option to Treat Your Symptomatic Fibroids



UFE is relatively contraindicated for those patients desiring future fertility. Further discussion with your physician is recommended.

Questions you should ask about fibroid treatments:

- How do you typically treat symptomatic fibroids? Why?
- What are my surgical options and my non-surgical options including drug therapy – specific to my condition for treating my uterine fibroid tumors?
- What are the advantages, risks, and benefits of each of the fibroid treatments?
- Have all of the necessary diagnostic tests been performed specific to my condition?
- If I want to retain my uterus, what alternatives to hysterectomy are available?

Questions you should ask about surgical options:

- Do I need to have a surgery? Will my ovaries be removed? If so, why? Will my cervix be removed? If so, why?
- What are the risks associated with surgery?
- Will I experience earlier menopause?
- Can the symptoms of menopause be treated?
- Will I need to take hormone replacement therapy? If not, what symptoms will I experience?
- What are the limitations of surgery?
- Will surgery cure my uterine fibroid tumors?

Questions you should ask about UFE:

- Do you refer patients for UFE? If not, why?
- How many patients have you referred for UFE and how many have chosen UFE to treat their uterine fibroid tumors?
- Will you refer me to an interventional radiologist for a consultation? Why or why not?