



**NHS**

East Suffolk and  
North Essex  
NHS Foundation Trust

# Having a uterine fibroid embolisation

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This booklet helps to answer some of the questions you may have about having a uterine fibroid embolisation.

## **What are uterine fibroids?**

Uterine fibroids are common, benign (non-cancerous) growths found in the muscular wall of the uterus (womb). About 30–40% of women with fibroids have symptoms, such as pain and heavy bleeding. There are three types of fibroids:

- 1 intramural fibroids develop in the middle of the uterine (womb) wall
- 2 subserosal fibroids develop on the outer layer of the uterus
- 3 submucosal fibroids develop within the inner layer of the uterus.

## **What is a uterine fibroid embolisation?**

A uterine fibroid embolisation is a special X-ray examination and treatment in which the blood vessels supplying your uterine fibroids are embolised (blocked). A dye, known as contrast medium, is injected into a blood vessel using a catheter (a fine, plastic tube), which is inserted into an artery (blood vessel) in your groin. The dye allows detailed images (pictures) of your blood vessels to be seen using X-rays.

Once enough pictures have been taken, tiny particles of PVA (polyvinyl alcohol) will be injected through the catheter to block the blood vessels supplying the uterus and fibroids. This will cause the fibroids to shrink in size and some may then be passed vaginally, similar to having a period.

The uterine fibroid embolisation is performed by an



interventional radiologist, a physician who is specially trained to perform this and other minimally invasive procedures.

It is performed while the patient is conscious but feeling no pain. It does not require a general anaesthetic.

## **Why do I need a uterine fibroid embolisation?**

The reason for this will depend on your particular condition. Symptoms related to uterine fibroids vary depending on their type, size and location, and include heavy and prolonged periods; pain in the pelvic area, back or legs; passing urine more frequently; constipation; bloating and abdominal (tummy) swelling. If these symptoms persist and cause problems, your doctor may refer you for a uterine fibroid embolisation. This will be discussed with you in detail before the procedure.

## **Benefits of having a uterine fibroid embolisation**

Uterine fibroid embolisation is a relatively new treatment but appears to have some advantages over alternative methods, such as surgery, for some women. Uterine fibroid embolisation usually requires a short (average 1–2 days) hospital stay, and many women resume light activities after a few days and return to normal activities after 7–10 days. About 90% of women who have the procedure experience significant or total relief of heavy bleeding, and the procedure is about 85% effective for pain. This treatment is effective for multiple fibroids and large fibroids. The need for a hysterectomy and/or repeat treatment for treatment failure can be 10% at one year, and up to 20–25% within five years.



## Risks

Fibroid embolisation is considered to be very safe but there are some associated risks, as there are with almost any medical procedure. These include:

- bleeding or bruising around or from the insertion site in your groin (0.5% or 1 in 200 patients)
- infection at the insertion site can occur (0.1% or 1 in 1,000 patients) or sometimes it is possible for a dead fibroid to become infected after the procedure. Very rarely, if treatment for the infected fibroid does not work, you may need to have a hysterectomy (surgical removal of your womb) which occurs in up to 2.9% of patients
- reaction to the contrast medium (special dye used in uterine fibroid embolisation). This is very rare and occurs in 0.0025% or 1 in 40,000 patients
- damage to the blood vessel occurs in 0.2% or 1 in 500 patients
- pain is common and can be quite severe for the first 24–48 hours after the procedure. We will give you strong pain relief medication to keep it under control and will not allow you to go home until the pain is well controlled by the tablets
- a vaginal discharge may occur and may last from a few days to several months. Portions of (or sometimes whole) fibroids may be passed vaginally
- early menopause occurs in 1–2% (1–2 in every 100) of women after uterine fibroid embolisation. This usually happens to women who are close to their natural menopause.



The radiologist will discuss the risk factors relevant to your particular condition with you before starting the uterine fibroid embolisation. The radiologist will be happy to answer any questions you may have.

### **Are there any alternatives to this?**

Your doctor will have requested a uterine fibroid embolisation only if it is felt that this is the best way to treat your condition. Other tests, such as an ultrasound scan or MRI scan, can give information about your fibroids to assist the radiologist in treating your condition.

Other treatments for fibroids include hysterectomy (surgical removal of the womb) and myomectomy (surgical removal of individual fibroids).

All available options will be discussed with you by the doctor before a decision is made about the most appropriate treatment for you.

### **Is this procedure suitable for infertile patients and those contemplating a subsequent pregnancy?**

Uterine fibroids may be a cause of sub-fertility. Women who desire pregnancy but experience sub-fertility or recurrent miscarriage due to fibroids and who are unsuitable for surgical resection (myomectomy or hysterectomy), or in whom myomectomy has failed, can be offered embolisation as a safe, effective alternative. In pregnancies after embolisation, Caesarean section and miscarriage rates are higher than in women without fibroids. This may also be true when pregnancy follows myomectomy.

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## Consent

By law we must obtain your written consent before any operation and some other procedures. Staff will explain all the risks benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of the proposed treatment, please do not hesitate to ask to speak to a senior member of staff.

### **Is there anything I need to do before my uterine fibroid embolisation?**

- please tell your doctor if you have an IUCD (intra-uterine contraceptive device or 'coil') in place because this will need to be removed by your GP or practice nurse before you come into hospital
- you can take all your medications as usual, except bloodthinning tablets (such as warfarin or aspirin) or metformin (drug for diabetes). If you take blood-thinning medications or metformin, it is very important that you inform the ward or X-ray staff before you come into hospital, because you may need to stop taking them before your appointment
- please also let us know if you have asthma or are allergic to any medications or the contrast medium (dye) used for uterine fibroid embolisation
- you will be asked not to eat anything for four hours before and not to drink anything for two hours before your appointment time. Your appointment letter will give you further information about this



- you may need to have some blood tests before your procedure. You will be advised of when and where to have these taken
- as the procedure is usually carried out through an artery (blood vessel) in the groin, you may be asked to shave this area.

If you are pregnant or think you might be pregnant, you must tell your ward nurse, doctor and X-ray staff before the procedure.

### **What if I cannot keep my appointment?**

Please contact the X-ray Department at Colchester Hospital as soon as possible so we may use the appointment for another waiting patient. You will find the appropriate phone numbers on your appointment letter.

### **What happens on the day of my appointment?**

You will be admitted to hospital and will be seen by the ward doctor and/or nurses before you come to the X-ray Department for your uterine fibroid embolisation.

The procedure will be discussed with you in detail and you will be asked to sign a consent form. This is to make sure you understand the risks and benefits of having the procedure.

As uterine fibroid embolisation is still a relatively new procedure, you will be asked if the details of your case (but not your personal details) can be added to a national database. This will allow experience, knowledge and good practice to be shared among radiologists. You are, of course, free to refuse. It will not affect your treatment in any way.



The procedure will be performed in the Angiography Suite (X-ray Department), which is an X-ray room adapted to perform specialised procedures. You will be asked to change into a hospital gown. Staff in the X-ray Department will check your details and examine you before taking you to the X-ray room. A cannula (fine plastic tube) will be inserted into a vein in your arm and used to administer any pain medication that may be needed during your care and hospital stay.

The X-ray staff will ask you to lie on your back on the X-ray table before connecting you to a monitor, which will record your blood pressure and pulse throughout the procedure. Your groin will be cleaned with antiseptic fluid and covered with a sterile drape (towel).

The procedure is done under local anaesthetic but pain relief and sedatives will be given, as required. A radiologist will give you an injection of local anaesthetic to numb the area. This may cause some stinging but this will only last for a short time. When the area is completely numb, the radiologist will pass a catheter over a fine wire into the blood vessel through the groin. You may feel some pressure or pushing at the insertion site to begin with but this should not be painful.

If it does become uncomfortable tell the radiologist, who may be able to give you some more local anaesthetic.

When the catheter is in the correct position, the radiologist will inject the contrast medium (dye). As it is injected into your blood vessels, X-rays will be taken. You may experience a warm sensation throughout your body. This is normal and is nothing to worry about.



The images (pictures) will highlight the blood vessels needing to be treated and the radiologist will block these areas with the PVA.

Please tell the nurse if you experience any pain at this time so we can give you an injection to make you more comfortable. You may feel sick after the pain relief injection, which is normal and can be relieved with other medication.

The radiologist will explain what is happening throughout the procedure. Uterine fibroid embolisation usually takes approximately 45–60 minutes to complete but may take longer in some cases.

## **Identification wristbands**

Wristbands are used to identify hospital inpatients. When you are in hospital, it is essential that you are given and wear a wristband with accurate details about you on it. This ensures that staff can identify you correctly and give you the right care.

## **What happens afterwards?**

Once the radiologist is satisfied that all the correct blood vessels have been blocked, the catheter will be removed. The radiologist will then press firmly on your groin for 10–15 minutes to prevent bleeding and minimise bruising.

Once you are back on the ward, you will need to rest in bed for up to 12 hours, lying flat for the first six hours to prevent your wound from bleeding. You will be able to have something to eat and drink. Nursing staff will continue to record your pulse and blood pressure during this time, as well as checking your insertion site regularly. If you feel unwell during this time, you must tell the doctor or nursing staff.



## **When can I go home?**

If you are well and your pain is controlled by tablets, you should be able to return home 24–48 hours after your uterine fibroid embolisation. Your doctor will advise you about this.

## **Is there anything I need to watch out for at home?**

You may have a small amount of bruising where the catheter was inserted. However, if you notice any bleeding from the wound you should lie down and press hard on it and either contact your GP or go to your nearest Accident and Emergency (A&E) Department as soon as possible.

If you experience a high temperature or fever, lower abdominal (tummy) pain, a smelly vaginal discharge or diarrhoea, you must contact the gynaecology ward on **01206 742016** or **742017**, or your GP, or go to your nearest A&E Department. You may have an infection that needs to be treated as early as possible with antibiotics.

## **When can I get back to normal?**

This will depend upon the individual but we recommend you:

- avoid heavy lifting for the first 48 hours after your appointment
- resume sexual intercourse when you feel ready but use a condom for the first eight weeks after your procedure, to minimise the risk of infection
- avoid using tampons for the first eight weeks after your uterine fibroid embolisation, because this will minimise the risk of infection.



Please do not hesitate to contact us on 01206 746438 if you have questions or concerns.

## **How to get to and from the hospital**

You are expected to make your own way to and from the hospital. However, hospital transport may be provided if there is a clinical need. This is assessed by your GP or hospital staff.

## **Parking**

Parking is sometimes difficult and the main public car park at Colchester Hospital is situated some distance from several departments. Please allow adequate time so that you and anyone with you can arrive together, unflustered. A ticket system is in operation so please bring change for the ticket machine. Disabled parking spaces are available close to the hospital, subject to displaying a valid Disabled Badge.

Colchester Park and Ride is located opposite the JobServe Community Stadium (at J28 of the A12) and the buses stop outside the back of the hospital. It runs from 5.30 am–9 pm, Monday to Friday and 7 am–7 pm on Saturday. For more information see [www.essexhighways.org](http://www.essexhighways.org) or call **0345 743 0430**.

## **Public transport**

There are a number of regular bus services serving Colchester Town Centre and two 10-minute frequency services for onward travel from the Town Centre (Head Street) to the hospital. These services drop off outside the hospital in Turner Road and pick up from outside the main entrance, inside the hospital grounds.



Colchester North Railway Station is a four minute bus ride or approximately 15 minute walk from the hospital. The main bus stop at the station is in a layby, accessed by leaving the exit near platform 4, walking down the station approach road and turning right at the main road. Taxis are immediately available outside the station.

For bus timetable information, call  
Essex Traveline: 0871 200 22 33

For train timetable information, call  
National Rail Enquiries: 0845 748 4950

For door to door journey planning, visit  
[www.transportdirect.info](http://www.transportdirect.info)

Secure and covered cycle storage facilities are located around the hospital site.

## **Your photographic records**

As part of your treatment, a photographic record may be made, such as X-ray(s), clinical photographs or digital images, which will be kept confidentially in your health records and seen only by people involved in your care or quality checking. They are also extremely important for teaching or medical research so we may ask for your written consent to use your images, in which case your personal details will be removed so you cannot be identified.

## **Verifying your identity**

When you attend hospital you will be asked to confirm your first and last names, date of birth, postcode and NHS number, if you know it, and to let us know if you have any allergies.



## **Your experience matters**

We value your feedback. Please help us improve our services by answering a simple question, in our online survey – “Overall, how was your experience of our services?”

This survey is known as “The Friends and Family Test”.

You can either scan this QR code with a smart phone camera:



Or type the following web address into your browser:  
[www.esneft.nhs.uk/get-involved/your-views-matter/friends-and-family-test/](http://www.esneft.nhs.uk/get-involved/your-views-matter/friends-and-family-test/)

Thank you very much.



# Colchester Hospital

