

Fibroid Embolisation

What is fibroid embolisation?

Fibroid embolisation is a way of treating fibroids by blocking off the arteries (the uterine arteries), that feed the fibroids, and make 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 400,000 women have had the procedure performed, worldwide.

Why do I need fibroid embolisation?

You have had tests which show that you are suffering from fibroids. Your gynaecologist and your GP should have told you 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, or a myomectomy when fibroids are cut out of the uterus. 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 is the most suitable treatment. However, it is very important that you have had the opportunity to understand and discuss the options, and that you feel quite certain that you want the procedure done. If, after a full discussion with your doctors, you do not want the fibroid embolisation carried out, then please advise your doctor.

Who will be doing the fibroid embolisation?

A specially trained doctor called a radiologist. Radiologists have special expertise in using x-ray equipment, and in interpreting the images produced. A fibroid embolisation involves inserting needles and fine catheters into blood vessels, through the skin, and placing them correctly. Radiologists carry out the procedure while looking at x-ray images and are the best-trained people to do this.

Where will the procedure take place?

Generally, in the x-ray department, in a special screening room, which is adapted for specialised procedures.

How do I prepare for fibroid embolisation?

You will have a consultation with a consultant radiologist and a radiology nurse several weeks prior to your procedure. They will help you prepare for the procedure, answer any questions and obtain your consent for the procedure. An MRI study will also need to be performed to plan and assess your suitability for the procedure.

Fibroid embolisation can be performed as a day procedure, although you should pack/prepare for an overnight stay. You will be asked to not eat for 4 hours beforehand, though you may be told that it is alright to drink some water.

If you have any allergies, you must let your doctor know. A special x-ray dye, called a Contrast Medium, will be injected down a catheter into your uterine arteries. This may give you a hot feeling in your pelvis. If you have previously reacted to Contrast Medium, the same dye used for kidney x-rays and CT scanning, then you must also tell your doctor about this.

What actually happens during fibroid embolisation?

On the day of your procedure, you will be asked to put on a hospital gown, and you will lie on the x-ray table, generally flat on your back. A needle will be put into a vein in your arm, so that the radiologist can give you pain relief or a sedative to relieve anxiety. Once in place, this will not cause any pain. You may also have a monitoring device attached to your chest and finger and may be given oxygen through small tubes in your nose.

The radiologist will keep everything as sterile as possible and may wear a theatre gown and operating gloves. The skin near the point of insertion, probably the left wrist, will be swabbed with antiseptic, and then most of the rest of your body covered with a theatre towel.

The skin and deeper tissues over the artery in the left wrist 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 plastic tube, called a sheath, to be placed over the wire and into this artery.

The radiologist will use the x-ray equipment to navigate a separate, fine plastic tube called a catheter and a special wire into the correct position in the 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 plastic particles is injected through the catheter which then flows into the small arteries that supply the fibroid. This silts up these small blood vessels and blocks them so that the fibroid is starved of its blood supply. The particles will remain there permanently.

Both the right and the left uterine arteries need to be blocked in this way, which can usually be done from the left wrist, but sometimes this may be difficult. In this case, a needle and catheter may need to be inserted into one or both of the groins. 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 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 they will be able to arrange for you to have some additional pain relief and sedatives 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.

Most patients will experience significant discomfort (crampy abdominal pain) during the first 12 to 24 hours after the procedure. **This is normal** and is due to the blood supply to the fibroids being cut off. You will be given strong pain relief medication to take after the procedure, as well as several other medications to reduce inflammation, constipation, and nausea.

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, please expect to be in the x-ray department for about two hours.

What happens afterwards?

You will stay in the X-ray department recovery area on a trolley for 4 hours. Nurses 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. Your symptoms will be assessed in the department and a decision will be made on whether you can be safely discharged from the hospital. It is possible that you will need to stay in the hospital overnight. Once you are home, you should go to bed and take it easy for three or four days. A follow-up MRI and consultation will be arranged with the radiologist approximately 6 months after the procedure to assess your symptoms and determine if it has been technically successful.

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 hematoma, 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.

One of the most serious complications following embolization is infection in the uterus. This occurs in approximately 2% of cases and there is an approximately 1% risk of needing an emergency procedure to remove the womb (hysterectomy).

What else may happen after this procedure?

Some patients may feel very tired or have flu-like symptoms for up to two weeks following the procedure (this is known as post-embolisation syndrome), 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. A small amount of brown vaginal discharge is common following embolisation and may persist for several weeks or possibly months. 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.

Very few women have undergone early menopause 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?

The majority of women are pleased with the results, and most fibroids are shrunk to about half the volume 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 afterward. 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.

Approximately 1 in 10 patients undergoing fibroid embolisation require further intervention after the initial procedure, which can include further embolisation or surgery. Our own audit data has shown that this is more likely for patients with fibroids larger than 10 cm in diameter.

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 avoid 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.

Please remember, this leaflet is intended for general information only. We aim to make the information as up-to-date and accurate as possible, but please note that it is subject to change. Please therefore always check specific advice on any concerns you may have with your doctor or nurse on 01296 418111.

How can I help reduce healthcare associated infections?

Infection prevention and control are important to the well-being of our patients and for that reason, we have infection prevention and control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. Please follow our infection prevention and control guidelines when visiting our healthcare sites. Further information is available on our website.

Patient Advice Sheet

If you would like a copy of this information on audiotape, **in large print** or translated, please call the Patient Advice Liaison Service on 01296 831120 or email bht.pals@nhs.net

Division of Women, Children & Sexual Health Services

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