

Embolisation for uterine fibroid

You have been given this leaflet because you might benefit from a procedure known as a Fibroid Embolisation. This leaflet gives you more information about the procedure and if you have any questions please discuss them at your next hospital appointment.

What are Fibroids?

Fibroids are benign (non-cancerous) growths of the uterine (womb) muscle. They may be single or multiple and may vary in size.

What is fibroid embolisation?

Fibroid embolisation is a special x-ray guided procedure, which attempts to block the blood vessels supplying fibroids.

Why do I need the procedure?

Fibroid embolisation is performed if you are experiencing symptoms, which may include heavy blood loss during periods and pain or pressure on surrounding organs such as the bladder. It is an alternative to surgical options such as myomectomy (removal of the fibroid from the uterus) and hysterectomy (removal of the uterus). The benefits include avoidance of hysterectomy, maintaining the potential for future pregnancies. The procedure has a high success rate, 80 - 90%, or complete resolution of the symptoms. It also has a shorter recovery time compared to surgery and most women are back to normal activity within two to three weeks.

Will I need a hysterectomy in the future?

Patients who have had this procedure who then go on to have a hysterectomy are reported to be about 3%. The majority patients have significant symptom improvement. In 1% of cases emergency hysterectomy may be needed after the procedure.

How long will I need to be in hospital?

You will be admitted to Ward G5. You will stay in hospital for one day with an overnight stay and the procedure will usually be carried out on the day you come in. The procedure will be carried out in the radiology department and afterwards you will need to stay overnight on Ward G5.

Do I need to bring anything in with me?

Please bring all the medicines you are taking into hospital with you. You will also need an overnight bag to include toiletries, night wear, sanitary towels etc.

Before your procedure

We must obtain your consent for the procedure beforehand. Your Doctor will explain the risks, benefits and alternatives where relevant before they ask for your consent. As the procedure may be painful, you will be instructed to take pain killers at home on the day of the procedure. If you have previously reacted to intravenous contrast medium, the dye used to show up blood vessels on the x-ray, please inform a member of staff.

Before the procedure starts, a cannula will be inserted into a vein, usually at the back of your hand, so that you may be given sedation and further analgesia if necessary.

The procedure

The procedure is performed by your vascular radiologist (specialist imaging doctor) in the angiography department. Fibroid embolisation is usually performed via an artery at the top of your leg, in the groin. The skin and deeper tissues over the artery will be numbed with local anaesthetic. The local anaesthetic often stings to start with, but this soon wears off, and the skin and deeper tissues should then feel numb. The radiologist inserts a needle and then a fine, plastic tube (catheter) into the artery. This tube is guided into the correct position with x-ray equipment and the rest of the procedure will be performed through this catheter. The radiologist will inject special dye (contrast medium) through the catheter and x-rays are taken. As the contrast medium is injected through the catheter and it passes around your body, you may get a warm feeling, which some people find a little unpleasant. However, this soon wears off. Small particles will be inserted via the catheter into the arteries to your uterus, which will block the blood flow to the fibroids, eventually causing them to shrink. When the embolisation is finished, the catheter will be removed and the radiologist will then press firmly for several minutes to prevent any bleeding from the puncture site. Normally both uterine arteries are treated.

How long will it take?

Every patient's situation is different, and it is not always easy to predict how complex or how straight forward the procedure will be. You can expect to be in the x-ray department for approximately two hours.

What happens after the procedure?

You will be transferred to Ward G5 and you will need to stay in bed for at least three to four hours after the procedure. Nurses on the ward will carry out routine monitoring, such as taking your pulse and blood pressure and checking the skin entry point in the groin for any bleeding or bruising. You will usually be discharged from hospital the next day and will be given painkillers to take home.

Are there any risks or complications with the procedure?

Fibroid embolisation is a safe procedure, but as with all procedures, there are some risks and complications that can happen. The most common complication is of a small amount of bruising around the site where the needle in the groin has been inserted. This rarely requires any further treatment and should settle down over a few weeks. Very rarely, some damage can be caused to the artery by the catheter, and this may need to be treated with surgery or another radiological procedure. Although the main aim is to avoid hysterectomy, in a few women (probably less than 1%) this becomes necessary after embolisation, usually because some infection has occurred in the uterus. This infection does not usually occur at the time of embolisation, and may occur up to three months afterwards. You will be given antibiotics at the time and following the procedure to reduce the chances of this happening.

Although every care is taken to ensure no other tissues are affected by the embolisation, inadvertent embolisation of other non-target vessels may rarely occur.

After the procedure

You may experience some crampy pain and you may feel generally unwell for up to two weeks after the procedure. If the fibroids lie close to the cavity of the uterus, they may be passed out of the vagina as they shrink. This is usually not painful. It is likely that there will be a yellowish vaginal discharge for a few days/weeks after the embolisation period.

If cramping pain occurs with or without fever or discharge, please contact your General Practitioner, who will prescribe treatment for you. Your period may be early, late or missed the month following the procedure. Subsequent periods tend to become lighter with time. Sanitary towels, rather than tampons are recommended for the first three periods following embolisation.

Effect of fibroid on fertility and menopause

The effect of fibroid embolisation on fertility remains undetermined. There have been successful pregnancies after embolisation treatment. We recommend avoiding pregnancy for three months following fibroid embolisation. There have been cases of early menopause after embolisation, although the risk is small.

Is there any activity that I should avoid doing?

Shower rather than take baths for one week following your procedure. You are advised not to drive for a week after you leave hospital. If you have an office type job, then you may return to work in one week. If you are required to lift heavy objects, then you should not return to work for at least two to three weeks.

Will I need to come back to hospital for a check up?

You will be given an appointment for a scan to see if the fibroids have shrunk. We will usually arrange this appointment for about six months after you leave hospital. We will also review your symptoms when you come for a follow up appointment. Rarely more than one procedure is needed, particularly if the fibroids are large.

What if I think there is something wrong when I get home?

If you think there is something wrong when you get home, you should contact the ward from which you were discharged.

Contact details

Doncaster Royal Infirmary

Ward G5 01302 642649 or 01302 642650.

Gynaecology Outpatients Department 01302 642804.

Patient Advice and Liaison Service (PALS)

The team are available to help with any concerns/complaints you may have about your experience at the Trust. Their office is in the Main Foyer (Gate 4) of Doncaster Royal Infirmary. Contact can be made either in person, by telephone or email.

The contact details are:

Telephone: 01302 642764 or 0800 028 8059

Email: dbth.pals.dbh@nhs.net