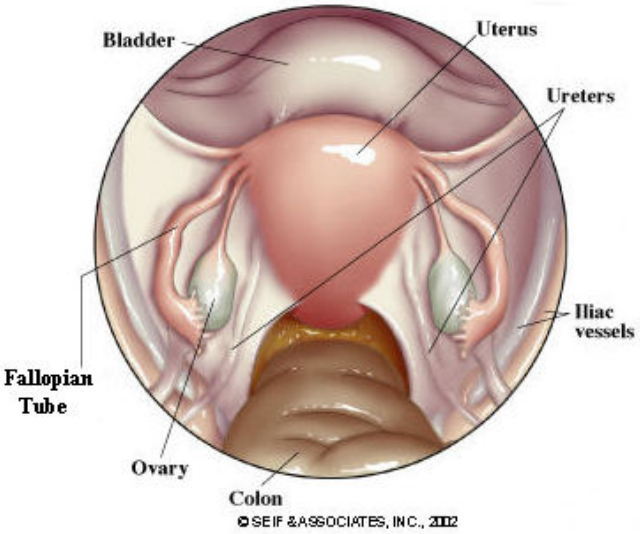
Uterine Artery Embolization for Fibroids

Uterine fibroids are non-cancerous (*benign*) smooth muscle tumors of the uterus. When they become large, they may produce symptoms of pain and bleeding. Fibroids are sometimes individually removed during surgery or removed with with the uterus (*hysterectomy*).



One non-surgical treatment used to shrink fibroids is called uterine artery embolization. An specialist *(interventional radiologist*) uses a thin plastic hose (*catheter*) to inject material that blocks off the blood supply to the fibroid. In time, this causes the fibroid to shrink.

PROCEDURE

Under local *anesthetic* (a medication that numbs part of the body) the radiologist makes a small cut in the groin. A catheter is then inserted into the main artery of the leg. Using fluoroscopy, your radiologist guides the catheter through the artery to the uterus. A series of images are taken while dye is injected. This is done to provide a road map of the blood supply to the uterus and fibroids. Tiny plastic spheres about the size of sand grains are then injected through the catheter. Metal coils may sometimes also be used to help block the artery. The particles lodge in tiny branches of the uterine artery that supplies blood to the fibroids. The procedure is repeated on the artery that supplies the other side of the uterus. The hospital stay is usually overnight. Normal activity can resume after about a week. Mild pain and cramping following the procedure is easily treated with medication and anti-inflammatory drugs. These usually last only a couple days.

EXPECTED OUTCOME

An ultrasound or MRI is done in six months to make sure the fibroids have shrunk. The fibroids usually shrink to about half their original size. In most cases these effects are long lasting.

- The uterus also shrinks but does not die. You may not be able to get pregnant following this procedure.
- It cannot be estimated what the effects of the procedure will be on menses. Usually there is less bleeding.
- The procedure may cause premature menopause or loss of menstrual cycle.

COMPLICATIONS

- Injury to the uterus from decreased blood supply may happen.
  - This could require removal of the uterus (*hysterectomy*).
- Pain and bleeding can occur.
- Infection and abscess (a cyst filled with pus).
- A cyst filled with blood (*hematoma*).
- Blood infection (*septicemia*).
- Amenorrhea (no menstrual period).
- Dying of tissue cells that cannot recover (*necrosis*) to the bladder or lips of the vagina.
- Fistula (a connection between organs or from organ to the skin).
- Blood clot in the lung (*pulmonary embolus*).
- Rarely death.

HOME CARE INSTRUCTIONS

- Follow your caregiver's advice regarding medications given to you, diet, activity and when to begin sexual activity.

- See your caregiver for follow up care as directed.
- **Do not** take aspirin it can cause bleeding. Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.
- Care for and change dressing as directed.

SEEK MEDICAL CARE IF:

- You develop a temperature of 100° F (37.8° C) or higher.
- There is redness, swelling and pain around the wound.
- You have pus draining from the wound.
- You develop a rash.

SEEK IMMEDIATE MEDICAL CARE IF:

- You have bleeding from the wound.
- You have difficulty breathing.
- You develop chest pain.
- You develop belly (*abdominal*) pain.
- You develop leg pain.
- You become dizzy and pass out.

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