University Hospitals of Leicester
NHS Trust

Treating fibroids by blocking the blood supply (embolisation of uterine fibroids)

Department of Radiology

Information for Patients

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Introduction

If you are an outpatient please read your appointment letter carefully to check which hospital your appointment is at. This leaflet tells you about your examination. Please read it carefully as it has important information. It tells you what is involved and what the possible risks are.

What is a fibroid?

A uterine fibroid is a non-cancerous (benign) growth in the womb (uterus).

Why do I need to have treatment for fibroids?

For most people the fibroids cause them no problems and no treatment is needed. For 1 in 4 people who have a womb, fibroids will cause them problems. This is usually when they are between 30 to 50 years old.

Fibroids can cause discomfort, pain, swollen tummy, heavy menstrual periods and low iron levels (anaemia). They can cause problems with having a poo (constipation), or problems with passing pee too often or when you do not want to (urinary incontinence). They can also cause difficulty getting pregnant and problems carrying a pregnancy to full 40 weeks.

Your doctor will have talked to you about your treatment options. These will depend on your circumstances. These include no treatment (watching and waiting), medical treatment (such as tablets, injections or a hormone coil), surgery to cut out the fibroids (myomectomy) or the whole womb (hysterectomy). Another choice is embolisation. This is a non-surgical procedure to treat fibroids when medication has not worked.

What is embolisation of fibroids?

For embolisation of fibroids a special solution is injected into the blood vessels that take blood to the womb. The solution has tiny particles that can block blood vessels. The aim is to block the blood supply to the fibroids to reduce their size and relieve your symptoms. This can shrink the fibroids by 30 to 50% and reduce blood flow during periods.

Fibroid embolisation is seen a safe procedure. It aims to improve your medical condition and save you having a larger operation (surgery).

There are some possible risks and complications. These can include:

- unable to get pregnant (infertility)
- early menopause
- possibility that removal of the womb (hysterectomy) may be needed.

You should talk to your doctors about all the options available before you decide to have embolisation.

How do I get ready for the procedure?

Pre-assessment meeting

You may be asked to attend for a pre-assessment meeting with the radiology nurse specialist. At this meeting you will be asked about your condition and any medical problems you may have.

You should bring any tablets or medicines with you to this meeting as you may need to have blood tests. If you are taking medication that thins the blood (anticoagulants or antiplatelets) it may need to be stopped or replaced with a different one for a few days before the procedure. We need to know what blood thinning medication you are taking, how much you take (the dose), and what you are taking it for.

The procedure will be explained to you and you will be told how to get ready for the procedure including what time to come into the hospital.

Any paperwork will be completed and you will be able to ask any questions about the procedure that you may have.

On the day of the procedure

Eating and drinking instructions on the day of your appointment:

- **do not eat for 6 hours** before your appointment time. You must **continue to drink until 2 hours before** your appointment time.
- **stop drinking 2 hours** before your appointment.

Other important instructions:

- **Have a bath/shower in the morning or the night before** your appointment.
- **Take all of your usual morning medications** and bring all your usual medication with you.

Other advice:

- You will be an inpatient for this procedure.
- You will be admitted to the ward before the procedure.
- You should follow the instructions sent with your admission information about contacting the ward and when you should arrive on the ward.
- You will usually stay over night to recover afterwards.
- Your recovery will take about 2 weeks.
- You may bring your own dressing gown, slippers and toiletries.
- Please do not bring valuable items to hospital. We cannot take responsibility for looking after your valuables.

When you are admitted to the ward:

- You will be asked to take off your clothes and put on a hospital gown and disposable pants.
- A small needle (cannula) will be put into a vein in your arm or the back of your hand. Antibiotics will be injected thought the cannula before the procedure to lower the risk of infection.
- A thin tube called a catheter will be put into your bladder.
- You will be given a painkiller and some other medication before the procedure. This may also include a soft, removable device called a pessary. This goes into the vagina to support your womb.
- Remember it is important that you continue to **drink until 2 hours before** your appointment time.

Important information before you have X-rays

This procedure uses a colourless liquid that shows up on X-rays (contrast liquid). It has iodine in it.

Please tell the X-ray staff when you arrive if:

- **You are allergic to iodine or rubber (latex)**, have any other allergies or have asthma.
- **You have had a reaction in the past to a contrast liquid injected into a vein (intravenous contrast)**. This is the dye used for kidney X-rays and CT scanning and X-rays of your heart and blood vessels.
- **You have diabetes.**
- **There is any chance that you are pregnant.**

Asking for your permission (consent)

The doctor who referred you should have talked to you about the reasons for this procedure and any other options.

You have been referred to a doctor who specialises in imaging and X-ray treatments (a radiologist) for this procedure. They will confirm that you understand why the procedure is being done, the potential risks and the chances of success.

You will then be asked to sign a consent form to confirm this. **You should feel that you have had enough explanation before you sign the consent form.**

If after talking to the radiologist you do not want to have the procedure then you can decide against it at any time.

If the radiologist feels that your condition has changed they will talk to you about whether the procedure is still needed. They may then ask you to return to your referring doctor for review.

What happens during the procedure?

- The procedure is done in the Radiology Department. You lie down on the X-ray table, usually flat on your back.
- The radiologist decides how to do your procedure. They can do it through an artery in the top of your leg (groin) or an artery in your wrist.
- Everything will be kept clean (sterile). Your skin will be cleaned with antiseptic. You will have some of your body covered with sterile sheets.
- The skin over an artery in your groin or wrist will be numbed with local anaesthetic. When the local anaesthetic is injected it will sting to start with, but this soon wears off. The skin and deeper tissues should then feel numb.
- A needle will be put into the artery in your groin or wrist. A very thin guide-wire is then put through the needle into the artery. A thin plastic tube (catheter) will be put over the guide-wire and moved into position in the artery.
- We inject a colourless liquid that shows up on X-rays (contrast liquid) through the catheter. The contrast can give you a warm feeling in your body for a few seconds.
- X-rays will be taken to find the arteries that go to the fibroid.
- When the catheter is in the right position, a special solution with tiny particles will be injected into the artery to block it. More X-rays will then be taken to make sure that the artery is blocked.
- Most patients feel pain towards the end of the procedure. You will be given a patient-controlled analgesia (PCA) pump which you will be in control of. You can use this when you need pain relief. There will be a nurse looking after you who will check that you are using the pump safely and that you are comfortable.
- We will take the catheter out when the procedure is finished.
- The radiologist will then press firmly on the skin entry point for several minutes to stop any bleeding.

How long will the procedure take?

Every patients' situation is different. It is not always easy to know how complex or how straightforward the procedure will be. It may be over in 60 minutes. Sometimes it may take longer.

What happens after the procedure?

First you will be taken to a recovery room. Nurses will carry out routine checks, such as taking your pulse and blood pressure. This is to make sure that there are no problems. They will also look at the skin entry point to make sure there is no bleeding from it.

You will then be taken back to your ward. Nurses will continue to carry out routine checks.

You will need to stay in bed and lie flat for 4 to 6 hours after the procedure.

Nurses will talk to you about your care after the procedure.

For 24 to 48 hours

- If there is a dressing on the skin entry point in your groin or wrist it can be taken off 24 hours after the procedure. You should expect to have some bruising and tenderness, but this should disappear after a few days.
- Take things easy for the next 24 to 48 hours
- You may have a bath or shower after 24 hours.
- Do not lift anything, bend or stretch for the next 48 hours.

For 3 days

- We advise that you do not drive for 3 days. You may need to wait longer if you have discomfort.

For 5 days

- We advise that you do not do any tiring exercise or heavy lifting for 5 days after the procedure.

For 2 weeks

- Do not have sex or sexual activities until 2 weeks after the procedure.

Checking your wound site

Your skin where the catheter went in should heal very quickly. It does not usually need a dressing. If a dressing has been put on your groin or wrist where the catheter went in, you should try to keep the dressing dry. You can take it off after 24 hours and can then have a shower.

The nurses will be checking the wound regularly. If you have any oozing or swelling in your groin or wrist you should tell your nurse straight away. The nurse will need to press for 5 to 10 minutes if this happens.

What are the benefits of blocking the blood supply to fibroids using embolisation?

The benefits of the embolisation include:

- It is a procedure that usually only needs you to stay in hospital for 1 night.
- You can usually return to work sooner than if you had an operation.
- It is less invasive than surgery
- Faster recovery time than surgery
- Embolisation can cause the fibroids to shrink and reduce your symptoms.

Are there any risks?

As with any procedure or operation, complications are possible. We have included the most common risks and complications in this leaflet, although they are different for each person. Your risks will be discussed with you before you sign the consent form.

There is a risk that you may not be able to get pregnant after having this procedure. Please make sure you read the possible risks below. If you want to get pregnant in future you may want to think about a different treatment instead of embolisation.

Very common risks (more that 1 in 10 patients)

- **Bruising** - most patients will have some bruising and tenderness around the site where the needle was put in.
- **Pain** - Most patients feel some pain after the procedure. This ranges from very mild pain to severe cramp/period-like pain. While you are in hospital you will have the patient controlled analgesia pump to help control this.
- **Vaginal discharge** - You may get a brownish coloured discharge over the next few days. There may be some small lumps of tissue which comes from the dying fibroids. This is normal. It is helpful for you to keep a diary of your menstrual loss/discharge for the next 6 months.
- **Tiredness - Some patients may feel very tired for up to 2 weeks** after the procedure, though some people feel fit enough to return to work after a few days later. We advise that you take at least 2 weeks off work after embolisation.
- **Fibroid comes out (spontaneous expulsion of a fibroid) -** Almost 1 in 10 patients (8%) have spontaneously expelled a fibroid, or part of a fibroid, usually 6 weeks to 3 months afterwards. Signs of fibroid expulsion or partial fibroid expulsion include vaginal bleeding, period like pain and a feeling that a lump or mass is in or coming out of your vagina. **If you appear to have partially expelled a fibroid you should contact your gynaecologist or GP straight away.**

Common risks (more than 1 in 100 patients)

- **Infection** - The most serious complication of fibroid embolisation is infection in the womb.

  Signs of infection can include great pain, tenderness in your lower tummy/pelvis, a high temperature (fever), smelly vaginal discharge, feeling unwell.

If you have signs of an infection, it needs treatment urgently. You should contact your GP or radiology nurse urgently.

If you get an infection in your womb you may need to have antibiotics to treat it. This may happen in 1 in 50 patients (2%).

A mild infection may be treated with antibiotics. Sometimes we may need to do a small operation on the womb.

If the infection is severe, we may need to do an operation to remove the womb. This is called a hysterectomy. This may happen in less than 1 in 100 patients (less than 1%). An infection can develop anytime from a few weeks to several months after the procedure.

If you feel that you would not want a hysterectomy under any circumstances, then it is probably best not to have fibroid embolisation procedure.

- **Early menopause** - The risk of the menopause starting early and menstrual periods stopping completely is 2 in 100 patients (2%). The risk increases with age. Nearly 1 in 2 (50%) of women over the age of 50 will stop their periods.
- **Becoming unable to get pregnant (infertility) -** the risk of infertility is 1 in 50 patients (2%).

Uncommon risks (less than 1 in 100)

- **A fibroid may move from the womb** and get stuck at the opening of the womb (cervix). This may happen in less than 1 in 100 patients (less than 1%). This may need a procedure to take the fibroid out.
- **Blood clot in the leg (deep vein thrombosis (DVT) or in the lung (pulmonary embolism (PE))** - The risk of a clot breaking away from the treated area and causing a DVT in a leg or PE in the lung is less than 1 in 100 patients (less than 1%). If you have any pain in your legs or chest you must seek medical attention immediately. You should call your GP or the NHS Helpline on 111.
- **The womb may need to be removed** (hysterectomy) - see 'if the infection is severe' above.
- **Reaction to contrast liquid** - Some patients may be allergic to the contrast liquid. You may have symptoms such as feeling or being sick (nausea or vomiting), or a rash. If you get any of these symptoms at the hospital, tell the doctor, nurse or other staff looking after you. If you develop symptoms at home you should contact your GP or call 111.

Rare risks (less than 1 in 10,000 patients)

- **Blockage in a different artery (non-target embolisation)** - this is where the blood supply to areas other than the womb can be blocked by accident. This could cause damage other organs in the pelvis (such as the bladder or bowel), the nerves or muscles responsible for power or feeling to the legs and the blood supply to the legs. This is rare. This type of complication may need an operation.

How do I get my results?

The radiologist will tell you how the procedure has gone. You will have follow up ultrasound scans over the following months to check your progress. You will be able to talk about your symptoms with the radiologist when you have these scans.

Is the procedure always successful?

The procedure may not ease symptoms in all patients. About 8 or 9 in 10 patients (80 to 90%) notice an improvement in their symptoms after 6 months.

The procedure might be successful but new fibroids can grow and your symptoms could come back. If this happens you may want to have more treatment. You will be able to talk to your doctor about your options this if needed.

What are the risks from exposure to radiation in this examination?

The main risk from exposure to X-rays is a higher risk of getting a cancer in the future. This risk is thought to be very small. We are all exposed to natural background radiation every day of our lives. This comes from the sun, the food we eat, and the ground. Each test that uses X-rays gives a dose on top of this natural background radiation.

The risks of radiation are slightly higher for an unborn child. We must ask patients age 10 to 55 years about their periods and/or possibility of being pregnant.

The benefits of having this test are likely to outweigh any possible risks. The risks of not having the test could be greater. We try to keep your exposure to X-rays as low as possible.

What if I need to talk to someone?

Before the procedure you can contact the radiology nursing staff or your gynaecologist.

After the procedure you can contact your GP for advice, or you can contact the NHS on 111 for health advice or information.

If you have any questions or concerns, or cannot make the appointment please call the radiology department on **0116 258 8765** and **select option 7**. Monday to Friday 9am to 5pm, but not on bank holidays.

Any questions?

If you have any questions you can write them down. This is to remind you to ask when you come for your treatment.

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Previous reference:

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