Information for Women Undergoing a Fibroid Embolisation

In this leaflet:

Introduction

This leaflet tells you about the procedure known as fibroid embolisation, explains what is involved and what the possible risks are.
It is not meant to be a substitute for informed discussion between you and your doctor, but can act as a starting point for such a discussion.

It is almost certain that you are having the fibroid embolisation performed as a pre-planned procedure, in which case you should have plenty of time to discuss the situation with your consultant and the radiologist who will be performing the fibroid embolisation, and perhaps even your own GP.

If you need the fibroid embolisation as an emergency, then there may be less time for discussion, but none the less **you should have had sufficient explanation before you sign the consent form.**

What is fibroid embolisation?

Fibroid embolisation is a technique of treating fibroids by blocking off the arteries that feed the fibroids, the uterine arteries, and making the fibroids shrink. It is performed by a radiologist, rather than a surgeon, and is an alternative to an operation. Fibroid embolisation was first performed in France in 1995, and since then over 120,000 women have undergone the procedure world-wide. It has been performed in Bath since 2009.

Why do I need fibroid embolisation?

Other tests that you have had will have shown that you have fibroids. Your gynaecologist or GP should have discussed this with you and determined that these are the cause of your symptoms.

They will also have discussed different ways of dealing with them. Previously, most fibroids have been treated by an operation, generally a hysterectomy, where the womb is removed altogether or myomectomy where only the fibroid/s are removed from the womb. In your case, it has been decided that embolisation is the best treatment.

Who has made the decision?

The doctors in charge of your case, and the radiologist performing the fibroid embolisation, will have discussed the situation, and feel that this may be the most suitable treatment. However, it is very important that you have had the opportunity for your opinion to be taken into account, and that you feel quite certain that you want the procedure performing. If, after full discussion with your doctors, you do not want the fibroid embolisation carried out, then you must decide against it.

Date of publication: October 2016
Ref: RUH RAD/057 A4 v2

Who will be doing the fibroid embolisation?

A specially trained doctor called an Interventional Radiologist.

Radiologists have special expertise in using x-ray equipment, and also in interpreting the images produced. They use the x-ray images to guide the catheters and guide-wires whilst carrying out the procedure. Consequently, Radiologists are the best trained people to insert needles and fine catheters into blood vessels, through the skin, and place them correctly.

Where will the procedure take place?

In the x-ray department, in a special “screening” room which is adapted for specialised procedures.

How do I prepare for fibroid embolisation?

You will be asked to attend the hospital on the morning of the procedure having been asked not to eat for four hours beforehand, though you may be told that it is all right to drink some water. After initial assessment you will be asked to put on a hospital gown.

You need to have a needle put into a vein in your arm, so that the radiologist can give you a sedative or painkillers. Once in place, this will not cause any pain. Antibiotics will be administered. You may also receive an injection for pain relief and a suppository to reduce inflammation.

If you have any allergies, you must let your doctor know. If you have previously reacted to intravenous contrast medium, the dye used for kidney x-rays and CT scanning, then you must also tell your doctor about this.

What actually happens during fibroid embolisation?

You will lie on the x-ray table, generally flat on your back. You may also have a monitoring device attached to your chest and finger, and may be given oxygen through small tubes in your nose.

The radiologist will keep everything as sterile as possible, and will wear a theatre gown and operating gloves. The skin near the point of insertion, usually the groin, will be thoroughly cleaned with antiseptic, and then most of the rest of your body covered with a theatre towel.

The skin and deeper tissues over the artery in the groin will be anaesthetised with local anaesthetic, and then a needle will be inserted into this artery. Once the radiologist is satisfied that this is correctly positioned, a guide wire is placed through the needle, and

Date of publication: October 2016
Ref: RUH RAD/057 A4 v2

into this artery. Then the needle is withdrawn allowing a fine, plastic tube, called a catheter, to be placed over the wire and into this artery.

The radiologist will use the x-ray equipment to make sure that the catheter and the wire are then moved into the correct position, into the arteries which are feeding the uterus and fibroid(s). These arteries are called the right and left uterine arteries. A special x-ray dye, called contrast medium, is injected down the catheter into these uterine arteries, and this may give you a hot feeling in the pelvis.

Once the fibroid blood supply has been identified, fluid containing thousands of tiny particles is injected through the catheter into these small arteries which nourish the fibroid. This silts up these small blood vessels and blocks them so that the fibroid is starved of its blood supply.

Both the right and the left uterine arteries need to be blocked in this way. It can usually all be done from the right groin, but sometimes it may be difficult to block the branches of the right uterine artery from the right groin, and so a needle and catheter may need to be inserted into the left groin as well.

At the end of the procedure, the catheter is withdrawn and the radiologist then presses firmly on the skin entry point for several minutes, to prevent any bleeding. Alternatively the radiologist may insert a small stitch to prevent bleeding.

Will it hurt?

When the local anaesthetic is injected it will sting to start with, but this soon passes off, and the skin and deeper tissues should then feel numb.

The procedure itself may become painful. However, there will be a nurse, or another member of staff, standing next to you and looking after you You will be connected to a PCA (Patient Controlled Anaesthesia) pump. This will be controlled by you and by pressing a button will deliver drugs which are strong painkillers. The PCA pump limits how much painkiller is delivered and will only allow a certain amount to be delivered every 5 minutes.

As the dye, or contrast medium, passes around your body, you may get a warm feeling, which some people can find a little unpleasant. However, this soon passes off and should not concern you.

How long will it take?

Every patient's situation is different, and it is not always easy to predict how complex or how straightforward the procedure will be.

Some fibroid embolisations do not take very long, perhaps only 30 minutes. Other embolisations may be more involved, and take rather longer, perhaps over two hours.

Date of publication: October 2016
Ref: RUH RAD/057 A4 v2

As a guide, the procedures takes on average 45-60 minutes and you can expect to be in the x-ray department for about two hours.

What happens afterwards?

You will be taken to the ward on a trolley. Nurses on the ward will carry out routine observations, such as taking your pulse and blood pressure, to make sure that there are no untoward effects. They will also look at the skin entry point to make sure there is no bleeding from it.

You will generally stay in bed for 4-6 hours, until you have recovered. This will be less if a stitch has been placed in the groin at the end of the procedure. You will generally be kept in hospital overnight or for a day or two. Once you are home, you should rest for three or four days.

Are there any risks or complications?

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

- There may occasionally be a small bruise, called a haematoma, around the site where the needle has been inserted, and this is quite normal. If this becomes a large bruise, then there is the risk of it getting infected, and this would then need treatment with antibiotics.

- Most patients feel some pain afterwards. This ranges from very mild pain to severe crampy, period-like pain. It is generally worst in the first 12 hours, but will probably still be present when you go home. While you are in hospital this can be controlled by powerful pain killers. You will be given further tablets to take home with you.

- Most patients get a slight fever after the procedure. This is a good sign as it means that the fibroid is breaking down. The pain killers you will be given will help control this fever. Try and take these painkillers regularly to keep on top of any pain you may experience.

- 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 in itself is not a medical problem, although you may need to wear sanitary protection. If the discharge becomes offensive (strong smell or colour) and if it is associated with a high fever and feeling unwell, there is the possibility of infection and **you should ask your GP to arrange for you see your gynaecologist urgently.**

Date of publication: October 2016
Ref: RUH RAD/057 A4 v2

- **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.

  If severe infection has developed, and fails to respond to treatment with antibiotics, 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.

On rare occasions a small operation may be required where a telescope (hysteroscopy) is passed through the vagina and cervix into the womb in order to remove any fibroid tissue that may have become detached from the main body of the womb.

What else may happen after this procedure?

Some patients may feel very tired for up to two weeks following the procedure, though some people feel fit enough to return to work three days later. However, patients are advised to take at least two weeks off work following embolisation. Approximately 8% of women spontaneously expel 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 an early menopause after this procedure. This has probably happened because they were at this time of life to start with. In our experience we have not seen this in women under 45 years of age.

What are the results of fibroid embolisation?

This procedure has been performed since 1995 and results are good. The procedure is recognised as safe and effective by the National Institute for Health and Care Excellence (NICE). The majority of women are pleased with the results, and most fibroids are shrunk by about 50-70% of the size they were before. Once fibroids have been treated like this, it is believed that they do not 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.

Date of publication: October 2016
Ref: RUH RAD/057 A4 v2

Finally…

Fibroid embolisation is an established procedure worldwide and every effort has been made to ensure that the procedure is being conducted safely and competently. The doctors looking after you have considerable experience in this procedure.

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.

There is a large amount of internet material of variable quality. NHS organisations' websites are usually reliable and some other useful websites include:

http://www.femisa.org.uk/
http://www.bsir.org/patients/fibroids/

If you have any other queries we would be very happy to hear from you. Please contact the radiology secretaries on 01225 821174

Do satisfy yourself that you have received enough information about the procedure before you sign the consent form.

Fibroid embolisation is considered a safe procedure, designed to improve your medical condition and save you having a larger operation. There are some risks and complications involved, and because there is the possibility of a hysterectomy being necessary, you do need to make certain that you have discussed all the options available with your doctors.

For more information

- Speak to your GP
- Talk to the doctor and nurse team looking after you at the RUH
- Dr Fay can be contacted via his secretary on 01225 821174

If you would like this leaflet in another language or an alternative format, or would like to feedback your experience of the hospital please contact our Patient Advice and Liaison Service (PALS) on 01225 825656 or email ruh-tr.PatientAdviceandLiaisonService@nhs.net

Date of publication: October 2016
Ref: RUH RAD/057 A4 v2