

What is Uterine Fibroid Embolization?

PATIENT/FAMILY INFORMATION SHEET

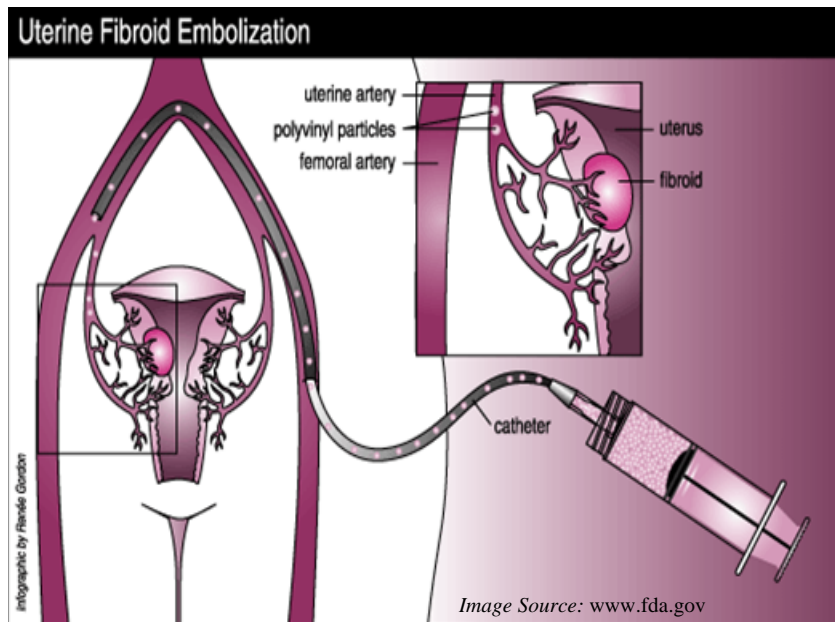
What is uterine fibroid embolization?

Uterine fibroid embolization is a non-surgical treatment option for uterine fibroids. It is referred to as an *interventional radiology treatment*. It involves blocking the arteries that supply the fibroids, thereby causing them to shrink. This is performed by a specially trained doctor in the radiology department called an interventional radiologist.

How is uterine fibroid embolization performed?

At Greenwich Hospital, patients will stay at the hospital overnight following the procedure.

- Sedation is provided prior to the procedure.
- A small skin nick is made in the groin area and a thin tube, or catheter, is guided into each uterine artery that supplies blood to the fibroid(s).
- The specialist injects through the catheter small particles that block the arterial blood flow to the fibroids. This deprives them of necessary oxygen and nutrients and causes them to shrink over time.



The embolization procedure is performed using special x-ray monitoring equipment called fluoroscopy, which allows the radiologist to view the arteries so that just the right amount of the blood supply is blocked.

What will I experience after the procedure?

You may feel drowsy after the procedure from the sedation used. You may also experience the following symptoms:

- Fatigue
- Low grade fever (less than 100.9)
- Mild nausea
- Spotting and/or vaginal discharge with an odor lasting about 2 weeks
- Mild cramping

Are there any symptoms that I should report to the doctor?

- Fever greater than 102 degrees Fahrenheit
- Increased pelvic or lower abdominal pain or cramping
- Foul smelling vaginal discharge that lasts more than 2 weeks
- Passing large amounts of blood and/or blood clots

Are there any specific discharge instructions?

For the next few days after the procedure, plan on limiting your activities as directed by your doctor. Activity limitations are dependent upon your individual needs and condition. Most patients are able to return to work within a week. The following post-procedure care is commonly recommended after discharge:

- Appointment one week after the procedure with the interventional radiologist
- Ultrasound 3 months after the procedure and an appointment with the interventional radiologist
- Magnetic resonance imaging (MRI) with contrast 6 months after the procedure (See additional Patient Education Fact Sheets for MRI and Ultrasound information)
- Any other follow-up appointments with your regular gynecologist.

My next appointment with Dr. _____ is _____.

Sources: Dr. Laura Hodges, Greenwich Hospital Radiology Department
Society of Interventional Radiology @ www.sirweb.org

For more Patient Fact Sheets, see the Greenwich Hospital web site at www.greenhosp.org and Click on Patients & Visitors, then Patient Education