

Uterine Fibroid Embolization

Uterine fibroids are benign (non-cancerous) growths in the uterus. They may cause:

- Painful cramping
- Heavy menstrual bleeding
- Anemia

UFE blocks the fibroids' blood supply and, over time, causes them to shrink.

Uterine fibroid embolization

Uterine fibroid embolization (UFE) is an outpatient procedure to treat all of a patient's fibroids and all the symptoms that they cause. A board-certified physician does the UFE in the Department of Interventional Radiology (IR). The procedure takes about 1 hour and patients go home the same day. During UFE, the physician cuts off the blood supply to the fibroids. This causes all of the fibroid tissue to die and begin shrinking. The uterus stays healthy and intact. Recovery time tends to take 1 to 2 weeks, but there are no restrictions. You may resume normal activities. There are no incisions or stitches with this procedure. Your fibroid symptoms will slowly fade away, usually in 1 to 2 months.

Before UFE

You will meet with an interventional radiologist to discuss the benefits and risks of UFE. You will have a magnetic resonance imaging (MRI) scan as part of the evaluation.

The day before UFE

You may only have a liquid diet for 24 hours before the procedure. Do not eat solid foods during this time. After midnight, you may drink only clear liquids up to 3 hours before your arrival time. If you take any routine medication, talk with your physician. If your physician tells you to do so, you may take your medication with a sip of water.

At the hospital

When you arrive, the nurse will prepare you for the procedure. They will insert an IV (into the vein) line in your arm or hand. This will provide fluids and medication. Before the procedure, the nurse also will give you an antibiotic and medication to prevent nausea and pain.

During the procedure

In the IR department, the nurse will help you onto a procedure table. You will be connected to heart and blood pressure monitors. You will receive medication to relax you and make you drowsy through the IV. Your care team will shave and wash your wrist or groin area with a special soap and cover it with a sterile sheet. Your care team will also inject numbing medication into the skin at the puncture site. You will feel some burning as you receive the medication, but once it takes effect, the area will be numb. Your care team will insert a small needle into the artery and then exchange it with a very small catheter. They will guide the catheter to the uterine arteries that feed the fibroids. Once the catheter is in the correct position, they will inject microscopic beads into the artery to block the blood flow to the fibroids. Once this has been done, they will remove the catheter. You may need a special suture or plug to close the puncture site. Your team may apply firm pressure over the puncture site for 10 to 20 minutes.

After the procedure

It is important to allow the puncture site to close and to prevent bleeding.

- For a wrist puncture site, your care team will apply a wrist brace to keep you from moving your wrist during recovery. You may get out of bed with help.
- For a groin puncture site, you must lie flat and keep your leg straight and motionless. You will be on bed rest for 2 to 6 hours. Once it is safe to do so, your care team may raise the head of your bed.

You will stay in the IR recovery area for 1 to 2 hours, but we will encourage you to get out of bed. You may eat regular food during your recovery. Most patients will have some cramping and pelvic pain right after the UFE procedure. You may also have nausea. We can give you medication right away to relieve these symptoms, so be sure to tell your nurse.

At home

Recovery usually takes 7 to 14 days. It is normal to feel very fatigued and bloated. Bloating often takes 3 to 4 weeks to go away. You may also have light to moderate bleeding or vaginal discharge.

Activity

Even though there are no activity restrictions, you may want to limit your activities and get plenty of rest. On your first day home, do not drive for 24 hours. If you are taking narcotic pain medication, do not drive. **It is very important to increase your fluid intake.** Try to drink one 8-ounce glass of water every hour while you are awake. Increase your diet as tolerated. Stay as active as you can to help your recovery and avoid constipation. Use your heating pad (electrical is best). Take your medications as prescribed.

You may start to resume your normal activities the day after leaving the hospital. No physical exertion or heavy lifting (greater than 10 pounds) is allowed for the next 3 days.

There are no restrictions on bathing or showering. Slowly increase your physical activity. Depending on your work and its demands, you may return to work.

Check your temperature twice a day for 5 days. It is normal to have a mild increase in temperature or low-grade fever up to 101 degrees F for 2 to 3 days. You may also have temporary hot and cold flashes, especially at night. If the low-grade fever continues after 3 days, or if it is 101.5 degrees F or higher for more than 24 hours, contact your physician.

Pain

It is common to have discomfort in the abdomen, low back and thighs. A heating pad (on a low setting) can help. Take your pain medication as directed. If this does not control your pain, contact your physician.

Puncture site

It can take up to 14 days for the puncture site to heal completely. Keep the healing puncture site soft and dry. A small bruise may be present. Please tell your physician if you have any of the following signs:

- Redness or red streaks around the skin wound
- Drainage from the site
- Numbness or tingling in the puncture site hand, arm or leg
- Calf tenderness or pain
- Swelling in the puncture site limb
- Increased bruising in the puncture site limb
- Color change or coolness of the puncture site limb

If you notice any bleeding from the puncture site, please do the following:

- If your puncture site was in your groin, immediately lie flat.
- If the puncture site was in your wrist, elevate your arm.
- Apply firm pressure for 15 minutes. You may use a clean cloth or tissue to apply pressure. If possible, have another person apply pressure.
- After 15 minutes, remove pressure. The wound should be dry and flat without bleeding. Cover the wound with a bandage. Tell your physician about this incident.

When to call the physician

Contact your physician if you have:

- Fever of 101.5 degrees F or higher for more than 1 day
- Foul-smelling discharge or vaginal bleeding
- Severe persistent pain or cramping
- Heavy vaginal bleeding (soaking a pad an hour)
- Bleeding at the puncture site

The following signs could mean that the puncture in the artery has reopened and that there is active bleeding from the artery:

- Sudden increased swelling of the area around the wound, which may be pulsating
- Profuse blood continuously streaming from the wound
- A jet of blood pumping from the puncture wound

Though rare, this is a medical emergency. **Call 911 right away and apply hard pressure above or directly on the puncture wound.**

Follow-up care

Your physician will likely want to check on your fibroid and uterine shrinkage 3 months after the procedure. Please contact the IR coordinator to schedule a follow up MRI and office visit for 3 months after the procedure. We will compare the before and after UFE MRI scans. We will do this to make sure the fibroids have been completely treated. We will also measure the amount of shrinkage. At 3 months after the procedure, we expect the fibroids to be about half their original size.

After the follow-up visit, plan to see your gynecologist once a year or as suggested by your IR physician. If you have questions, please call:

IR Clinical Coordinator: 312.926.4415 or 312.695.0030

IR Department: 312.926.5200, 24 hours a day, 7 days a week
312.926.2538, 7:30 am to 5:00 pm

TTY for those who are deaf or hard of hearing: 711