

DEPARTMENT OF DIAGNOSTIC RADIOLOGY AND NUCLEAR MEDICINE
Patient Information Sheet

Uterine Fibroid Embolization

General Indications for the Procedure: Uterine fibroid embolization is used to reduce the size of fibroid tumors of the uterus when they cause symptoms of prolonged, heavy and painful menstrual periods or pelvic pain.

Description of the Procedure: The patient is brought to the interventional radiology holding room, and a needle is placed into a vein and connected to IV tubing and fluid. Medications, including anti-inflammatory drugs and antibiotics, are given into the vein to prepare the patient for the procedure. A urinary catheter (a Foley catheter) is inserted in the patient's bladder. The patient is then brought to an interventional radiology procedure room. The groin area is carefully cleaned with antiseptic solution and covered with sterile drapes. Medicine to numb the skin (called a local anesthetic) is injected with a tiny needle. This causes a brief stinging or pinching sensation. Once the area is completely numb, the skin is punctured, and a needle is placed into the main artery of the groin (the femoral artery). A small wire is advanced through the needle and into the artery. The needle is removed, and a catheter (a small tube) is advanced over the wire using X-ray fluoroscopy to make certain the catheter goes to the correct place. The catheter is advanced into the arteries of the pelvis, and X-ray pictures of the pelvic arteries (arteriograms) are taken after injecting a dye. A small plastic tube (a catheter) is then advanced into each artery that supplies the uterus. In order to block the arteries, small particles called embospheres are injected directly through the catheter and into the arteries feeding the fibroid tumors in the uterus. Once all of the arteries are blocked, the catheter in the groin is removed and pressure is applied to the groin for 15-20 minutes to control the bleeding. The patient is then brought to the holding room and observed for about 1 hour; she is then sent to a hospital room for a 1 day stay in the hospital.

Risks of the Procedure: The most common complication is pelvic pain. There may also be nausea, vomiting, fever and an elevated white blood count after the procedure. These symptoms (including pain) are most intense 2-3 hours after the procedure. There is a very small risk of infection.

Alternatives to the Procedure: Uterine fibroids can be removed by surgery on the uterus or by removal of the uterus (hysterectomy). Hysterectomy may be necessary after uterine embolization if the embolization does not control the patient's symptoms.

Probable Consequences of Refusing the Procedure: If the patient decides not to have the procedure, the patient's symptoms may not improve, or they may worsen, and they may require either surgical removal of the patient's uterus or an embolization procedure at a later time in order to obtain relief from the patient's symptoms.

Persons performing the procedure: The key portions of the procedure will be performed by an attending physician who is a member of the medical staff of Rush University Medical Center, or a resident or fellow who will be observed and supervised by a member of the medical staff. Residents are licensed physicians in an approved residency program. Fellows are licensed physicians who have completed a residency in radiology and are in an approved post-residency training program. The parts of the procedures residents or fellows will perform will be based on their level of training and competence.

Last Revised: 7/2009