

Information for patients

Fibroid Embolisation



Sheffield Vascular Institute

smoke-free
hospitals

Northern General Hospital

You have been given this leaflet because you might benefit from a procedure known as a Fibroid Embolisation. This leaflet explains more about Fibroid Embolisation and answers some of the most frequently asked questions. If, after reading this leaflet, you have any questions or concerns, you should write them down and discuss them at your next appointment with your consultant, or the radiologist. It is important that you understand the procedure, along with the potential benefits and risks before you agree to it.

Where will my hospital appointments take place?

Your appointments will be at the Sheffield Vascular Institute at the **Northern General Hospital**.

The Sheffield Vascular Institute is one of the largest vascular centres in Europe. We specialise in the treatment of all circulatory conditions affecting the arteries, veins and lymphatics. If you wish to find out more about the Sheffield Vascular Institute then look under the Guide to Services of the Sheffield Teaching Hospitals NHS Foundation Trust website. (www.sth.nhs.uk)

What is fibroid embolisation?

Fibroid embolisation is a special x-ray guided procedure, which attempts to block the blood vessels supplying fibroids.

What are fibroids?

Fibroids are benign (non-cancerous) growths of the uterine (womb) muscle. They may be single or multiple and may vary in size.

Why do I need the procedure?

Fibroid embolisation is performed because you are experiencing symptoms, which may include heavy blood loss during periods, and pain or pressure on surrounding organs such as the bladder. You will have discussed this with the doctor who referred you for consideration of fibroid embolisation, and this discussion will have included surgical options such as myomectomy (removal of the fibroid from the uterus) and hysterectomy (removal of the uterus).

The benefits of fibroid embolisation include avoidance of hysterectomy, maintaining the potential for future pregnancies. The procedure has high success rates (80 - 90%) for some, or complete resolution of the symptoms. It also has a shorter recovery time compared to surgery, and most women are back to normal activity within 2 - 3 weeks.

How long will I need to be in hospital?

You will need to be in hospital for 1 to 2 days, and the procedure will usually be carried out on the day you come in.

Do I need to bring anything in with me?

Please bring all the medicines you are taking into hospital with you.

You will also need to bring:

- Toiletries and nightwear
- A small amount of cash for you to purchase newspapers and other items, or to use the patient-line system.

We do advise that you leave valuables and other cash at home.

Before your procedure

We must obtain your consent for any procedure or treatment beforehand. Staff will explain the risks, benefits and alternatives where relevant before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed, please do not hesitate to ask for more information.

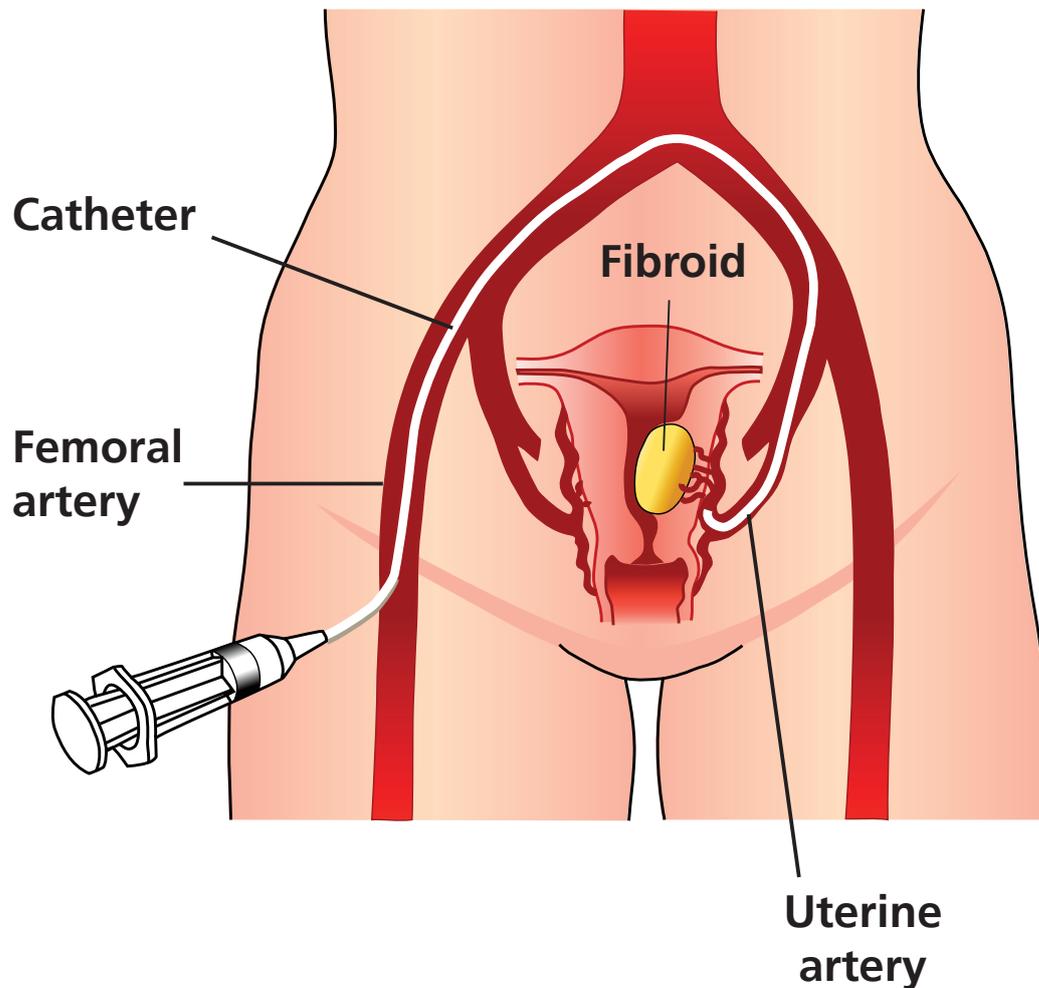
Your nurse will explain the ward routines and will answer any other questions you may have. You will be asked to wear a hospital gown. You will have a small tube called a cannula put into your hand or arm which is needed for the procedure and afterwards. As this treatment may be painful, you will be given painkillers on the ward before the procedure. This may be given by tablet, injection or suppository.

If you have any allergies, you **must** let your doctor know. If you have previously reacted to intravenous contrast medium, the dye used to show up blood vessels on the x-ray, then you must also tell your vascular doctor about this.

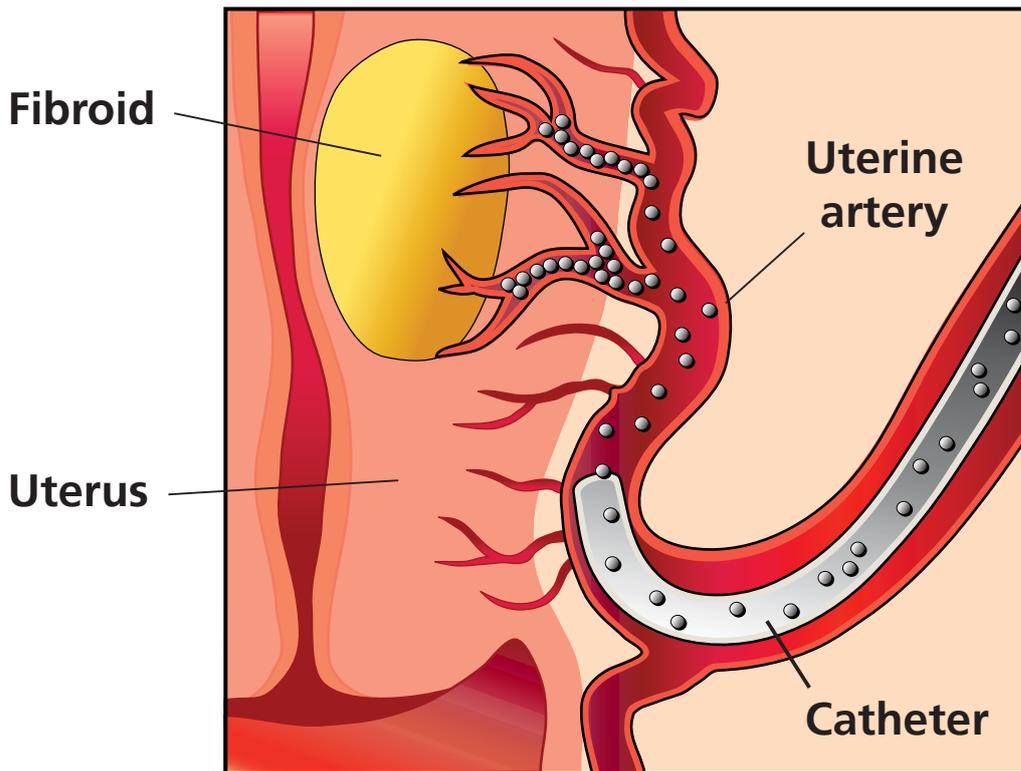
You will be taken to the angiography (x-ray) department on your bed. On arrival to the angio suite and before the procedure starts, you will be given painkillers by a machine that you are able to control yourself by pressing a button (Patient Controlled Analgesia or PCA). You will be linked to the PCA by an infusion or drip that goes directly into your bloodstream through the cannula.

How is this done?

- The procedure is performed by a radiologist, (specialist imaging doctor) in the angiography department.
- You will be asked to lie on your back on the x-ray table.
- You will have a monitoring device attached to your chest and finger, and may be given oxygen to breathe.
- Fibroid embolisation is usually performed via an artery at the top of your leg, in the groin.
- The skin of the groin will be cleaned with antiseptic, and then most of the rest of your body will be covered with theatre towels.
- The skin and deeper tissues over the artery will be numbed with local anaesthetic. The local anaesthetic often stings to start with, but this soon wears off, and the skin and deeper tissues should then feel numb.
- The radiologist inserts a needle and then a fine, plastic tube (catheter) into the artery. This tube is guided into the correct position with x-ray equipment and the rest of the procedure will be performed through this catheter.



- The radiologist will inject special dye (contrast medium) through the catheter and x-rays are taken. As the contrast medium is injected through the catheter and it passes around your body, you may get a warm feeling, which some people find a little unpleasant. However, this soon wears off.



- Small particles will be inserted via the catheter into the arteries to your uterus, which will block the blood flow to the fibroids, eventually causing them to shrink.
- When the embolisation is finished, the catheter will be removed and the radiologist will then press firmly for several minutes to prevent any bleeding from the puncture site.
- Normally both uterine arteries are treated

How long will it take?

Every patient's situation is different, and it is not always easy to predict how complex or how straight forward the procedure will be. You can expect to be in the x-ray department for approximately two hours.

What happens after the procedure?

You will need to stay in bed for at least three hours after the procedure. Nurses on the ward will carry out routine monitoring, such as taking your pulse and blood pressure, and checking the skin entry point in the groin for any bleeding or bruising.

You will continue to be able to have pain killers through the PCA machine. Once this is stopped, you may need painkilling tablets. You will usually be discharged from hospital one or two days after the procedure.

Are there any risks or complications with the procedure?

Fibroid embolisation is a safe procedure, but there are some risks and complications that can happen.

The most common complication is of a small amount of bruising around the site where the needle in the groin has been inserted. This rarely requires any further treatment and should settle down over a few weeks. Very rarely, some damage can be caused to the artery by the catheter, and this may need to be treated with surgery or another radiological procedure.

Although the main aim is to avoid hysterectomy, in a few women (probably less than 1%) this becomes necessary after embolisation, usually because some infection has occurred in the uterus. This infection does not usually occur at the time of embolisation, and may occur up to 3 months afterwards. You will be given antibiotics at the time and following the procedure to reduce the chances of this happening.

Although every care is taken to ensure no other tissues are affected by the embolisation, 'inadvertent embolisation' of other non target vessels may rarely occur.

A small percentage (about 2%) of women will stop having menstrual periods following embolisation and enter early menopause.

How will I feel afterwards?

After the procedure, it is not uncommon to experience what is known as the "post embolisation syndrome". This means that you may feel generally unwell (like having the flu) for up to two weeks after the procedure. Apart from feeling unwell, this is usually of no concern.

If the fibroids lie close to the cavity of the uterus, they may be passed out of the vagina as they shrink. This is usually not painful. It is likely that there will be a yellowish vaginal discharge for a few days/weeks after the embolisation period.

If cramping pain occurs with or without fever or discharge, please contact your General Practitioner (GP), who will prescribe treatment for you.

Your period may be early, late or missed the month following the procedure. Subsequent periods may be either light or heavy, but tend to become lighter with time. Sanitary towels, rather than tampons are recommended for the first three periods following embolisation.

The effect of fibroid embolisation on fertility remains undetermined. Fibroids can affect fertility in their own right, so the effects of embolisation treatment are difficult to determine.

There have been successful pregnancies after embolisation treatment. However, we would recommend avoiding pregnancy for 2-3 months following fibroid embolisation using barrier methods of contraception. You should also discuss other ways of delivery if you do become pregnant, with your GP or obstetrician.

Is there any activity that I should avoid doing?

Shower rather than take baths for one week following your procedure.

The puncture to the artery in the groin should have sealed, but you are advised not to drive for a week after you leave hospital.

If you have an office type job, then you may return to work in a few days. If you are required to lift heavy objects, then you should not return to work for at least 2 to 3 weeks. Please keep in mind, that if you have experienced the "post embolisation syndrome" (see page 9) then you may need to take time of work whilst this passes.

Will I need to come back to hospital for a check up?

Yes, we will need to see if the fibroids have shrunk by having a scan, probably a Magnetic Resonance Scan (MRI). We will usually arrange this appointment for about three months after you leave hospital.

We cannot guarantee that one embolisation procedure will cure the symptoms of fibroids. It may be that more than one procedure is needed, particularly if the fibroids are large.

What if I think there is something wrong when I get home?

If you think there is something wrong when you get home, you should contact the ward from which you were discharged or the angiography suite.

Angiography Suite

0114 27 15346

Firth 2

0114 271 4602 / 271 4685

Sheffield Teaching
Hospitals supports
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Do you?



organdonation.nhs.uk

This information can be made available on request in alternative formats including Braille, large print, audio, electronically and other languages. For further details email: alternativeformats@sth.nhs.uk

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