

Uterine Fibroid Embolisation (UFE)

– image guided

Information for patients

A uterine fibroid embolisation (UFE) at King's College Hospital has been recommended for you. This leaflet explains uterine fibroid embolisation. It covers what to expect, including the benefits, the potential risks and the alternatives.

Before the embolisation, a clinical staff member will explain the procedure to you in detail. This leaflet is not meant to replace that discussion. If you have any questions or concerns, please do not hesitate to speak to the doctor who has referred you to the Interventional Radiology Department. It is important that you feel well informed before agreeing to the procedure and signing the consent form.

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your name and date of birth and check your ID band. If you do not have an ID band we will also ask you to confirm your address. If we do not ask these questions, then please ask us to check. Ensuring your safety is our primary concern.

What is uterine fibroid embolisation?

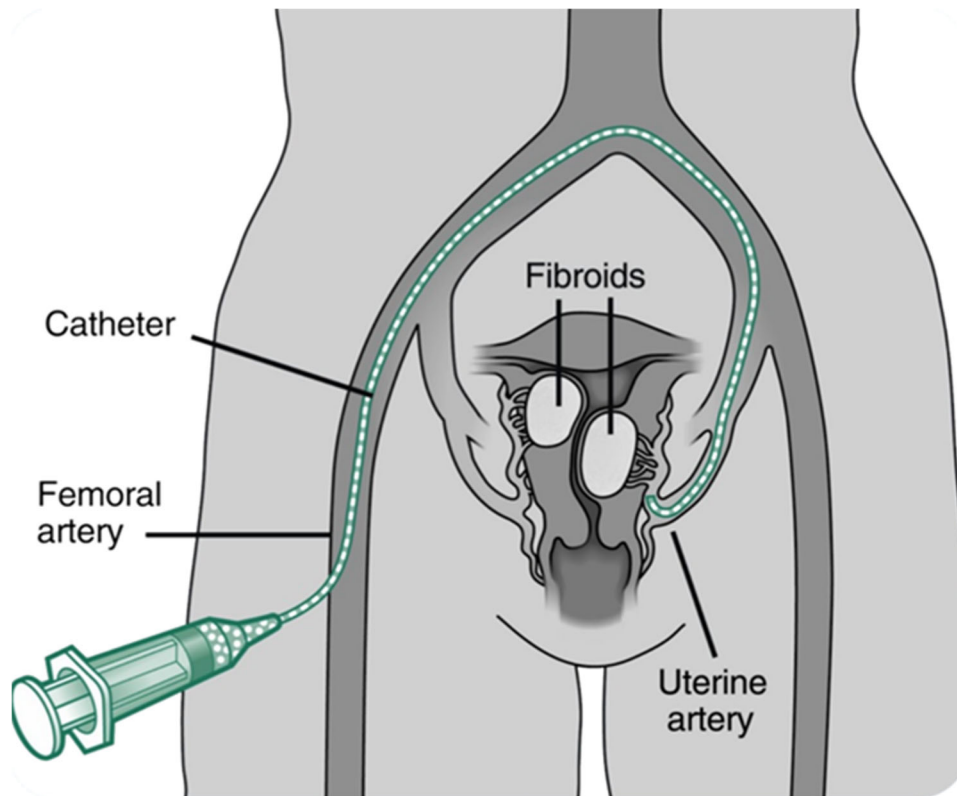
Fibroids are abnormal growths that grow within the wall of your uterus (womb). You usually develop them between the ages of 30 and 50. They are non-cancerous but they can sometimes cause symptoms such as pain and heavy bleeding. They can range in size from very small to large masses more than 20cm (8in) in diameter.

Uterine fibroid embolisation (UFE) – also known as uterine artery embolisation (UAE) – is a way of treating fibroids, we use a special embolisation solution to block the small blood vessels that supply blood to the fibroids. Cutting off their blood supply causes them to shrink and eases your symptoms.

It is a minimally invasive procedure, which means that we make only a small cut to carry out the treatment and normally done under local anaesthetic which means you will be awake.

You will also have a dye injected which shows up on an x-ray machine. This is to ensure the embolisation solution is injected into the correct place.

Figure 1: Uterine artery embolisation



Why do I need this procedure?

You have been diagnosed with fibroids by your gynaecologist and these are causing your symptoms. Common symptoms include pain, heavy vaginal bleeding, frequently passing urine, an enlarged uterus, anaemia caused by bleeding and constipation.

UFE is an effective treatment that does not involve surgery.

What are the risks?

All medical and surgical procedures can cause complications, even though every effort is made to prevent them. UFE is generally considered a safe procedure, but it does have potential risks.

- **Bleeding at the puncture (needle-entry) site:** You may have a small bruise after the procedure, but this usually fades within a week or two.
- **Damage to the access artery in your groin or wrist:** This is rare. It may lead to a tender lump called a false aneurysm (pseudoaneurysm) forming a few days after the procedure, caused by blood leaking from the needle-entry site. It can be detected with an ultrasound scan and is usually treated by injecting it with a liquid to make the blood clot. Sometimes surgery is needed to repair the artery.
- **Pain after the procedure:** This can range from mild to severe cramp-like pain, It is usually worst within the first six to eight hours of having the procedure. You can take painkillers to ease it.

- **Mild fever (post-embolisation syndrome):** This usually shows that your fibroids are breaking down. You can take paracetamol to ease the fever.
- **Vaginal discharge:** You may have a blood-tinged discharge for up to two weeks. Sometimes you can have it now and again for several months as the fibroid breaks down. If the discharge is foul smelling or you have a fever, you may have an infection. If this happens, you need to see your gynaecologist. Contact your gynaecology team for treatment, here in King's, you can reach them via Women's Outpatients' reception at +44 (0)20 3299 3246.
- **Infection:** About one in every 200 women who have this procedure develop an infection. Symptoms include severe pain, tenderness in your lower back and a high-grade fever. This can be treated with antibiotics. See 'Vaginal discharge' for who to contact for treatment.
- **Premature menopause:** This happens in 2 – 4% of cases, with the risk rising to 10 – 15% if you are 45 or older. For most women, it takes about six to nine months for your menstrual cycle to go back to normal.
- **Repeat UFE:** In some cases, you may need a second UFE if the first treatment does not sufficiently ease your symptoms or if new fibroids develop.
- **Radiation exposure:** We do UFE using ultrasound (US) and x-ray guidance. US does not expose you to radiation. X-ray guidance involves a dose of radiation that is about the same as an x-ray of your abdomen.

What are the benefits?

The procedure usually reduces the size of fibroids by 40% to 50% within six months of the procedure, so you have much less pain, shorter and lighter menstrual bleeding and feel less pressure in your tummy. Because the procedure is minimally invasive and does not involve surgery, you have a faster recovery time.

Most fibroids have shrunk within six months of the UFE and most women are pleased with the results and report a significant improvement in their quality of life.

Are there any alternatives?

Surgery has been the standard treatment for fibroids. This includes hysterectomy (removal of your womb), which means fibroids cannot return. Another option is myomectomy, where the fibroids are removed but your uterus is left intact. This can be done using open or keyhole (laparoscopic) surgery.

Consent

We must by law obtain your written consent to any operation and some other procedures, including a UFE, beforehand. Staff will explain the risks, benefits and alternatives before they ask you to sign the consent form. If you are unsure about any aspect of the procedure or treatment proposed, please do not hesitate to speak with a senior member of staff again. We will inform your GP that you have had this procedure unless you specifically instruct us not to.

Where will I have the procedure?

You will have the UFE at one of two places:

- Interventional Radiology Department, 1st Floor, Denmark Wing, King's College Hospital (KCH), Denmark Hill; or
- Interventional Radiology Department, 1st Floor, South Wing, Princess Royal University Hospital (PRUH).

How can I prepare for my procedure?

Pre-assessment appointment: We will arrange for you to have a pre-assessment appointment and clinic consultation with one of our Interventional Radiologists and Interventional Radiology Nurses either in person or by phone. They will ask you questions about you, your health and the medications you take. They may also take a blood sample to check that you are in good general health and how well your blood clots. You usually have the blood test in our department at King's College Hospital or the PRUH.

After your pre-assessment, we will arrange a date and time for your UFE. We usually let you know the appointment details the same day as your pre-assessment.

Drugs and alcohol: Do not use any recreational drugs or drink alcohol for 24 hours before the UFE.

Medications: Please make sure the doctor or nurse knows if you are diabetic who is taking oral diabetic tablets such as metformin or uses insulin injections. Also tell them if you are taking any of the following blood-thinning medications (anticoagulants): aspirin, clopidogrel, warfarin, apixaban, rivaroxaban, edoxaban, ticagrelor, prasugrel, phenprocoumon, acenocoumarol, dagibatran, argatroban, heparins, fondaparinux, enoxaparin

Usually, you will need to stop taking these medications a few days to a week before the procedure. But do not stop them on your own without talking to your gynaecology doctor first. They will tell you when to stop and when it is safe to start taking them again.

If in doubt, please bring with you all the medications you are taking, whether it has been prescribed for you or if you have bought it over the counter at your local chemist store.

Will I be admitted to hospital for the procedure?

You will be admitted to the hospital the day before your procedure and stay overnight after the procedure. Rarely, you may be admitted on the morning of your procedure. The bed manager will call you to let you know when to arrive and which ward to go to.

What to bring with you: Please bring a small overnight bag, all your medications and something to read.

What not to bring with you: Do not bring valuables, jewellery or large sums of money with you. If this unavoidable, please ask a relative or friend to take them home for you. The hospital cannot accept liability for the loss of items that are not handed in for safekeeping.

What happens on the day of the procedure?

If you are being admitted on the day of the procedure:

- **Eating and drinking:** Have a light breakfast at about 5am but do not eat anything after this time. You can drink clear fluids up to **two hours** before your procedure.
- **Medications:** Keep taking your regular medications, except for any blood-thinning ones. Remember to take your blood pressure medication on the morning of the procedure (if applicable). If your blood pressure is too high on the day of the procedure, you might need to have the procedure on another day.

What happens before my procedure?

You'll get two small plastic tubes called cannulas placed in your hand or arm. One is for medicines like antibiotics and sedatives, and the other one, usually in your upper arm, is for stronger pain relief if you need it during or after the procedure. This will be attached to a special device which allows you to give yourself pain relief if you need it, during or after the procedure, by simply pressing a button. This is called patient-controlled analgesia (PCA) and enables you to receive an injection of a strong pain medication whenever you feel you need it.

If you have diabetes and you are on Insulin injections, you may also need to have a fluid drip in your vein to control your blood sugar once you start fasting at least six hours before your procedure.

One of our nurses will put a urinary catheter (soft plastic tube) into your bladder to drain your urine and check how much you are producing.

They will also give you a suppository medication that relieves pain. This is gently put into your back passage by the nurse.

What happens during the procedure?

An Interventional Radiologist – a specialist doctor trained in image-guided procedures – will carry out your UFE. They will explain the procedure to you, ask for your consent and then start the procedure.

They will ask you to lie flat on your back on the x-ray table. You will be attached to a monitor to check your heart rate, breathing, oxygen level and blood pressure during the entire procedure. If you have sedation, we will give oxygen via a face mask.

The doctor will clean the skin in your groin and give you a local anaesthetic to numb the area. Using ultrasound to guide them, they will make a small cut through which they will put a needle into the femoral artery in your groin. They will then put a thin wire through the needle and into your artery.

Using real-time x-ray to guide them, the doctor will navigate the uterine blood vessels that supply your fibroids using a thin plastic tube (catheter). They will then inject a dye that shows up on x-ray images to check the catheter is in the right place. After the dye has been injected, you may feel like you need to pee or briefly have a metallic taste in your mouth. These are both normal.

The special embolisation solution will then be put into the catheter and flow into these blood vessels to block them. Once the doctor is satisfied with the results, they will remove the catheter.

Will the procedure hurt?

You will feel a brief sting you when you have the local anaesthetic injection. You are likely to be given sedatives to make you comfortable as soon as the procedure has started.

When the doctor starts injecting the solution that blocks the blood vessels, you may feel cramp-like pelvic pain. You may also get this towards the end of the procedure. During the procedure, we will also give you painkillers through a cannula in your hand or arm and you can also give yourself pain relief using the PCA machine on top of that.

How long will the procedure take?

It takes about one hour but it can take longer. You should expect to be in the Interventional Radiology Department for about two to three hours.

What happens after the procedure?

You will need to lie flat on your back in bed for about one to four hours, to reduce the risk of bleeding. Our nurses will check your groin regularly for any bleeding, swelling, or signs of infection. They will give you painkillers if you need them. It is important to let them know if you are in pain so they can help you. You can eat and drink as normal once you can sit up

You will stay in hospital overnight and may be discharged in the next day or so if there are no complications and your condition has improved.

How do I care for the cut?

You will have a small dressing over the puncture site. If the dressing is heavily soiled, you can use a plaster to cover the cut instead. Keep the site dry for at least 48 hours, then remove the dressing and wash the area with soap and water. Avoid using lotion or powder. Make sure the cut has healed before bathing or soaking it in water.

When can I exercise and go back to work?

For the next seven days, avoid heavy lifting, contact sports and strenuous exercise. You should be able to go back to work after two weeks.

What should I do once I am home?

Rest for the rest of the day and possibly for the next day, depending on how soon you recover. We will be given one week of antibiotics to take at home.

Once you feel well, you may start having sex again. Continue using your usual contraception including pills.

Will I have a follow-up appointment?

You usually have a follow up MRI scan after six months to assess your fibroids and then an appointment with your gynaecologist.

What should I do if I cannot come for my procedure?

Please let us know as soon as possible by contacting the Interventional Radiology Department, so we can arrange another date and time. This also enables us to offer your appointment time to someone else.

King's College Hospital, Denmark Hill, Tel: **020 3299 3490**, **020 3299 6730** or **020 3299 3280**
Princess Royal University Hospital, Tel: **01689 863671**

Who can I contact with queries or concerns?

If you have any questions about your procedure, please contact the Interventional Radiology Nurses:

- King's College Hospital, Denmark Hill, tel: **020 3299 3490** or **020 3299 2060**, Monday to Friday, 9am – 5pm
- Princess Royal University Hospital, Orpington, tel: **01689 863671**, Monday to Friday, 9am – 5pm

More information and support

- King's College Hospital: www.kch.nhs.uk
- NHS: www.nhs.uk, Tel: 111
- British Society of Interventional Radiology: www.bsir.org (click on Patients, click on patient information leaflets, select leaflet)

Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

PALS

The Patient Advice and Liaison Service (PALS) offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS:
Tel: **020 3299 3601** Email: kch-tr.palsdh@nhs.net

You can also contact us by using our online form at www.kch.nhs.uk/contact/pals

PALS at Princess Royal University Hospital, Farnborough Common, Orpington, Kent BR6 8ND
Tel: 01689 863252
Email: kch-tr.palspruh@nhs.net

If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.

www.kch.nhs.uk

PL1221.1 November 2024
Review Date November 2027

Networked Care
Comms: 4177