Tameside and Glossop Integrated Care NHS Foundation Trust

Information for women who are considering fibroid embolisation

Patient information Leaflet

August 2018

Introduction

Fibroids are very common benign growths that develop in the muscular wall of the uterus (womb). They may be single or multiple and range in size up to the size of a grapefruit.

Fibroid embolisation is one of a range of possible treatments for uterine fibroids. It is important that you have the opportunity to discuss all the options with a gynaecologist. Fibroid embolisation is carried out by an interventional radiologist who will be able to provide you with more information about the procedure. You should make sure that you have received sufficient information before deciding to go ahead with the procedure.

What is fibroid embolisation?

Fibroid embolisation involves blocking off the arteries that feed the fibroids. This makes the fibroids shrink, but not disappear. The procedure was first performed more than a decade ago and many thousands of women have been treated in this way.

Why should I consider fibroid embolisation?

In comparison with surgical treatments, such as hysterectomy and myomectomy, fibroid embolisation involves a shorter hospital stay and a faster recovery time. Embolisation does not involve removal of the uterus, so it does not rule out the possibility of future pregnancy. You should consider which treatment option suits you best in consultation with your gynaecologist.

How do I prepare for fibroid embolisation?

You will be admitted to hospital either on the morning of the procedure or the previous afternoon. You may have a bladder catheter inserted to drain urine. You will be given various painkillers. This usually includes a patient-controlled morphine pump (called a PCA pump). You will be given instructions about how to use this. You may also be given an additional painkiller by suppository or by mouth.

What actually happens during fibroid embolisation?

You will lie on your back on an X-ray table. The skin in the groin area will be cleaned with antiseptic, draped with sterile towels and numbed with local anaesthetic. This stings a little. The radiologist will puncture the artery in the groin with a needle and use this to insert a tube (called a catheter) into the artery. Using the X-ray machine, the radiologist will steer the catheter into the arteries that feed the fibroid. These are the uterine arteries. The radiologist will then inject hundreds of tiny plastic particles into the uterine arteries to block them off. At the end of the procedure, the radiologist will remove the tube from the groin and apply pressure to the groin for a few minutes to prevent bleeding and bruising.

Will it hurt?

After the sting of the local anaesthetic, the procedure itself usually causes only minor discomfort. However, very soon after the procedure, most patients experience moderate or severe pain. This is a crampy lower abdominal pain, like a severe period pain. You will be advised to use the PCA pump during and after the procedure to control the pain. This pain usually lasts for several hours. Most patients find that the pain has largely worn off by next morning.

How long will it take?

The procedure takes about one hour.

What happens afterwards?
The nurses will monitor your pulse and blood pressure and inspect the groin puncture site from time to time. The nurses will make sure that your pain is adequately controlled. You will be taken back to your ward on a trolley and will remain in bed for a few hours. Most people feel well enough to get up the next day and have a shower. Some people feel well enough to go home about 24 hours after the procedure. Some people require a second night in hospital.

What are the risks or complications?
Some bruising at the groin puncture site is inevitable. This generally settles down without further treatment.

There is almost always pain after the procedure which can be severe. It is usually worst in the first 12 hours and then gradually improves. You will probably require powerful painkillers such as morphine during and after the procedure.

Most patients get a slight fever after the procedure.

A few patients get a vaginal discharge afterwards, which may be bloody. This is usually due to the fibroid breaking down. Usually the discharge persists for approximately two weeks from when it starts, although occasionally it can persist intermittently for several months. This is not in itself a medical problem, although you may need to wear sanitary protection. If the discharge becomes offensive and if it is associated with a high fever and feeling unwell, there is the possibility of infection and you should seek treatment urgently.

The most serious complication of fibroid embolisation is infection. This happens to perhaps two in every hundred women having the procedure. The signs that the uterus is infected after embolisation include great pain, pelvic tenderness and a high temperature. Lesser degrees of infection can be treated with antibiotics, and perhaps a small operation on the womb, a “D and C” (Dilatation and Curettage). Once severe infection has developed, it is generally necessary to have an operation to remove the womb, a hysterectomy. If you feel that you would not want a hysterectomy under any circumstances, then it is probably best not to have fibroid embolisation performed.

The procedure requires exposure to X-rays. All exposure to X-rays carries a risk. The radiologist and radiographer will keep the X-ray dose as low as possible. The radiation risk to you from the embolisation procedure is similar to other common X-ray procedures such as a CT scan or barium enema. The main risk of X-ray exposure is certain types of cancer such as leukaemia. We estimate that approximately 1 in 3000 people having fibroid embolisation will develop fatal cancer as a result of this radiation exposure at some time in the future. The risk is similar to that of dying from a hysterectomy (or, in everyday life, from driving 10 thousand miles in a car). This risk has to be balanced against the benefits of the procedure such as a shorter recovery period.

What else may happen after this procedure?
Some patients may feel very tired for up to two weeks following the procedure. Others feel fit enough to return to work three days later. However, patients are advised to take two weeks off work following embolisation. Approximately 8% of women have spontaneously expelled a fibroid, or part of one, usually six weeks to three months afterwards. If this happens, you are likely to feel period like pain and have some bleeding.

A very few women have undergone the menopause, the change of life, after this procedure. This is usually women in their late forties or early fifties.

What are the results of fibroid embolisation?
Most women are pleased with the results of the fibroid embolisation procedure. It is a very effective treatment for heavy periods. It is moderately effective in reducing pressure symptoms caused by the bulk of the fibroids.

Occasionally fibroids may grow again and symptoms may recur two years or so after the embolisation.

A small minority of women require further treatment for their fibroids at a future date.

Some women have become pregnant after the procedure and some have given birth to healthy babies. However, if having a baby in the future is very important to you, you need to discuss this with your gynaecologist. Fibroid embolisation should not be regarded as a treatment for infertility.

Finally...
Some of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Further information can be obtained by contacting the Radiology Department Secretary on 0161 276 4185. Do satisfy yourself that you have received enough information about the procedure, before you sign the consent form.

This leaflet has been modified, with permission, from that produced by the Royal College of Radiologists, July 2000.

If you have any questions you want to ask, you can use this space below to remind you

If you have a visual impairment this leaflet can be made available in bigger print or on audiotape. If you require either of these options please contact the Patient Information Centre on 0161 922 5332

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