

Patient information

Information about your uterine artery embolisation (fibroid embolisation)

If, for any reason, you cannot keep this appointment, please telephone 01284 712573. This will avoid undue delay and will help us to keep our waiting list as short as possible.

Please take the time to read the information in this leaflet; it will explain the procedure to you. After reading this if you have any queries, please do not hesitate to ring the X-Ray department on 01284 713095.

This leaflet tells you about having fibroid embolisation. It explains what is involved and what the possible risks are. It is not meant to replace informed discussion between you and your doctor but can act as a starting point for such discussions. If you have any questions about the procedure, please ask the doctor who has referred you or the department which is going to perform it.

What is fibroid embolisation?

Fibroid embolisation is a relatively new way of treating fibroids by blocking the arteries that feed the fibroids (uterine arteries), making the fibroids shrink. It is an effective alternative to an operation.

Why do you need fibroid embolisation?

Your gynaecologist 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.

Are there any risks?

Fibroid embolisation is a safe procedure, but as with any medical procedure there are some risks and complications that can arise.

Occasionally a small bruise may develop in your groin at the needle entry site. Most patients feel some pain afterwards, which ranges from very mild to severe crampy, period-like pain. It is generally worst in the first 12 hours and is controlled by painkillers. You will be given painkiller tablets to take.

Most patients get a slight fever after the procedure. This is a good sign as it means that the fibroid is breaking down. The painkillers help control this fever.

Vaginal discharge can occur afterwards and may be bloody, due to the fibroid breaking down. This can persist for up to two weeks or can be intermittent for several months. If the discharge becomes offensive, and if associated with a fever, there is the possibility of infection, and you should ask to see your GP urgently.

The most serious complication of fibroid embolisation is infection. This happens to perhaps one in every two hundred women. Severe pain, pelvic tenderness and a high temperature can occur. Lesser degrees of infection can be treated with antibiotics, or a dilatation and curettage (D&C). In severe cases an operation to remove the womb may be necessary but this is extremely rare.

There is a 2–4% chance that the procedure will lead to premature menopause. This occurs usually in women who are 45 years or older. Most women find it takes about six to nine months to resume a regular menstrual cycle.

Are you required to make any special preparations?

You will need to be an inpatient. You will be asked not to eat for six hours before the procedure. A urinary catheter may be placed into your bladder by a nurse. You need to have a small needle put into a vein in your arm for a sedative and painkillers to be given. An anti-inflammatory suppository may 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).

Who will you see?

A specially trained team led by an interventional radiologist within the radiology department. Interventional radiologists have special expertise in reading the images and using imaging to guide catheters and wires to aid diagnosis and treatment.

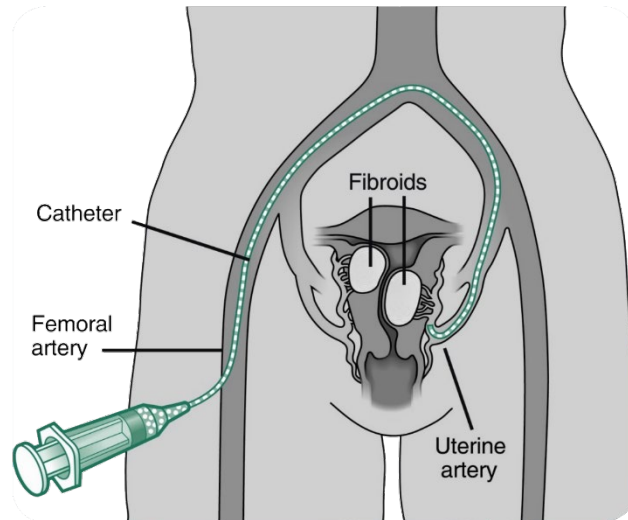
What happens during fibroid embolisation?

The procedure will take place in the X-ray department, and you will lie flat on your back. You may have monitoring devices attached to your chest and finger and may be given oxygen. Your groin will be swabbed with antiseptic, and you will be covered with sterile drapes.

Local anaesthetic will be injected in the skin in your groin and a needle will be inserted into the artery. Sometimes both groins are used. A fine plastic tube called a catheter is placed into the artery.

The radiologist uses X-ray equipment to guide the catheter into the arteries, which are feeding the fibroids. A special dye, called a contrast agent, is injected down the catheter

into these uterine arteries, and this may give you a hot feeling in the pelvis. Fluid containing thousands of tiny particles is injected through the catheter into these arteries to block them. The catheter is removed, and pressure applied to the groin to stop bleeding.



Will it hurt?

When the local anaesthetic is injected, it will sting for a short while, but this soon wears off. You may develop cramp-like pelvic pain toward the end of the procedure, but this is treated with intravenous painkillers.

How long will it take?

Every patient is different, and it is not always easy to predict; however, expect to be in the radiology department for about two hours.

What happens afterwards?

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

You will stay in bed for at least six hours. You will be kept in hospital overnight and discharged the next day. Once at home, you should refrain from strenuous exercise for about a week. One to two weeks off work is advised.

What are the results of embolisation?

The vast majority of women are pleased with the results, reporting a significant improvement in their quality of life. By one year, most fibroids shrink to about half their size resulting in significant improvement in both heavy prolonged periods and symptoms relating to pressure.

Once fibroids have been treated like this, they do not generally grow back again. Some women, who could not become pregnant before the procedure because of their fibroids have become pregnant afterwards. However, if having a baby in the future is very important to you, you need to discuss this with your doctor as it may be that an operation is still the better choice.

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. Make sure you are satisfied that you have received enough information about the procedure.

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Following the uterine fibroid embolisation

You will be allowed to go home if you:

- Are taken home by a responsible adult. You must not drive on the day of your discharge.
- Are in the company of a responsible adult for 24 hours.
- Do not take a bath or shower for 12 hours following this procedure. Then avoid baths for 3-4 days further. You may only shower.
- Relax and take it easy for up to 14 days.
- Do not operate any machinery for 24 hours.
- Do not take strenuous exercise for 10-12 days and avoid lifting anything greater than 11lb.

The risk of bleeding from the groin is very small.

If you bleed from the groin:

- Press firmly on the puncture site.
- Call an ambulance.

When will you get the results?

The scan will be examined after your visit and a written report on the findings sent to your referring doctor which is normally available in 14 days.

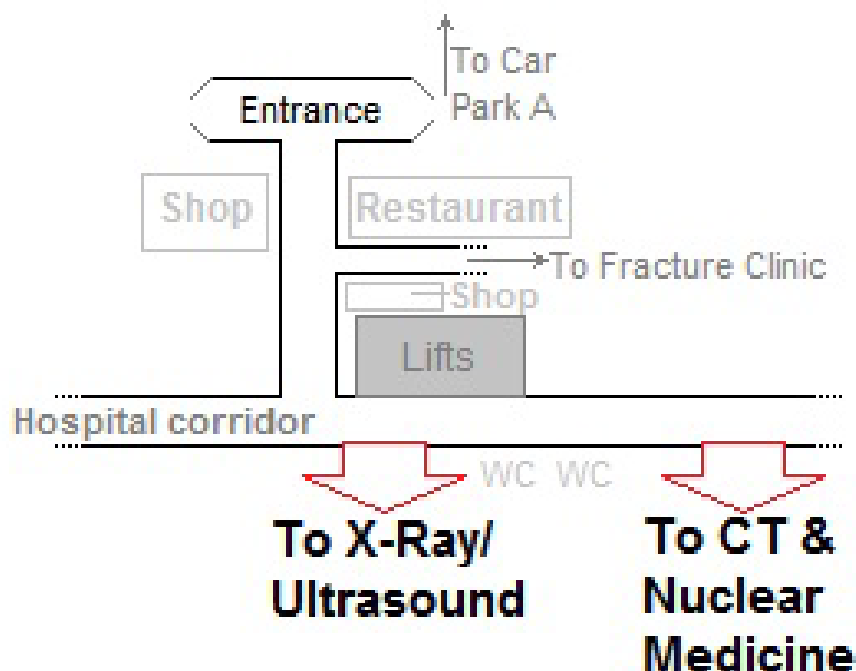
X-rays and pregnancy

Because of the potential risks to an unborn child, we need to know, for certain examinations, if there is any possibility of a patient being pregnant. All patients between the ages of 12 years and 54 years of age will be asked if there is the possibility of pregnancy. Discussion will be carried out in private and in confidence.

It is not advisable to bring children with you for this appointment as legally staff cannot look after them and there are no facilities available for them.

Please note: The hospital is not responsible for any lost or stolen valuables. Please leave all jewellery at home, including body piercing ornaments and rings if possible. Wedding rings need not be removed.

Directions to X-Ray and ultrasound department:



Car parking for patients/visitors is available in Car Park A at the front of the hospital (the first car park to the right as you enter the site), and Car Park D at the rear of the site near the MRI and Macmillan Units.

West Suffolk Hospital operates a number plate recognition system for all vehicles entering the site. When ready to leave, please visit one of the pay stations on site. Enter your vehicle registration number and pay the required fee. The exit barriers will recognise the vehicle registration and that the parking has been paid for, and will open automatically. Please check the hospital website (www.wsh.nhs.uk) for further information on car parking, fees, exemptions, and penalties.

Please allow plenty of time to park before your appointment as the car parks are continuously busy throughout the day.

Teaching

The West Suffolk Hospital is a teaching hospital and as part of their training it is necessary for students to observe examinations. If you do not wish for an observer to be present, please tell the receptionist on arrival.

Ionising Radiation (Medical Exposure) Regulations 2017

The Ionising Radiation (Medical Exposure) Regulations 2017 states we must inform you of the use and risks of radiation.

You are here for a study which uses X-rays to produce images of your body. The amount of radiation you will receive will depend on the type of procedure you are having. It has been deemed necessary for you to have this procedure as the results will be of benefit to you.

Please be assured that we always aim to keep radiation exposures as low as possible.

Below are some example doses for similar procedures:

Diagnostic Procedure	Typical effective dose (milliSieverts)	Equivalent amount of background radiation
Barium Swallow	1.5	8 months
Hysterosalpingogram	0.3	1.6 months
Sialography	0.4	2.2 months
Barium follow through	1.2	6.7 months
Proctography	2.05	11.2 months

UK average background radiation = 2.2 mSv per year. This is the amount of radiation you would receive naturally living in the UK.

If you have any questions, please speak to the radiographer carrying out your examination.

Data protection information

West Suffolk NHS Foundation Trust will manage your information in line with the General Data Protection Regulation 2016/679. The information you provide will be retained for the purposes of your healthcare. The information will be retained in line with the **NHS Records Management Code of Practice for Health & Social Care**.

You have rights in relation to the way we process your information. If you no longer want us to use your information for the purposes specified above; if you want to request to have your information erased or rectified, please contact the information governance team on 01284 712781.

We will review all requests in relation to your rights under GDPR, along with our responsibilities for record keeping.

Images may be used for research purposes as well as teaching. Patients must inform a member of staff if they do not consent to this.

As part of a shared service agreement with other NHS organisations, your radiology images and records may be shared with these other organisations as part of determining and providing your care. If you would like to know more about the extent of this sharing, or you wish us not to share at all with another organisation, or have any other concerns about it, please contact a member of staff.

If you would like any information regarding access to the West Suffolk Hospital and its facilities, please visit the website for AccessAble (formerly DisabledGo)
<https://www.accessable.co.uk>



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