

## Patient information leaflet

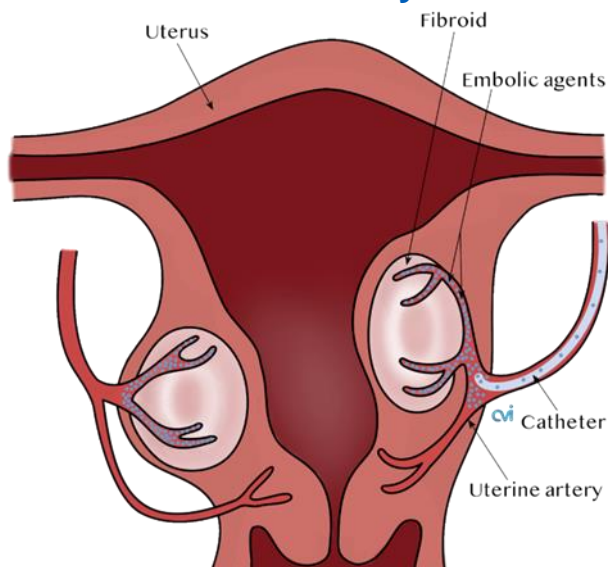
### Uterine Fibroid Embolisation

Radiology department

#### Introduction

We hope this guide will answer your questions about your uterine fibroid embolisation. Please contact the team if you require further information via the details at the end of this leaflet.

#### What is a uterine artery embolisation examination?



Fibroids are benign overgrowths of the uterus which are very common and may not cause problems, but if they become large or numerous, can result in painful symptoms.

Uterine fibroid embolisation is a procedure in which a fine tube (catheter) is passed into the blood vessels supplying the uterus (uterine arteries) guided by x-rays and contrast medium (an iodine based solution often known as x-ray dye).

We then inject some fluid containing very small particles (embolic material) in order to block the small arteries and starve the fibroids of their blood supply. This makes the fibroids shrink significantly.

#### Why do I need a uterine artery embolisation examination?

Your gynecologist will have told you about fibroids and discussed treatment options with you.

Previously, most fibroids have been treated by an operation to remove the fibroids individually (myomectomy) or by removing the womb (hysterectomy).

In your case, it has been decided that Embolisation is a suitable treatment option.

## Who will perform my procedure?

Your procedure will be carried out by a radiologist (specialist x-ray doctor). You will be cared for by the radiology nursing team. A radiographer will take the imaging during your procedure.

## Are there any risks?

**X-ray radiation:** All X-ray procedures involve exposure to radiation in varying amounts. The dose you get from a medical x-ray is very low, and your doctor has determined that the benefits of having the water-soluble enema outweigh potential risks.

The radiographer is present throughout your test, making sure that the dose is kept as low as reasonably possible and the duration and level of X-rays are kept to a minimum.

**Contrast medium:** A very small number of patients have an allergic reaction to the contrast medium (x-ray dye). This can be minor, severe, or even life threatening but the chances of this occurring are very rare. If you get an itchy rash or difficulty breathing during the procedure tell a member of staff, the team will provide appropriate treatment.

Before your examination begins the radiographer will ask you a series of questions about your medical history, including any allergies you may have. This will help us assess if you are at risk of an allergic reaction to the x-ray dye.

**Procedure:** Infection occurs in up to 2% of patients. The signs are severe pain, pelvic tenderness and a high temperature. Most infections can be treated with antibiotics.

Extremely rarely, if infection is very severe, an operation to remove the womb (hysterectomy) may be required. 2–4% of women, especially those above 45, experience early menopause.

Most women find it takes about six to nine months to resume regular periods.

**Patients aged 12 to 55, could you be pregnant?** X-rays can be harmful to an unborn baby and should be avoided by patients who are or may be pregnant. It is recommended that the examination is performed within 10 days of the first day of your menstrual period.

If your appointment is not within this time or if you think you may be pregnant, please contact the X-ray department before your appointment. When you arrive for your test, you will be asked when your last period started. If it is more than 10 days earlier, your appointment may be postponed.

**Breastfeeding:** On the day of your examination, you will be given an injection of contrast medium. These agents are low risk contrast agents. A very small percentage of the injected contrast enters the breast milk but virtually none is absorbed across the gut of the infant.

No special precautions are required and you can carry on breastfeeding as normal. However, if you have any concerns you may want to express some breast milk prior to your appointment.

## Will I need an injection?

Occasionally, patients are given antibiotics, sedative and painkillers through a cannula placed in your arm.

## Preparing for your procedure

You may be asked to have some routine blood tests or more scans before the procedure.

You need to let your team know if you have an IUD (intrauterine device or “coil”) and they must be removed prior to the procedure.

You will be asked to stay overnight for observation and pain management, so please bring an overnight bag with you.

Please do not have anything to eat for 6 hours prior to your procedure.  
You may still drink clear fluids such as water.

Please leave any jewellery or valuables at home.

Please contact the booking team before your appointment if:

- you have had a previous allergic reaction to x-ray dye (contrast agent) or are allergic to iodine.
- If there is any chance you may be pregnant
- If you weigh over 30 stone/190 kilograms
- If you plan on using hospital transport or need a hoist to transfer
- If you require an interpreter – please inform us as soon as you receive your appointment letter, and we will arrange an interpreter for you.

If you are unsure or have questions about your preparation, contact your doctor or the X-ray department for advice.

## Allergies

If you have asthma or any allergies, especially to iodine or contrast medium (x-ray dye), please inform us in advance.

## Medication

Please continue to take all medications as usual prior to your examination. If you are taking anti-coagulants (blood thinners) please contact the radiology nurse on the number below.

## Getting to us

When attending The Princess Alexandra Hospital (Hamstel Road, Harlow, Essex, CM20 1QX), follow the signage to the radiology reception, which is located on the ground floor, green zone.

Please let the receptionists know that you have arrived for your appointment.

## When should I arrive?

Please arrive in the radiology department at your given appointment time. A notification through text or letter should have been sent to you to confirm this appointment.

## Can someone stay with me in the hospital?

You may have a friend or relative attend with you, but they will be asked to stay in the waiting area while you have your procedure.

**Children are not allowed in the waiting area unattended.** Our staff are not permitted to supervise children, so please ensure child care arrangements are in place to avoid your tests being rescheduled.

## The day of the procedure

You will be shown to a cubicle and asked to undress and put on a gown; please bring a dressing gown if you have one. You may also be asked to remove jewellery, dentures, glasses, or other metal objects, which may show up on the X-rays.

## The procedure

Your identification will be checked by a nurse and radiographer, a brief history will be taken; please tell the radiologist what medication, severe allergies, choking episodes or other medical conditions, such as thyroid disease and diabetes you may have.

Before the procedure, the interventional radiologist will explain the procedure and ask you to sign an electronic consent form.

Please feel free to ask any questions that you may have and, remember that even at this stage, you can decide against going ahead with the procedure if you so wish.

You will lie on the X-ray table, generally flat on your back. You may have monitoring devices attached to your chest and finger and will be given oxygen.

The procedure is performed under sterile conditions and the interventional radiologist and radiology nurse will wear sterile gowns and gloves.

A small cannula (thin tube) will be placed into a vein in your arm for antibiotics, sedative and painkillers to be given.

An anti-inflammatory suppository will be given.

A special painkiller injection device will be attached so that you can administer safe doses of painkillers after the procedure by pressing a button (patient-controlled analgesia; PCA). It is not possible to overdose oneself with these devices.

The doctor or nurse will clean your groin with antiseptic skin preparation and cover you with sterile drapes.

After giving local anesthetic into your groin or wrist, the doctor will then insert a needle into the artery and feed a soft tube or catheter into the uterine artery on each side in turn, guided by the image on the x-ray screen.

The doctor may be able to reach each uterine artery from one groin only, or might need to puncture the artery in the other groin.

Once the doctor is confident that they have placed the catheter in the correct position in the uterine artery, they will inject the embolic material.

The interventional radiologist will press firmly on the skin entry point for a few minutes to prevent any bleeding.

## Is it uncomfortable?

While this Embolisation is going on and for several hours afterwards you may experience severe cramping pain.

## After the procedure

You will be taken back to the ward. Nursing staff will carry out routine observations including pulse and blood pressure and will also check the treatment site.

You will generally stay in bed for a couple of hours and then you will be able to go home. Take it easy for the rest of the day but you can resume normal activities the next day.

Vaginal discharge can occur afterwards due to the fibroid breaking down.  
This can persist for up to two weeks or can be intermittent for a few months.

If the discharge becomes smelly, and is associated with a fever, there is the possibility of infection and you should see your GP.

Pain and fever can be controlled by oral painkillers and anti-fever medications.

The interventional radiology or gynecology team may arrange to follow up with you in about 4-6 weeks, and you may have another MRI or ultrasound scan after 6-9 months to assess the effect of the Embolisation.

### Can I drive after my procedure?

No, it is important that you have a responsible adult to escort you home. You must not drive or use public transport for the journey home.

### How soon can I return to work?

It is recommended that you rest for the remainder of the day. Avoid heavy lifting and gym exercise. You can return back to work after 48 hours.

### When will I get my results?

You will not know the results of your examination immediately. The radiologist will report their findings to the clinician who arranged your procedure, who will discuss the results with you. It usually takes a couple of weeks for the results to become available.

### Contacting the team

If you have any further questions about your procedure or an existing appointment, please contact the radiology nursing department (**Monday to Friday, 8am to 6pm**) at **01279 82 2527 / 3405**

If you have any queries **outside of working hours (after 4pm and on weekends)**, you will be redirected to the main radiology reception.

Please note appointment booking cannot be made during this time.

### Your feedback matters

If you would like to give feedback on your care, please contact our patient experience team at [paht.pals@nhs.net](mailto:paht.pals@nhs.net) or **01279 827211**.

Please contact the communications team at [paht.communications@nhs.net](mailto:paht.communications@nhs.net) if you would like this leaflet in another language or format.