Fibroid embolisation  
(Uterine artery embolisation)  
Information for patients

Diagnostic Imaging Department  
Radiology Day Case Unit

Using websites:
www.sirweb.org/patients/uterine-fibroids/
www.femisa.org.uk/
www.nhs.uk/conditions/Fibroids
www.patient.co.uk/showdoc/23068738
www.fibroidcorner.com
www.britishfibroidtrust.org.uk/embolisation.php

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Consent – What does this mean?
Before any doctor, nurse or therapist examines you they must have your consent or permission. Consent ranges from allowing a doctor to take your blood pressure, (rolling up your sleeve and presenting your arm is implied consent), to signing a form to say you agree to the treatment or operation. It is important before giving permission that you understand what you are agreeing to. If you do not understand please ask. More detailed information is available on request.

How to comment on your treatment
We aim to provide the best possible service and staff will be happy to answer your questions. However, if you have any concerns you can also contact the Patient Experience Service on 0800 917 6039 or E-mail PALS@porthosp.nhs.uk

Information we hold about you and your rights under the Data Protection Act
Please refer to the booklet ‘Your Healthcare Information – Your Rights! Our Responsibilities!’ for further guidance.

Specialist Support
If you require this leaflet in another language, large print or another format, please contact the Health Information Centre Tel: (023) 9228 6757, who will advise you.

What should you do if the appointment date is inconvenient or you have any questions?
Please phone the Radiology Day Case Unit 023 9228 6000 ext: 6763 (Secretaries), 6821 (Nurses), (Mon-Fri, 08.30-17.00) as soon as possible.

Useful websites:
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What are fibroids?
Fibroids are benign (non-cancerous) growths in the wall of the uterus (the womb). They occur in 25-60% of women. Most are unimportant and do not cause symptoms. Some cause problems such as heavy and painful periods, pelvic discomfort, constipation, abdominal swelling and urinary symptoms.

What is fibroid embolisation?
Fibroid embolisation is performed by a type of doctor called an Interventional Radiologist. It is performed while you are conscious but sedated. It does not need a general anaesthetic. After injecting local anaesthetic to numb the skin in the groin the doctor makes a tiny cut and inserts a small tube (a catheter) into the femoral artery. Using x-ray imaging, the doctor guides the catheter through the artery and then releases tiny particles, the size of grains of sand, into the uterine arteries that supply blood to the fibroids. This blocks the blood flow to the fibroids and causes them to die. They then shrink over the following months. This helps reduce your symptoms.

What are the alternatives?
- Drugs – several different drugs and hormones can be given to help control the symptoms of fibroids.
- Surgery – myomectomy, where one or more fibroids are surgically removed, or hysterectomy, where the whole uterus is surgically removed can be performed.

These both involve a general anaesthetic and a longer recovery time. If you want any more details on the alternatives to fibroid embolisation you can ask your GP, gynaecologist or the doctor performing the embolisation.

What to expect before your fibroid embolisation
You will be given an appointment to have an MRI scan. This will allow the doctor who will perform the procedure to assess the size and position of your fibroids and see if this is an appropriate procedure for you. You will then meet the doctor who will perform the embolisation. They will discuss it in more detail with you, including the risks, benefits and answer any questions you have. If you decide that you wish to have the procedure, you will be given a date to have a pre-assessment meeting with the nursing staff and a date for the embolisation.

What to expect on the day of your fibroid embolisation
You will be admitted to the Radiology Day Case Unit (Level C, Queen Alexandra Hospital). One of the nurses will meet you and prepare you for the procedure. A small needle will be put in your arm which will allow the nurses to give you a sedative or painkillers. You will also meet the doctor performing the procedure to discuss it again. Before the procedure begins you will be given pain killers orally and by a suppository.

When the doctor injects the local anaesthetic into your groin it may sting a bit but it will then quickly go numb. You may then be given a sedative which will make you drowsy. When the embolisation takes place a lot of patients feel some degree of pain (like a strong period pain). If you do experience pain, then more painkillers will be given to make you as comfortable as possible.

What to expect after your fibroid embolisation
After the procedure you will be admitted to a gynaecology ward in the hospital. You will continue to have ongoing, regular pain killers and also an injection pump that you can activate yourself whenever you need additional pain relief. Most patients return home the following day. When you are discharged home you will be given appointments for a follow up ultrasound at 1 month and a MRI scan at 6 months after the procedure. These will also give you an opportunity to meet the doctor who performed the embolisation again to discuss how your symptoms have changed or any problems you have had.