

Patient Information

## Radiology Department

# Uterine Fibroid Embolisation

### Introduction

You have been advised by your hospital consultant that you need to have a uterine fibroid embolisation. This information explains what is involved and what the possible risks are.

This leaflet may not answer all your questions, so if you have any concerns, please ask the ward staff. If you feel unhappy with any part of your care within the X-ray Department please ask to speak to a senior member of staff.

Please read this leaflet carefully to ensure you are successfully prepared for the examination.

Please contact the X-ray Department if your weight is equal to or more than 205Kg (32 stone) you may require an alternative examination.

### Points to remember

- Please bring with you to the X-ray Department any sprays or inhalers that you are taking
- We also ask you to leave any valuable possessions at home.
- **If you are taking Aspirin or Warfarin please inform the radiology staff**, as this medication may need to be stopped prior to the procedure.

### What is a uterine fibroid embolisation and why do I need one?

Uterine fibroid embolisation is a non surgical way of treating fibroids by blocking off the uterine arteries that feed the fibroids, and making the fibroids shrink. It is performed by an interventional radiologist, rather than a surgeon, and is an alternative to an operation. An Interventional Radiologist is a specially trained doctor who has special expertise in using X-ray equipment, and also in interpreting the images produced. They need to look at the images while carrying out the procedure, to guide the fine catheters into blood vessels and place them correctly.

Other tests that you have had will have shown that you have fibroids.

Your gynaecologist or GP should have discussed this with you and determined that these are the cause of your symptoms. They will also have discussed different ways of dealing with them.



## Patient Information

The options for treating fibroids include an operation, generally a hysterectomy, where the womb is removed altogether or Myomectomy where only the fibroid/s are removed from the womb. In your case, it has been decided that embolisation is the best treatment.

The examination will be performed by an Interventional Radiologist who will be assisted by radiographers and radiology nurses. It is not easy to predict how long the procedure will take. As a guide, expect to be in the X-ray room for at least one hour.

## Referral and consent

If you are having the uterine fibroid embolisation as a planned procedure, the doctor who referred you should have discussed the reasons for this procedure and any alternatives with you. The radiologist will confirm that you understand why the procedure is being done and its potential risks and the benefits to you. **You should have had sufficient explanation before you sign the consent form.** If after discussion with your hospital doctor or radiologist you do not want the procedure carried out, then you can decide against it.

If the radiologist feels that your condition has changed or that your symptoms do not indicate such a procedure is necessary then they will explain this to you. They will communicate their reasons with the referring clinician and ask that you return to your referring clinician for review. At all times the radiologist and referring clinician will be acting in your best interests.

## Before the test

Please bring all your usual medication into hospital with you. Please remember to take any sprays or inhalers with you when you have the procedure. It is important that you understand the test and its implications, so if you have any questions, please ask the doctor. You will be asked to sign a pink consent form confirming that you understand the procedure and are aware of the risks and benefits it entails. We will want you to be as relaxed as possible for the procedure. Take all your medications as normal, but if you are taking water tablets or diuretics you may stop this on the day of the procedure. Please tell the doctor if:

- You have had any allergies or bad reactions to drugs or other tests
- You have asthma, hay fever, diabetes, or any heart or kidney problems.

## Preparation

You will be admitted to Gynaecology Ward 23 prior to the procedure for preparation.

- You will have had some blood tests to check your blood clotting ability and kidney function. Sometimes it is necessary for you to have these blood tests on admission on the morning of the procedure.
- **Please do not eat for the 6 hours** prior to your procedure time. You can drink water only during this time but **must stop 2 hours** before your procedure time.

### Important information for patients with renal impairment:

- If you are under the care of a renal specialist and /or have to follow a fluid restricted diet, you should include this preparation as part of your fluid allowance
- If you have severe kidney problems and are not having dialysis treatment, you will be put on intravenous fluids (a drip) for six hours, starting two hours before the procedure. Please contact the Radiology Department as you will need to be admitted to renal day case ward (UHCW Ward 50A) for this procedure
- Some pain killers (Non steroidal anti inflammatory drugs such as Ibuprofen or Diclofenac) **may** have to be stopped on the day of the examination for 24 hours, please discuss this with your doctor. You may use Paracetamol as a substitute pain relief medication during this time.
- If you are taking Metformin please inform the Radiology staff as this **may** have to be stopped for 48 hours after the procedure.
- As the procedure is generally carried out using the big artery in the groin, you may be asked to shave the skin around this area. You need to have a needle put into a vein in your arm, so that the radiologist can give you a sedative or painkillers. Once in place, this will not cause any pain. Antibiotics will be given. You will also receive an injection for pain relief and a suppository to reduce inflammation
- You will need to change into a hospital gown. You may bring a dressing gown to wear over this until the procedure starts.

### During your examination

- You will lie on the X-ray table, generally flat on your back. 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 will wear a theatre gown and operating gloves. The skin near the point of insertion, usually the groin, will be thoroughly cleaned 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 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 arteries which are feeding the uterus and fibroid(s). 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.

## Patient Information

- Both the right and the left uterine arteries need to be blocked in this way. It can often all be done from the right groin, but sometimes it may be difficult to block the branches of the right uterine artery from the right groin, and so a needle and catheter needs to be inserted into the left groin as well. 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. Alternatively the radiologist may insert a small stitch into the puncture site to prevent bleeding.

## Will it hurt?

When the local anaesthetic is injected, it will sting to start with, but this soon passes off, and the skin and deeper tissues should then feel numb. The procedure itself may become painful. However there will be a nurse, standing next to you, 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. You will be connected to a PCA (Patient Controlled Anaesthesia) pump. This will be controlled by you and by pressing a button will deliver drugs which are strong painkillers. The PCA pump limits how much painkiller is delivered and will only allow a certain amount to be delivered every five minutes.

As the X-ray 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 off and should not concern you.

## Risks of the procedure

As with any procedure or operation, complications are possible. We have included the most common risks and complications in this leaflet. The probability of these complications occurring will vary for each patient and the possibility of these complications happening to you will be discussed with you before you sign the consent form.

- 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. In this case you should seek medical advice as this may require treatment with antibiotics.
- Most patients feel some pain afterwards. This ranges from very mild pain to severe crampy, period-like pain. It is generally worst in the first 12 hours, but will probably still be present when you go home. While you are in hospital, this can be controlled by powerful pain killers. You will be given further tablets to take home with you. Most patients get a slight fever after the procedure. This is a good sign as it means that the fibroid is breaking down. The pain killers you will be given will help control this fever. Try and take these painkillers regularly to keep on top of any pain you may experience.
- A few patients get a vaginal discharge afterwards, which may be bloody. This is usually due to the fibroid breaking down. Usually, the discharge persists for approximately two weeks from when it starts, although occasionally it can persist intermittently for several months. This in itself is not a medical problem, although you may need to wear sanitary protection. If the discharge becomes offensive and if it is associated with a high fever and feeling unwell, there is the possibility of infection and **you should ask to see your gynaecologist urgently. The most**

## Patient Information

**serious complication of fibroid embolisation is infection.** This happens to perhaps two in every hundred women having the procedure. The signs that the uterus is infected after embolisation include great pain, pelvic tenderness and a high temperature. Lesser degrees of infection can be treated with antibiotics.

- Rarely the X-ray dye used can cause deterioration in kidney function, which is usually only temporary but occasionally can be more long term. This is of particular concern for people who already have impaired kidney function. If you are under the care of a renal physician you should have a blood test to assess your kidney function prior to the procedure.
- Rarely, allergic reactions can occur with the X-ray dye, only very rarely requiring any treatment. You will be asked about allergies by the radiologist at the time

Despite these possible complications, the procedure is normally very safe. At all times during and after the procedure, the staff will be monitoring your responses to this treatment.

X-rays are a type of radiation. We are all exposed to natural background radiation every day of our lives; this comes from the sun, food we eat, and the ground. Exposure to X-rays carries a small risk, but your doctor feels that this risk is outweighed by the benefits of having the procedure. We will take all safeguards to minimise the amount of X-rays you receive.

## Safety

The contrast agent contains iodine and is excreted by the kidneys in your urine. Please inform the radiologist or radiographer:

- If you are allergic to iodine, have any other allergies or suffer from asthma.
- If you have reacted previously to the injection used for kidney X-rays or CT scanning.
- If you have known kidney problems.
- Patients aged 12-55 years – could you be pregnant? The risks of radiation are slightly higher for the unborn child so you will be asked to confirm that you are not pregnant before the examination can proceed.

## After your examination

You will be taken back to the ward on the bed. 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 four to six hours, until you have recovered. This will be less if a stitch has been placed in the groin at the end of the procedure. You will generally be kept in hospital overnight or for a day or two. Once you are home, you should rest for three or four days.

You can eat and drink normally. **We recommend that you drink at least one pint of liquid within two hours after your examination**

## Patient Information

**If you have severe renal impairment (a GFR below 30ml/min) and are not on dialysis:** It will be necessary for you to attend renal day case unit (UHCW ward 50A) 48 hours after your examination to monitor your renal function if you have had an intravenous injection of contrast.

### 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. In our experience we have not seen this in women under 45 years of age.

### What is the success of fibroid embolisation?

This procedure has been performed since 1995 and short and medium term results are good. Long term results are not available yet. The majority of women are pleased with the results, and most fibroids are shrunk by about 50-70% of the size they were before. Once fibroids have been treated like this, it is believed that they do not grow back again.

### Other sources of information:

For information about the effects of X-rays read the NRPB publication: "X-rays how safe are they?" on the Health Protection Agency website: [www.hpa.org.uk](http://www.hpa.org.uk)

Please note that the views expressed in these websites do not necessarily reflect the views of UHCW NHS Trust or the NHS.

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact the number on your appointment letter and we will do our best to meet your needs.

The Trust operates a smoke free policy

#### Document History

|                |                                     |
|----------------|-------------------------------------|
| Author         | Amy Lloyd                           |
| Department     | Radiology                           |
| Contact Tel No | 27161                               |
| Published      | November 2013                       |
| Reviewed       | January 2016, April 2018, July 2018 |
| Review         | July 2020                           |
| Version        | 3                                   |
| Reference No   | HIC/LFT/1713/13                     |