

HEALTHLINE

Physician Appointments and Wellness Programs

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► Uterine Fibroid Embolization (UFE) ◀

What is uterine fibroid embolization?

Uterine fibroid embolization, or UFE, is an improved method for treating fibrous growths in the uterus. These growths are common, especially among women in their 30s, 40s, or older. Fibroid masses are benign, but can be significant in size and cause a variety of symptoms. UFE offers a nonsurgical approach for addressing these problems directly. Radiologists use catheters, threaded through arteries, to block the blood supply to fibroids, which cause them to shrink or die off.

Why should I consider UFE?

UFE is an important, new development for women who suffer from fibroid symptoms. It offers certain advantages over other treatments.

Drug therapy for fibroids is not uniformly effective. In addition, it may require a long-term regimen of potent and expensive medications that may have side effects.

Surgery is highly invasive and requires removal of all or part of the uterus. Surgery involves a longer recovery period and greater chance of complications. Many women, and certainly those interested in future childbearing, would prefer not to lose their uterus.

UFE spares the uterus and offers a quicker, easier procedure. This treatment provides effective, long-lasting relief of symptoms.

UFE does not require you to be asleep (general anesthesia) for the procedure, and recovery from it is faster. Recently, most patients also do not have to stay overnight in the hospital for UFE.

Does UFE hurt?

You should feel little if any discomfort during the procedure and some cramping after the procedure. The small cut made on the top inside of your thigh requires only a bandage.

What does UFE involve?

Most patients can undergo UFE as outpatients, coming into the hospital for the procedure and going home the same day. In a specially equipped radiology suite, you will receive a sedative (relaxation drug) and an anesthetic in your thigh area. A radiologist specially trained in interventional radiology will make a small incision in your leg. The doctor will insert tubes called catheters into this opening and thread them into the arteries that supply blood to certain areas of your uterus. The team will inject a substance that blocks off (embolizes) the flow of blood to fibroids in the muscle wall of your uterus. The radiologist then removes the catheter and, after a few hours, your visit is concluded.

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Will I be awake during a UFE?

Yes, but you will be sedated and sleepy.

How long is the recovery after UFE? When can I go back to work?

You will need to rest from physical or other stressful activities or exertions for a week or two after undergoing UFE. After that, you should be able to return to work or other regular activities. In contrast, recovery from surgery normally takes several times that long.

How do I know if I need a UFE?

Your doctor will want to find out as much as possible about your symptoms. You may also undergo imaging studies to diagnose uterine fibroids. These tests can include an ultrasound and a CT or MRI. Your doctor may offer some conservative suggestions or treatments for the fibroids and the symptoms they cause.

However, unless their fibroids are addressed more aggressively, many women may continue to experience severe symptoms. These can include excessive menstrual cramping or bleeding; “bulk” symptoms such as bloating, pain, pressure, or protruding abdominal mass; or the need to urinate abnormally often or urgently. Fibroids can also contribute to fertility problems. If you have serious symptoms of fibroids, your doctor – most likely your gynecologist – will discuss the treatment options with you, helping you weigh and consider the various factors in deciding on a course of care. These steps can include hormonal medications, surgery or, the newer alternative, UFE.

UFE is increasingly a first and frontline choice for women with these conditions. Your

interventional radiologist will help to review your test results and symptoms to confirm that UFE is appropriate for you.

What are the usual results of UFE?

UFE is effective in relieving heavy bleeding for about 95 percent of patients with this symptom. It is effective in relieving other types of symptoms, such as pain and urinary problems, for about 80 percent to 85 percent of patients.

Is UFE a proven procedure?

Since the late 90s, centers such as Jefferson have successfully performed the procedure on hundreds of patients with good, lasting results. The possibility of fibroids growing back is present for any type of treatment for this condition, short of hysterectomy. The likelihood of that happening after UFE seems modest but remains under study.

How does UFE compare to surgery?

Specialists offer two types surgery for uterine fibroids. In a hysterectomy, the surgeon removes the entire uterus. In a myomectomy, the surgeon removes portions of the uterine wall containing fibroids. The first of these procedures, of course, always means loss of fertility and may mean induction of menopause for premenopausal women. The second operation can be performed in such a way as to preserve fertility and childbearing ability. These procedures are much more invasive than UFE. And, even when performed laparoscopically (through smaller incisions, using scoping instruments), they require longer healing time.

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Can I still become pregnant after having a UFE?

Fibroids themselves can cause fertility problems. Successfully treating them can sometimes improve fertility. However, fibroid treatments, especially invasive ones, also affect the uterine muscle wall in ways that may affect ability to conceive and carry through a healthy pregnancy and birth.

For women who need invasive treatment for fibroids but want to keep their ability to become pregnant, UFE offers an important new option. It also offers a first-line choice for those who want a minimally invasive procedure. Doctors are not certain of the full effects of UFE on a woman's ability to have children. But many women who have had a UFE have subsequently become pregnant without problems. There is some evidence that women who have undergone a UFE are also a group more likely to have complications during pregnancy or birth. Whether UFE is a contributing factor in these complications is still under study.

*For an appointment with a Jefferson physician, more information or health information and education programs, please call **1-800-JEFF-NOW** (1-800-533-3669) or visit our Web site at **www.JeffersonHospital.org***

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