How can I help reduce Healthcare Associated Infections?

Infection control is important to the wellbeing of our patients, and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand rub (special gel) available at the main entrance of the hospital and at the entrance to every ward before coming into and after leaving the ward or hospital. In some situations hands may need to be washed at a sink using soap and water rather than using the hand rub. Staff will let you know if this is the case.

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If you require a translation of this leaflet please contact the nursing staff on 01296 418111
Fibroid embolisation is considered a safe procedure, designed to improve your medical condition and save you having a larger operation. There are some risks and complications involved, and because there is the possibility of a hysterectomy being necessary, you do need to make certain that you have discussed all the options available with your doctors.

What is fibroid embolisation?
Fibroid embolisation is a way of treating fibroids by blocking off the arteries that feed the fibroids, the uterine arteries, and making the fibroids shrink. It is performed by a radiologist, rather than a surgeon, and is an alternative to an operation.

Fibroid embolisation was first performed in 1995, and since then over 200,000 women have had the procedure performed, world-wide. As it is still such a new treatment, details of every case are collected on a central database, so that the success of the procedure and possible complications can be monitored.

Why do I need fibroid embolisation?
Other tests that you have had done will have shown that you are suffering from fibroids. Your gynaecologist and your GP should 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 is the better treatment.

Who has made the decision?
The doctors in charge of your case and the radiologist doing the fibroid embolisation will have discussed the situation and feel that this may be the most suitable treatment. 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 specially trained doctor called a Radiologist. Radiologists have special expertise in using x-ray equipment, and also in interpreting the images produced. They need to look at these images while

Please Note:
This leaflet explains some of the most common side-effects that some people may experience. However, it is not comprehensive. If you experience other side-effects and want to ask anything else related to your treatment please speak to a Nurse on 01296 418111.

We continually strive to improve the quality of information given to patients. If you have any comments or suggestions regarding this information booklet, please contact:

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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 8% of women have spontaneously expelled a fibroid, or part of one, usually six weeks to three months afterwards. If this happens, you are likely to feel period like pain and have some bleeding.
A very few women 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.

What are the results of fibroid embolisation?
This is a relatively new procedure, and long term results are not available yet. The majority of women are pleased with the results, and most fibroids are shrunk to about half the size they were before. 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.
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. Once the radiologist is satisfied that this is correctly positioned, a guide wire is placed through the needle, and into this artery. Then the needle is withdrawn allowing a fine, plastic tube, called a catheter, to be placed over the wire and into this artery.

The radiologist will use the x-ray equipment to make sure that the catheter and the wire are then moved into the correct position, into the other arteries which 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, and this may give you a hot feeling in the pelvis. 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. This silts up these small blood vessels and blocks 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, which can often be done from the right groin, but sometimes this may be difficult. In this case, a needle and catheter will need to be inserted into the left groin. At the end of the procedure, the catheter is withdrawn and the radiologist 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, and the skin and deeper tissues should then feel numb. The procedure itself may become painful. However, there will be an Anaesthetist/Nurse, or another member of staff, standing next to you and looking after you. If the procedure does become too painful for you, then they will be able to arrange for you to have some painkillers through the needle in your arm.

As the dye, or contrast medium, passes around your body, you may get a warm feeling, which some people can find a little unpleasant. However, this soon passes and should not concern you.

**How long will it take?**
Every patient’s situation is different, and it is not always easy to predict how complex or straightforward the procedure will be. Some fibroid embolisations do not take very long, perhaps an hour. Other embolisations may be more involved, and take rather longer, perhaps over two hours. 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 trolley. 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 generally be kept in hospital over night or for a day or two. Once you are home, you should go to bed and rest for three or four days.

**Are there any risks or complications?**
Fibroid embolisation is a 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, around the site where the needle has been inserted, and this is quite normal. If this becomes a large bruise, then there is the risk of it getting infected, and this would then require treatment with antibiotics.