

Having a fibroid embolisation

This leaflet explains more about having a fibroid embolisation including the benefits, risks and any alternatives. It also provides information on what you can expect when you come to hospital.

If you have any questions or concerns, please speak to a doctor or nurse caring for you.

Having a fibroid embolisation involves an overnight stay in hospital. You should be given a copy of our leaflet, **Preparing for your stay at St Thomas'** or **Preparing for your stay at Guy's**, which gives you more information about the hospital where you will be treated, how to get here and what to bring with you. Please ask us for a copy.

What are fibroids?

Fibroids are growths that develop in the muscular wall of the uterus (womb). They are benign, which means they are not cancerous.

Fibroids can vary greatly in size and sometimes become very large. Although they are common, we still do not know what causes them. They do not occur until a woman starts her periods (the menarche) and tend to get better when she reaches the menopause (when her periods stop). They are more common in African-Caribbean women, may be larger and occur earlier in this group.

What are their symptoms?

At least half of all women with fibroids (which have shown on a scan) do not have any symptoms. If women do have symptoms, they are usually related to periods or, if the fibroids are large, pressure. They include:

- Heavy, prolonged periods (sometimes with clots). This can lead to anaemia (a lack of red blood cells or the chemical haemoglobin, which is found in blood). It can make you feel tired and faint or cause headaches
- Painful periods
- Pain in the back and legs
- Pressure on the bladder, leading to a constant urge to urinate
- Pressure on the bowel, leading to constipation and bloating.

In some women, fibroids enlarge the uterus so much that their abdomen appears large and they look as if they are pregnant. This can cause back pain and make them feel bloated and uncomfortable. Fibroids are also associated with infertility and miscarriages.

Your doctor has recommended treatment because your fibroids are causing problems.

What is fibroid embolisation?

Fibroid embolisation (also known as uterine artery embolisation) is a minimally invasive procedure that blocks the arteries that supply blood to the fibroids.

In this procedure, an interventional radiologist (doctor who is trained to perform this and other minimally invasive procedures) uses an x-ray camera to guide the delivery of small particles to the uterus and fibroids. The small particles and contrast dye are injected into an artery supplying fibroid(s) with blood through a thin, flexible tube called a catheter.

Fibroids develop from the wall of the uterus and receive blood from the vessels that branch out from the arteries that supply the uterus. Fibroid embolisation blocks off most of these arteries, causing the fibroids to shrink. The uterus has the ability to develop a further blood supply, so is not seriously affected.

What are the benefits of fibroid embolisation?

Embolisation shrinks the fibroids by about half and this usually shows an improvement in symptoms relating to the size of the fibroids or pressure. Symptoms relating to fibroids improve after the procedure in eight to nine out of 10 women. Unlike other treatments for fibroids, embolisation treats all the fibroids in a woman's uterus. It is rare for fibroids to grow back after the procedure.

What are the risks of having a fibroid embolisation?

Fibroid embolisation is generally very safe. However, as with any procedure, there are some risks.

- Any procedure that involves placement of a catheter inside a blood vessel (artery) carries certain risks. These risks include damage to the blood vessel, bruising or bleeding at the puncture site and infection. When performed by an experienced interventional radiologist, the chance of any of these events occurring is very small.
- There is a small risk of infection, but this can usually be treated with antibiotics. In about one out of every 100 cases, the infection will be serious and you will need a hysterectomy (operation to remove the uterus) or another procedure.
- Very rarely, there is a chance that small particles can lodge in the wrong place and deprive normal tissue of its oxygen supply. In an attempt to avoid these complications, the doctors pay close attention to the pattern of the blood vessels in the pelvis, noting that the path of the vessels can be different from woman to woman.
- An occasional patient may have an allergic reaction to the x-ray contrast (dye) used during uterine fibroid embolisation. These episodes range from mild itching to severe reactions that can affect a woman's breathing or blood pressure. Women undergoing uterine embolisation are carefully monitored during the procedure, so that any allergic reaction can be detected immediately and treated by the doctors.
- Very rarely, you may experience menopausal changes after the procedure. This is more likely to happen to women in their mid 40s or older who are already nearing the menopause.
- You may pass out bits of fibroid (expulsion) for several months after the procedure. Very occasionally if a larger fibroid is passed you may need to see your gynaecologist (doctor specialising in disorders and conditions of the female reproduction system) who can help with its removal.
- Failure of the procedure, meaning the fibroids will continue to grow or re-grow within four months of the embolisation.
- Most patients experience vaginal discharge which usually lasts up to two weeks.

Are there any alternatives?

Treatment is not always necessary for fibroids. If you do need treatment there are several options. Your gynaecologist will discuss with you any alternatives that they think may be suitable including medicines, which will not cure fibroids but can relieve some of the symptoms.

The fibroids can be removed surgically by:

- Myomectomy – surgical removal of the fibroids without the removal of the uterus. This may not be possible in all cases and should be discussed with your gynaecologist.
- Hysterectomy – surgery that removes your fibroids by removing the entire uterus. This means you cannot have children afterwards.

If your fibroids are not treated, it is possible that your symptoms will get worse.

What do I need to do to prepare for the procedure?

Before your appointment, imaging of the uterus is performed to fully check the size, number and location of the fibroids. This is usually with an ultrasound or a Magnetic Resonance Imaging (MRI) scan organised by your gynaecologist. A blood test will be also needed before the procedure.

You must let your gynaecologist know if you:

- become pregnant or think you could be pregnant
- have any signs of a vaginal infection (such as itching, smelly discharge)
- have had any recent illnesses or medical conditions
- are taking any medications.

To prepare for the procedure you will need to make sure you do the following:

- Please let us know if you are taking any **antiplatelet medicines** (for example, aspirin, clopidogrel) or any **medicines that thin the blood** (for example, warfarin), as these may need to be withheld temporarily before the procedure. Call the Interventional Radiology (IR) department for advice as soon as you get your appointment letter on **0207 188 5573**.
- If you are taking **medicines for diabetes** (for example, metformin) or using insulin, then these may need to be altered around the time of the procedure. Call the IR department on the number above for advice as soon as you get your appointment letter.
- You cannot eat or drink anything (except water) for six hours before your procedure. You can drink water up to two hours before your procedure.

A small, plastic tube (cannula) will be inserted into a vein in your hand or forearm so we can give medications during the procedure.

You will be given a hospital gown to wear, before you are taken from your ward to the IR department.

Radiation and Pregnancy

We are unable to perform any procedures that involve radiation if you are pregnant. To ensure that you are not pregnant at the time of your appointment please read below:

Unprotected sex

Prior to your appointment, please refrain from unprotected sex from the 1st day of the period prior to your appointment. If this has already passed, please contact the department to reschedule so that your appointment falls within the first 10 days of your period.

Protected sex

If you are using contraception correctly or as prescribed, the above does not apply. You will be asked to sign a form stating which of the above apply.

Giving my consent (permission)

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves. If you would like more information about our consent process, please speak to a member of staff caring for you.

How is embolisation performed?

Most patients who undergo this procedure have “conscious sedation”. This involves us giving you medicines through the cannula in your hand to relax you and ease your pain. This often causes you to forget most of the procedure afterwards; however you will be awake enough during the procedure to breathe for yourself and communicate with staff.

You will be positioned on the x-ray table. In some instances the interventional radiologist may also place a very fine needle in front of your lower spine through your lower abdominal wall to deliver local anaesthetic directly into the nerves supplying the pelvic area.

A fine, flexible, plastic tube about as thick as a spaghetti strand (catheter) is inserted into an artery in your groin. Using x-ray monitoring to check its position, the radiologist guides the catheter into both your uterine arteries (right and left). Only when the catheter is precisely positioned does the radiologist inject fluid, containing tiny particles, through the catheter. This flows into the uterine arteries and blocks them off. The particles are made from a plastic-like material called polyvinyl alcohol and are about the size of grains of sand. They will remain in your body permanently. In over 30 years of use, they have not been associated with any harmful effects.

Once the embolisation is completed, the catheter is taken out and the radiologist presses on the puncture site in your groin for about ten minutes to stop bleeding. You do not need any stitches or dressings.

Will I feel any pain?

To control the pain you will be given a painkiller as a suppository (inserted into the back passage) a few minutes before the procedure. The conscious sedation medication will be given on the x-ray table at the start of the procedure as mentioned above. Although you will not feel any pain during the procedure, you should expect to experience some pain after the procedure. You will however be given strong painkillers to help with this during your overnight stay on the ward.

What happens after the embolisation?

You will stay in the recovery room for a short while and will then be taken back to your ward. You will need to lie flat for about four hours. Your blood pressure and pulse will be checked at regular intervals and a clip on your finger will measure the oxygen level in your blood. The nurse will also check the pedal pulse of your foot. This is found around the base of your ankle – it is not painful.

Everyone gets a bit of bruising where the artery (or vein) was punctured. The bruising will normally be sore and uncomfortable for a few days.

You will have moderate pain and cramping in the first few hours and may feel sick or be sick. You will need to stay in hospital overnight so strong pain relief can be given. You can usually go home the next day but will need a responsible adult to travel home with you.

What can I do when I go home?

- Eat and drink as normal.
- Continue with your normal medication as usual, but if you take any diabetes medicines containing **metformin**, please do not take them for the next **two days after your procedure**.
- Keep a regular check on the puncture site where you had the procedure. To give the puncture site time to heal, **do not drive for 48 hours** after the procedure or do any form of strenuous exercise for 48 hours after the procedure.

When can I go back to work?

We usually recommend taking up to two weeks off work but this depends on what your work is, how flexible your work can be and how you feel.

What can I expect?

- You may feel tired and we advise you to rest for one to two weeks depending on your recovery. You can then resume your usual activities.
- You may have a cramping feeling in your lower abdomen (similar to period pains) for a few weeks. We will give you painkillers when you leave hospital, which you can take as prescribed to treat this.
- You may expel the fibroids. They vary in size and will look like bits of grey body tissue. This is normal and you do not need to do anything.
- You will have vaginal discharge that can be brown, bloody, yellow or mucus-like. This is the breakdown product of the fibroids. This discharge usually lasts for about two weeks but occasionally it can last longer.
- **If the discharge becomes excessively smelly and you also have pain or a temperature you should contact the Interventional Radiology department on 020 7188 5576 or 020 7188 5528, or your gynaecologist or GP immediately.**

You may notice some bruising at the puncture site. Bleeding or swelling is rare but if it does happen, lie down and **apply pressure** directly on the site for **10 minutes**. If the bleeding or swelling continues after 10 minutes you should **go to your nearest A& E department taking this leaflet with you**.

When can I resume sexual intimacy?

We recommend that you avoid penetrative sex for at least **four weeks after the procedure** and that you do not become pregnant for **six months**. After four weeks, you can have sex as long as you are not experiencing pain or offensive discharge.

Will I have a follow-up appointment?

You will receive a telephone follow up from a member of the Interventional radiology team to ensure that you are well following the procedure. You may then be followed-up by your gynaecologist or GP but this will vary depending on local considerations. If you have any concerns as detailed above, please contact the interventional radiology team or your gynaecologist to seek advice.

Appointments at King's

We have teamed up with King's College Hospital in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at King's. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

Contact us

If you have any questions or concerns about having a fibroid embolisation please contact the interventional radiology receptionist at Guy's Hospital on **020 7188 5576** or **020 7188 5528** Monday to Friday, 9am-5pm. The receptionist will arrange for the interventional radiologist to call you back.

If you need urgent medical attention, call the Trust's **Emergency Gynaecology Unit** on **020 7188 0864**. The Unit is open Monday to Friday 8.30am-7pm, and weekends 9.30am-3.15pm.

Outside of these hours, please leave a message and a member of staff will call you back in working hours. Alternatively, please contact your GP, NHS 111 or go to your local A&E department.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.guysandstthomas.nhs.uk/leaflets

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk

t: 020 7188 3514 (complaints) **e:** complaints2@gstt.nhs.uk

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