

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

Uterine Fibroid Embolization (UFE)

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

- Painful cramping
- Heavy menstrual bleeding
- Anemia

Uterine fibroid embolization

UFE is a procedure that can help to relieve these symptoms. UFE is done by a physician in the department of Interventional Radiology (IR). Recovery usually includes an overnight stay in the hospital. During UFE, the blood supply to the fibroids is cut off. This causes the fibroids to immediately die and begin shrinking. The uterus stays intact. Recovery time from the procedure is usually 1 to 2 weeks. There are no incisions or stitches to care for with this procedure. Your fibroid symptoms will slowly go away, usually in 1 to 2 months.

Before UFE

Before this procedure, 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 will be asked to eat only 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 assigned arrival time. If you take any routine medicine, talk with your physician. If your physician tells you to do so, you may take your medicine with a sip of water.

At the hospital

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

During the procedure

In the IR department, the nurse will assist you onto a procedure table. You will be connected to heart and blood pressure monitors. Medicine to relax you and make you drowsy will be given through the IV. Your wrist or groin area will be shaved, washed with a special soap and covered with a sterile sheet. Numbing medicine will be injected into the skin at the puncture site. You will feel some burning as the medicine is given, but once it takes effect, the area will be numb. A small needle will be inserted into the artery and then exchanged with a very small catheter. The catheter will be guided to the uterine arteries that feed the fibroids. Once the catheter is in the correct position, microscopic beads will be injected into the artery to block the blood flow to the fibroids. Once this has been done, the catheter will be removed. A special suture or plug may be used to close the puncture site. Firm pressure may be applied over the puncture site for 10 to 20 minutes.

After the procedure

After the UFE, it is important to allow the puncture site to close and to prevent bleeding.

- If the wrist artery was used, a wrist brace will be applied to prevent movement of the wrist during your recovery. You may get out of bed with assistance.
- If the groin artery was used, 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 head of the bed may be raised.

You will remain in the recovery area for 1 to 2 hours. You will then be moved to your hospital room for overnight observation.

You will be able to eat regular meals. To prevent blood clots, deep vein thrombosis (DVT) prevention boots will be on your lower legs. These boots gently squeeze your calves to promote blood flow to the heart.

Most patients have some cramping and pain following UFE. Nausea also may occur. Medicine can be given to relieve these discomforts, so be sure to tell your nurse. After the period of bed rest is complete, you are encouraged to get out of bed and walk.

At home

Recovery usually takes 7 to 14 days. Feeling fatigue and having abdominal bloating are common. You may also have light to moderate vaginal bleeding or discharge.

Activity

On the day you leave the hospital, limit your activities and get plenty of rest. Do not drive for 24 hours. If you are taking narcotic pain medicine, do not drive. **It is very important to increase your fluid intake.** Try to drink one 8-ounce glass of water every hour while awake. Increase your diet as tolerated. Stay as active as possible to help your recovery and avoid constipation.

You may begin 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 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 medicine 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 itself to heal completely. The healing puncture site should remain soft and dry. A small bruise may be present. Please notify your physician if any of the following signs appear:

- Redness or red streaks around the skin wound
- Drainage from the site
- Numbness or tingling in the puncture site limb
- 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. Notify your physician of this incident.

When to call the physician

Contact your physician if you have:

- Fever higher than 101.5 degrees F 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 indicate 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

This would be rare, but is considered a medical emergency. **Immediately apply hard pressure above or directly on the puncture wound, and seek medical attention by calling 911.**

Follow-up care

A report of your UFE is sent to your primary care physician and/or gynecologist following the procedure. An MRI test is done 3 months after the UFE to check your uterus and the fibroids that were treated.

Please continue to see your gynecologist on a yearly basis or as suggested by your physician.

If you have any questions, please call:

Interventional Radiology: 312.926.5200 (24 hours a day, 7 days a week)

Nurse coordinator: 312.926.4415 or 312.695.0030

Northwestern Medicine – Health Information Resources

For more information, contact Northwestern Memorial Hospital's Alberto Culver Health Learning Center (HLC) at hlc@nm.org, or by calling 312.926.5465. Health information professionals can help you find the information you need and provide you with personal support at no charge.

For more information about Northwestern Medicine, please visit our website at nm.org.

Para asistencia en español, por favor llamar al Departamento de Representantes para Pacientes al 312.926.3112.

The entities that come together as Northwestern Medicine are committed to representing the communities we serve, fostering a culture of inclusion, delivering culturally competent care, providing access to treatment and programs in a nondiscriminatory manner and eliminating healthcare disparities. For questions, please call either Northwestern Memorial Hospital's Patient Representatives Department at 312.926.3112, TDD/TTY 312.926.6363 or the Northwestern Medical Group Patient Representatives Department at 312.695.1100, TDD/TTY 312.926.6363.

Developed by: NMH Department of Interventional Radiology