

Uterine artery embolisation for the treatment of fibroids

Information for patients

This leaflet gives you detailed information about uterine artery embolisation for the treatment of fibroids. It explains the steps of the procedure and answers some of the questions that you might have.

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 don't have an ID band we will also ask you to confirm your address.

If we don't ask these questions, then please ask us to check.
Ensuring your safety is our primary concern.

What is uterine artery embolisation (UAE)?

It involves putting a thin flexible tube (catheter) into a blood vessel (artery) in your leg. The tube is then guided into the arteries of your uterus using x-ray pictures.

Once there, a chemical is injected into the catheter which then flows into your arteries. The chemical causes a blockage in your arteries and reduces the blood supply to your womb, shrinking your fibroids.

The treatment is carried out by an interventional radiologist, a doctor who specialises in using x-rays and scans to guide treatment.

Why is UAE carried out?

Your fibroids can be treated using UAE if you do not wish to have – or cannot have – surgery such as a myomectomy (removal of your fibroids) or a hysterectomy (removal of your uterus/womb).

What are the benefits of UAE?

The benefits vary depending on why your doctor has recommended you have the procedure. Generally, UAE's main advantage is that it relieves the symptoms caused by fibroids – such as heavy periods or pressure – without you needing to have an operation. It completely or significantly relieves symptoms in around 80% of patients.

Is UAE suitable for me?

We usually recommend you have UAE if you have fibroids that are causing significant symptoms and you have completed your family. But we do not recommend this treatment if you:

- have fibroids growing into the cavity of your womb (submucous)
- have other conditions requiring surgery such as ovarian cysts or a thickened lining of your womb
- want to have a baby in the future (see page 3)
- have any symptoms requiring further assessment of the lining of your womb.
- have any symptoms or signs on imaging that the uterine swelling may not be fibroids, but another rarer type of tumour called a sarcoma.

The doctor that you see in the gynaecology clinic will tell you whether UAE is potentially suitable for you.

What are the risks?

UAE can cause a number of complications that happen either during the procedure or afterwards:

During

- Blood clots may form in your artery and you may have significant bruising in your groin around the area where your catheter was inserted. This is rare.
- You may be allergic to the dye we use for the x-ray photography. This is rare.
- We may not be able to complete the procedure because your blood vessels go into spasm. This is unusual.

Early – up to 30 days after your treatment

- You may experience post-embolisation syndrome. This is common and consists of pain, nausea (feeling sick), fever and flu-like symptoms. It usually gets better on its own but we will give you anti-inflammatory medicines to take home with you. If your symptoms continue, please contact us so we can make sure you do not have an infection.
- You may develop a urinary tract infection. This is rare.
- You may develop a deep vein thrombosis. This is rare.

Late – more than 30 days after your treatment

- You may experience a vaginal discharge – 16% of patients report having this at 12 months after UAE. It usually gets better on its own without any further treatment. But if it is foul smelling we advise you to see your GP (home doctor) for treatment as you may have an infection.
- Fibroid expulsion – up to 10% of patients experience a fibroid being passed through the neck of their womb. Occasionally we need to remove the fibroid by a small operation through the neck of your womb.
- Menopause – 7.3% of patients report this at 12 months after UAE. This is more likely if you have the treatment after the age of 45 because it can cause the failure of your ovaries. Menopause can also happen after a hysterectomy.
- You may experience changes in sexual function, such as loss of libido. This is rare.
- You may experience an infection. This is rare, but if it is severe you may need a hysterectomy (removal of the womb) which in these circumstances may be difficult to carry out.

After UAE you may still need further treatment for your fibroids. The younger you are, the greater the chance of this happening. The risk is 25% if you are under 40 and 10% if you are aged between 40 and 50.

Can I have UAE if I want to get pregnant?

It is possible to have a successful pregnancy after UAE, but there is evidence to suggest that the miscarriage rate may be higher than in women with untreated fibroids. You are also more likely to have a pre-term delivery, a Caesarean section and bleeding after delivery, so we do not recommend you have UAE if your family is not complete.

What are the alternatives?

We have listed some alternative treatments. If you would like to know whether they are suitable for you, please discuss them with your GP or clinic doctor.

Myomectomy

An abdominal myomectomy is an operation to remove fibroids. We do this through a cut in your tummy called a laparotomy or occasionally through keyhole surgery. It is suitable for women who want to have a baby in the future, but possible complications include scarring and infertility. There is also sometimes the need to have a blood transfusion and a small risk of hysterectomy. If we think your symptoms are caused by a submucous fibroid sitting in the cavity of your womb, we may be able to remove it using a special telescope via your vagina. We cannot use this method to remove any fibroids in the wall of your womb. Fibroids may regrow after a myomectomy and any future surgery may be more complicated due to internal scarring caused by the myomectomy.

Hysterectomy

This is an alternative to having a myomectomy. We also do usually this through a cut in your tummy called a laparotomy, but during this operation we remove the whole of your womb, with or without your cervix. We may be able to do this surgery as a vaginal hysterectomy or using keyhole surgery if the uterus is not too large. The advantages of having a hysterectomy are that your periods will stop and your fibroids will not regrow. The disadvantages are that you will not be able to get pregnant and some women feel they will be less feminine without their uterus. UAE is not as successful as a hysterectomy in relieving the symptoms of fibroids.

Taking medication

Some medications have been shown to reduce the amount of bleeding that some women have during their periods. Alternatively, you could try a type of intrauterine device (IUD) called

a Mirena because this releases hormones which sometimes make bleeding less heavy. Your doctor will tell you if you are suitable for this type of treatment. There is no medication that will permanently shrink fibroids, though new treatments are in development that might be suitable for long-term use

Not having any treatment

You can choose not to have any treatment. Your doctor will discuss with you the risks and the benefits.

Consent

We must by law obtain your written consent to any operation and some other procedures 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 must by law obtain your written or verbal consent to any operation or procedure. Staff will explain the risks, benefits and any alternatives. You will then be asked to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to ask to speak with a member of staff.

What happens before my procedure?

You will have a special MRI (magnetic resonance imaging) scan. This is to make sure UAE is suitable for you.

Once your doctor has made sure the procedure is suitable for you, we will give you a date to come into the gynaecology ward. You will be admitted as an inpatient for UAE. You will be asked not to eat or drink for four hours before the treatment and you may be given a mild sedative if you are particularly anxious. You must let your doctor know if you have any allergies.

Admission to the ward

You will be admitted to the gynaecology ward prior to your procedure, which is Brunel ward at King's College Hospital and Surgical 8 ward at Princess Royal University Hospital. Once you are admitted to a bed you will be introduced to your named nurse who will be responsible for your care and who will assist you, your family and friends to plan towards your recovery and discharge. If you wish to speak to the medical team further please speak to the nurse looking after you.

Maintaining your privacy and dignity during your hospital stay is very important to us and so the doctors and nurses will draw your bedside curtains around your bed as necessary. Please do not draw your curtains around your bed before discussing this with a nurse as this may prevent observation of either yourself or other patients.

What do I need to bring with me?

- Comfortable clothes for after the procedure (nightclothes are not compulsory), a dressing gown, toiletries, slippers and sanitary towels.
- Please do not bring in valuables, jewellery or large sums of money. If this is unavoidable, please ask a relative to take them home for you. If this is not possible, your bedside locker has a small lockable drawer which only the nursing staff can access. The hospital cannot accept liability for the loss of items brought into hospital.

General information about your stay in hospital

- King's College Hospital operates a no smoking policy in all trust areas including the grounds. We are able to offer support if you are interested in giving up smoking.
- Bedside entertainment – includes telephone service, television and Internet services. Leaflets are available on the details of these services and the cost. This is available at most bedsides.

- Mobile phones and chargers are permitted in this area of the hospital. Please be considerate to our other patients and keep the ringing volume down and limit the use of your mobile during the evening. We do not encourage patients to make or accept calls during the night as this is disruptive to your recovery and that of the patients around you.

Direct telephone number's:

Brunel Ward: **020 3299 3077** or **020 3299 2063**

Surgical Ward: **01689 864748** or **01689 864741**

Visiting times are: 2.00 – 8.00pm

On both wards, no visitors are permitted outside of visiting times unless pre-arranged with the Nurse in charge. We would appreciate a maximum of two visitors per patient at a time.

What happens during the procedure?

You will be asked to lie on the x-ray table and we will insert a plastic tube (cannula) in to your arm. This allows the interventional radiologist to give you a sedative and painkillers. The radiology team will wear gowns, hats and masks to reduce the risk of infection.

The radiologist will then inject local anaesthetic into the skin and deeper tissues of your groin and insert a small catheter in to the artery in this area using a needle. They will use x-ray photographs to guide the catheter into the correct place and then inject a special dye to identify the blood vessels in your uterus that need to be blocked. When this dye is injected, you may feel a warm sensation in your pelvis. Once the radiologist has identified the vessels, they inject the chemical to block the blood supply to your fibroid.

At the end of the procedure, they remove the catheter in your groin and put pressure on the area to stop any bleeding.

How long will the procedure take?

It varies, but it can take up to two hours to complete.

Will it hurt?

You will feel some stinging when the radiologist injects the local anaesthetic. You may find UAE painful and the pain is similar to having a period. We may give you a patient-controlled analgesia (PCA) pump, after the procedure, containing a strong painkiller which allows you to control your pain yourself.

What happens after the procedure?

You will be taken back to your ward where nurses will monitor your condition closely. They will routinely check your temperature, pulse, respirations, blood pressure and vaginal blood loss.

How long will I be in hospital?

You will need to spend one – two nights in hospital.

What happens when I go home?

- You should take at least two weeks off work after your procedure.
- You can have a bath – or preferably a shower – as normal.
- Avoid sexual intercourse and the use of tampons for four weeks after the procedure to reduce the risk of infection.
- Avoid strenuous activity e.g. lifting heavy objects, running, swimming and some forms of strenuous housework.

If you develop any of the following symptoms, contact your GP urgently:

- Redness, swelling or a discharge from the groin area where the catheter was put in.
- A temperature above 37.5 degrees

- Severe lower abdominal pain.
- Heavy vaginal bleeding.
- Severe stinging or burning when you pass urine.

Who do I contact with queries or concerns?

For routine enquiries, please contact the relevant gynaecology ward:

The direct line for Brunel Ward is **020 3299 3077**

The direct line for Surgical Ward 8 is **01689 864748**

For urgent enquiries only, please call your GP or nearest Emergency Department.

External contacts

Women's Health Concern

Helpline: 01628 488065

www.womens-health-concern.org.uk

Women's Health and Reproductive Rights Information Centre

Helpline: 020 7251 6580

www.womenshealthlondon.org.uk

The Hysterectomy Association

Helpline: 0871 7811141

www.hysterectomy-association.org.uk

NHS non-emergency

Helpline: 111

www.nhs.uk

Care provided by students

King's is a teaching hospital 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) is a service that 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.pals@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.palskent@nhs.net

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

Corporate Comms: 0143

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