

# Uterine Artery Embolisation (UAE)

Information for patients



**Patients who have been referred for uterine artery embolisation have fibroids (benign tumours of the uterus), which are causing symptoms.**

This information booklet will explain about fibroids, uterine artery embolisation and about the process of undergoing this procedure in Leeds.

### **What are fibroids?**

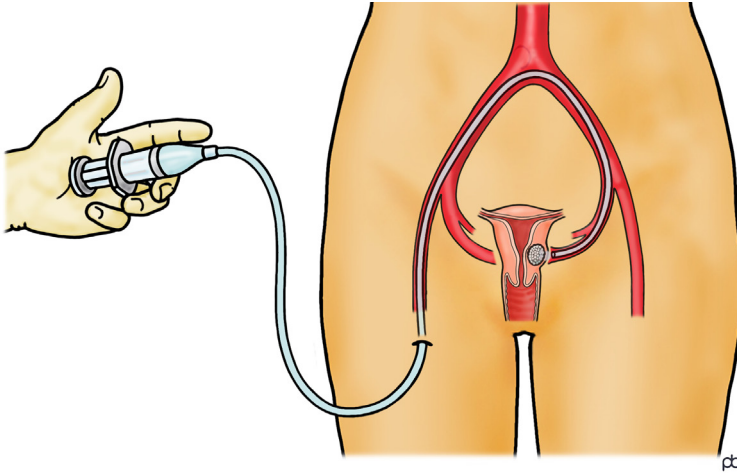
Fibroids are benign (non-cancerous) growths of the muscle wall of the uterus (womb). They are very common. They frequently cause no symptoms at all, in which case they do not need treatment. They are not dangerous.

If they do cause symptoms these are usually heavy menstrual bleeding, pelvic pain or bladder and bowel function disturbance. Occasionally they can cause discomfort during sex. Certain kinds of fibroids can result in fertility problems.

### **What is uterine artery embolisation?**

Uterine artery embolisation (UAE) is a way of treating fibroids without surgery. The treatment shrinks the fibroids by blocking their blood supply. The procedure uses X-rays to guide small instruments into the blood vessels to the uterus.

A small tube is fed into an artery (blood vessel) in your groin and then passed to the artery to the womb. Plastic particles are then injected to block the blood supply to the fibroid.



## What are the results of UAE?

About 95% of women with heavy periods see a significant improvement in their symptoms and about 75% of women with symptoms of pain and bladder and bowel problems benefit. Symptom improvement after UAE can take up to six months to appear.

## Are there any risks?

Fibroid embolisation is a safe procedure with a very low rate of complications. Serious problems are extremely rare.

Infection in the treated fibroid tissue can usually be treated with antibiotics but a hysterectomy is eventually needed in about 1 in 40 women. Occasionally the particles can escape from the uterine artery and lodge in vessels elsewhere. In rare cases this can cause early menopause that sometimes requires hormonal replacement therapy (HRT).

Damage to the blood vessels or the need for emergency surgery is extremely uncommon (1 in 500 or fewer).

UAE uses X-rays (a form of radiation) to visualise the blood vessels to the uterus. Radiation doses for the procedure are generally accepted to be low and are extremely unlikely to cause harm.

## **What are the alternatives?**

Alternative treatments include doing nothing, simple pain control, drug treatments (such as Zoladex), endometrial ablation or surgery (hysterectomy or myomectomy). Surgical treatments can be done open, trans-vaginally or using keyhole techniques depending on the anatomy of the uterus and the fibroids.

Which treatment you choose depends upon your age, wishes (for example a desire to avoid hysterectomy or other surgery), the exact anatomy of the fibroids and your feelings about the relative benefits and risks of each treatment option. Some options may not be suitable for you. Choosing a treatment for fibroids can be complicated and you will be guided through the decision making by your consultant gynaecologist and consultant vascular radiologist when you are seen in clinic.

## **Do I need to make any special preparations?**

UAE is performed as an inpatient. Most patients go home the day after the procedure.

If you are taking blood thinning medications (such as warfarin) these will need to be stopped before the procedure. You will be given specific instructions about this. Please contact the vascular radiology department in good time before your appointment if you have not received these instructions.

If you have been on once-monthly injections to control heavy bleeding (Zoladex) you should not have these for two months before the procedure. If you have an intrauterine contraceptive device (IUCD, 'coil', 'Mirena') you should ideally have this removed by your GP before the procedure (you will need to use alternative contraception in the meantime).

If you have any allergies or have previously had a reaction to the dye (contrast agent) you must tell the radiology staff before the procedure.

## **Who will I see?**

A specially trained team led by an interventional radiologist. Interventional radiologists are doctors with special expertise in using medical imaging techniques to undertake procedures through tiny pinholes in the skin.

You will be invited to a clinic to discuss the procedure with an interventional radiologist well before the procedure. If you wish they will show you your imaging. This will help you understand the process, gives you an opportunity to ask any questions and allows you time to consider whether you wish to have the procedure.

## **What happens during uterine fibroid embolisation?**

You will need to put on a hospital gown. A small needle will be placed in your arm to administer painkillers and sedative drugs.

The skin over the groin or wrist will be cleaned.

Local anaesthetic will be injected to numb the skin. A fine plastic tube will then be placed into the artery and will be

passed to the womb. You may be asked to hold your breath for a few seconds while images are taken. The particles go through the fine plastic tube at the skin puncture site.

At the end of the procedure someone will press on the skin over the puncture site for 10 – 15 minutes.

UAE procedures usually take about an hour though every patient is different and some procedures can take substantially longer.

### **Will it hurt?**

At the start of the procedure, the local anaesthetic stings for a minute or two. As the procedure progresses and the blood supply to the fibroids is blocked many women experience pelvic cramps like period pains. These can be severe if untreated. You will receive strong painkillers into the vein during the procedure and for the first night thereafter. This controls the pain though can make you sleepy. Most people find the evening and first night after the procedure difficult due to pain (despite the painkillers) but this has usually settled the morning after the procedure

Occasionally other anaesthetic techniques are used – usually either an epidural (an injection into the back) or a local nerve block (an injection through the fibroid from the front)

### **Can I have a general anaesthetic?**

No, this is not necessary. The pain usually occurs after the procedure (rather than during it) and can be controlled with the painkilling medications.

## What happens afterwards?

Most women go home the next day. There are usually a few days of lower abdominal pain, nausea and mild fever following the procedure. These can almost always be managed at home with medications that will be provided to you. We advise a period of about 10-14 days off work to rest after UAE.

There is usually minor vaginal discharge after UAE that can last up to six months.

Most women will notice irregularity in their periods for a few months after UAE and in a proportion of women in their 40s periods may stop altogether.

You will be given written information to take home with you (with contact numbers if you have concerns). We will telephone you at two and seven weeks to make sure you are well and will see you in clinic six months after the procedure.

## What about fertility?

There may be a small increase in the rate of early miscarriage after UAE but many women conceive and deliver healthy babies after the procedure and any effect on future fertility is likely to be small.

UAE is not recommended as a first line treatment for female subfertility (even if the woman has fibroids) though is sometimes undertaken after the woman has been carefully investigated in a fertility clinic.

You cannot undergo UAE if you are already pregnant.

## Further questions?

We have tried to answer the most frequently asked questions. However, everyone is different. If there is anything else you need to know, please ask at your clinic appointment.

### Radiology theatres:

**Leeds General Infirmary:** 0113 392 3311

**St. James's Hospital:** 0113 206 6841

## Useful links

### Patient support websites:

#### The British Fibroid Trust

<http://www.britishfibroidtrust.org.uk/>

#### Fibroid Embolisation: Information, Support, Advice

<http://www.femisa.org.uk/>

### National guidance:

#### The Royal College of Radiologists guidance

<https://www.rcr.ac.uk/clinical-recommendations-use-uterine-artery-embolisation-uae-management-fibroids-third-edition>

#### National Institute of Health and Care Excellence (NICE) guidance

<http://publications.nice.org.uk/uterine-artery-embolisation-for-fibroids-ipg367/guidance>.

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