

Patient information factsheet

Uterine fibroid embolisation

We have given you this factsheet because your doctor has referred you for a procedure called uterine fibroid embolisation (UFE). It explains what UFE is, what the procedure involves and what the possible risks are. Please make sure you read this information and follow the instructions carefully. If you have any further questions or concerns, please contact us using the details at the end of this factsheet.

What is UFE?

UFE is a non-surgical way of treating uterine fibroids (non-cancerous growths that develop in or around the womb). It works by blocking off the blood supply (uterine arteries) to the fibroids, which then causes the fibroids to shrink (reduce in size).

Why do I need this procedure?

Your doctor has referred you for UFE because your recent test results have shown that your symptoms are being caused by uterine fibroids.

What are the benefits?

- **Relief of symptoms** - Long-term studies have shown that over 90% of women will be relieved of their symptoms after UFE (with an expected 40 to 60% reduction in the size of their fibroids).
- **No need for a large operation** - UFE is considered a safe procedure and avoids the need for a large operation.

Are there any alternatives?

There are many effective ways to treat uterine fibroids, including:

- UFE
- a hysterectomy (a surgical procedure to remove the womb)
- a myomectomy (a surgical procedure to remove fibroids from the wall of the womb)

Your doctor has assessed your condition and believes UFE is the best treatment option for you. However, if you decide that you do not want UFE, your doctor will be happy to discuss the alternative treatment options with you and explain the benefits and risks of each so that you can make an informed decision.

How do I prepare for the procedure?

We will arrange a pre-assessment appointment for you before your procedure. This will usually be a telephone appointment. At this appointment, we will give you more information about how to prepare for your procedure and answer any questions you may have. We have included the information on the next page as a helpful reminder.

Eating and drinking

You must not eat or drink anything for 6 hours before your admission, except for water, which you may drink until 2 hours before.

Medication

At your pre-assessment appointment, we will inform you which medications you can continue to take or will need to stop taking before your procedure.

If you are taking any blood-thinning medications, it's important that you tell us this at your pre-assessment appointment because blood-thinning medications can increase your risk of bleeding during the procedure. If you do not tell us that you are taking blood-thinning medication(s) before your procedure, we may have to cancel your procedure on the day.

Pregnancy

This procedure could be harmful to an unborn baby. For this reason, if you know or think you may be pregnant, or are currently breastfeeding, telephone us for advice as soon as you receive your appointment letter.

Please note that if you are of childbearing capacity, we will arrange for you to take a pregnancy test on the day of your procedure to ensure you are not pregnant.

Staying overnight in hospital

Most people need to stay overnight in hospital after having UFE. However, if your symptoms are well controlled, it may be possible for you to go home on the same day.

Please bring a small overnight bag with you in case you do need to stay in hospital overnight.

Consent

You will have a clinic appointment with an interventional radiologist (a specially trained doctor) before your procedure. At this appointment, the interventional radiologist will explain what will happen during your procedure and will answer any questions you may have. If you are happy to go ahead with the procedure, we will ask you to sign a consent form giving your permission.

What will happen during the procedure?

The procedure will be performed by an interventional radiologist in the radiology department.

We will give you some oral antibiotics to take to help prevent infection. We will then ask you to lie flat on your back on the x-ray table before attaching a monitoring device to your chest and finger.

You will need to have a sedative injection via a cannula (a small plastic tube placed into a vein in your hand or arm) at the start of the procedure to help relax you. If needed, we may also give you a second sedative injection later on during the procedure.

If you need extra oxygen during the procedure, we will give this to you by placing small tubes in your nose.

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For this procedure, we will need to access an artery in either your groin or wrist. We will clean an area on your groin or wrist with antiseptic before covering the rest of your body with a theatre drape. Depending on which artery we use, we will inject some local anaesthetic (medicine that numbs a specific area of the body) into your groin or wrist. This may sting briefly before going numb. Once the area is numb, we will insert a tiny plastic tube, known as a catheter, into your artery.

There are usually two blood vessels that need treating, one on each side of the uterus (left and right). We will use x-ray equipment to steer the catheter into the correct blood vessels supplying the fibroid. We will then inject a special x-ray dye, called 'contrast medium', through the catheter into the vessels. You may feel a hot sensation in your pelvis as this is done. Once the catheter is safely in position, we will embolise the fibroid by injecting a fluid containing tiny particles (like grains of sand) through the catheter to block the vessels supplying blood to the fibroid. This part of the procedure can be painful (similar to a bad period pain). We will give you pain relief medication as needed, either via the cannula in your arm or as a suppository (medication put into your rectum).

At the end of the procedure, we will remove the catheter and apply pressure to your groin or wrist for several minutes to prevent any bleeding.

How long will it take?

A UFE procedure usually takes less than one hour. However, if the procedure is a little more complicated than expected, this can take longer. As a guide, expect to be in the department for about two to four hours in total before being transferred to a ward.

What will happen after the procedure?

We will take you to the recovery area. A nurse will carry out routine observations, such as taking your pulse and blood pressure, to make sure that there are no problems. They will also assess your pain levels and check the skin on your groin or wrist for any bleeding.

We will then transfer you to the ward where you will need to stay in bed for a few hours until you have recovered. Most people will need to stay in hospital overnight. If your symptoms are very well controlled, you may be able to go home the same day. We will discuss this with you.

If you have had sedation, and your doctor allows you to go home on the same day as the procedure, you **must** have a responsible adult to take you home and stay with you overnight.

For 24 hours after being sedated you must not:

- drive
- drink alcohol
- operate machinery
- sign important documents

After the procedure, you are likely to experience some mild to severe period-like pain for the first few days. This will usually start to ease after the first 24 hours. You may also experience a slight fever. While you are in hospital, your doctor will give you strong pain relief medication (usually containing morphine) to help ease these symptoms. They will also give you further pain relief medication to take home. We will instruct you how to take this medication before you leave hospital.

A few people may also have vaginal discharge, which can sometimes be bloody, for approximately two weeks after having UFE. This is due to the fibroid breaking down and shedding. **Only use sanitary towels during this period (not tampons).** Tampons can increase your risk of developing a mild infection.

Occasionally, some people may have vaginal discharge on and off for several months. Please do not worry if this is the case for you.

Contact your specialist nurse, interventional radiologist or general practitioner (GP) for advice **immediately** if your discharge is:

- foul smelling
- an unusual colour
- paired with a fever (a high temperature of 38°C or above) and/or feeling unwell

Are there any risks or complications?

UFE is a safe procedure, but as with any medical procedure, there are some potential risks and complications.

Exposure to radiation

For your procedure, we need to use x-rays (a type of radiation used to see inside your body). Exposure to radiation can slightly increase a person's lifetime cancer risk, but for this procedure the risk is low. Your doctor has recommended that the benefit to you from the procedure outweighs the low risk from the radiation. You will not be exposed to any more x-ray radiation than is absolutely necessary.

Haematoma

It is normal to experience a small bruise (haematoma) around the site where the needle has been inserted. If this becomes a large bruise, contact your specialist nurse as there is a risk of infection and you may need treatment.

Fibroids not passing naturally

Fibroids will usually come out through the vagina (in part or as a whole), so please do not be alarmed if you notice bits of bloody tissue or large clots in your discharge.

Occasionally, some people may need an additional procedure to remove the fibroids if they do not pass naturally. If this is the case, we will discuss this with you in more detail.

Infection

The most serious complication of UFE is infection. This happens to a very small percentage of people (approximately two in every 100) having the procedure.

If you have an infection, you may need further treatment, such as antibiotics or a hysteroscopy (a procedure that uses a small flexible endoscope to look into the womb and remove any abnormal tissue). If your infection is more serious, you may need to have a larger operation. If this is the case, we will discuss this with you in more detail.

To help prevent you getting an infection, we will give you antibiotics before your procedure. Some people will also be given antibiotics to take at home.

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Contact us immediately for advice on **023 8120 1329** (Monday to Friday, 8am to 5.30pm) if you have:

- severe pain in the abdominal or pelvic region
- pelvic tenderness
- a high temperature (38°C or above)

If you have any medical concerns outside of these hours, contact your GP or call NHS **111**.

Menopause

It has been noted that a very small number of women have undergone early menopause after this procedure. However, this is likely to be because they were near to going through the menopause before having the procedure.

Damage to other organs

Our interventional radiologists are very careful when positioning the catheter in your artery to make sure that the tiny embolic particles go only into the artery that supplies blood to the fibroid. However, in extremely rare cases, the particles can go into the wrong artery which can result in damage to other organs close to the uterus (for example, your skin, bowel or bladder).

Recurrence of fibroids

Twenty-five percent of people experience a recurrence of their fibroid symptoms. If your symptoms come back at some point in the future, you may need further treatment. Improvements in equipment and techniques have been made to try to reduce these early failures and late recurrences.

Recovering at home

Rest and exercise

Once you are home, you will need to rest for three to four days. While you recover, it is also important that you continue to keep active. For example, getting up out of bed and walking around your home.

Pain relief

Some people find the pain lasts for a few weeks. Continue to take the pain relief medication as per our instructions to help manage your pain.

Returning to work

We advise taking two weeks off work following UFE as you may feel very tired. However, if you feel fit and well enough before this time, you can go back to work as and when you are ready.

Physical activity

You can restart physical activity (including sexual intercourse) as soon as you feel ready.

Follow-up care

We will arrange an MRI scan (a scan that uses strong magnetic fields and radio waves to produce detailed images of the inside of the body) and a follow-up radiology clinic appointment for you three months after your procedure.

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Contact us

If you have any further questions or concerns, please contact us.

Interventional radiology clinical nurse specialist team

Telephone: **023 8120 1329** (Monday to Friday, 8am to 5.30pm)

For serious concerns outside of these hours, contact your GP out of hours or go to your nearest emergency department.

Adapted with permission from the British Society of Interventional Radiology (BSIR). 'Uterine artery embolisation (fibroid embolisation)' patient information leaflet.

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For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**

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