

Division of Imaging

Information for Patients

Information for individuals who are considering Fibroid Embolisation

Fibroids are very common benign growths that develop in the muscular wall of the uterus (womb). They may be single or multiple and range in size up to the size of a grapefruit.

Fibroid embolisation is one of a range of possible treatments for uterine fibroids. It is important that you have the opportunity to discuss all the options with a gynaecologist. Fibroid embolisation is carried out by an interventional radiologist who will be able to provide you with more information about the procedure. You should make sure that you have received sufficient information before deciding to go ahead with the procedure.

What is a Fibroid Embolisation?

Fibroid embolisation involves blocking off the arteries that feed the fibroids. This makes the fibroids shrink, but not disappear. The procedure was first performed more than a decade ago and many thousands of individuals have been treated in this way.

Why should I consider Fibroid Embolisation?

In comparison with surgical treatments, such as hysterectomy (surgical removal of the uterus) and myomectomy (a procedure in which uterine fibroids are surgically removed from the uterus), fibroid embolisation involves a shorter hospital stay and a faster recovery time.

Embolisation does not involve removal of the uterus, so it does not rule out the possibility of future pregnancy. However, embolisation does not guarantee the possibility of future pregnancy. You should consider which treatment option suits you best in consultation with your gynaecologist.

What happens during a Fibroid Embolisation procedure?

A trained specialist doctor called a radiologist along with a team which may include a radiographer and a nurse will perform your fibroid embolisation procedure.

- You will be asked to change into a hospital gown.
- You might be asked to remove certain items of clothing and jewellery.
- You will be asked to confirm some details including date of birth and pregnancy status.

You will lie on your back on an x-ray table. The skin in the groin area will be cleaned with antiseptic, draped with sterile towels and numbed with local anaesthetic. This stings a little.

The radiologist will puncture the artery in the groin with a needle and use this to insert a tube (called a catheter) into the artery. Using the x-ray machine, the radiologist will steer the catheter into the arteries that feed the fibroid. These are the uterine arteries. The radiologist will then inject a liquid containing hundreds of tiny plastic particles into the uterine arteries to block them off.

At the end of the procedure, the radiologist will remove the tube from the groin and apply pressure to the groin for a few minutes to prevent bleeding and bruising.

Will I feel any pain?

After the sting of the local anaesthetic, the procedure itself usually causes only minor discomfort. However, very soon after the procedure, most patients experience moderate or severe pain. This is a crampy lower abdominal pain, like a severe period pain. You will be advised to use the PCA pump during and after the procedure to control the pain (instructions in the preparation section of the leaflet). This pain usually lasts for several hours. Most patients find that the pain has largely worn off by next morning.

Are there any risks with this examination?

Some bruising at the groin puncture site is inevitable. This generally settles down without further treatment. There is almost always pain after the procedure which can be severe. It is usually worst in the first 12 hours and then gradually improves. You will probably require powerful pain relief such as morphine during and after the procedure.

Most patients get a slight fever after the procedure. A few patients get a vaginal discharge afterwards, which may be bloody. This is usually due to the fibroid breaking down. Usually, the discharge persists for approximately two weeks from when it starts, although occasionally it can occur intermittently for several months. This is not in itself a medical problem, although you may need to wear sanitary protection. If the discharge becomes offensive and if it is associated with a

fever and feeling unwell, there is the possibility of infection and you should seek treatment urgently.

The most serious complication of fibroid embolisation is infection. This happens to perhaps two in every hundred individuals having the procedure. The signs that the uterus is infected after embolisation include great pain, pelvic tenderness and a high temperature.

Lesser degrees of infection can be treated with antibiotics, and perhaps a small operation on the womb, a "D and C" (Dilatation and Curettage). If severe infection has developed, it is generally necessary to have an operation to remove the womb, a hysterectomy. **If you feel that you would not want a hysterectomy under any circumstances, then it is probably best not to have fibroid embolisation performed** - but please discuss this with the clinician who has referred you for this procedure for further advice.

Radiation risk

Interventional procedures use ionising radiation to form images of your body and provide treatment. Ionising radiation can cause cell damage that may, after many years or decades, turn cancerous. Radiation exposure during interventional procedures is generally regarded as low but higher radiation doses might be necessary in difficult or complex cases.

We are all at risk of developing cancer during our lifetime. The normal risk is that this will happen to about 50% of people at some point in their life. Having this procedure will increase the chances of this happening by a very small amount.

In some higher radiation dose procedures, there can be a risk of skin damage in the localised area, similar to sun burn. If we think that you are at risk of this, we will inform you before you leave the department.

The radiographer is responsible for making sure that your dose is kept as low as possible and that the benefits of having the x-ray outweigh any risk.

Contrast risk

We will need to give you contrast dye to make areas of your body show up more clearly during the procedure.

The radiographers will complete a checklist to ensure it is safe for you to have the dye and you will be asked to sign this form as a consent, the specific side effects are documented on the checklists that you complete.

The contrast dye that is sometimes used can cause allergic reactions however the staff available will be checking for any risks before we proceed.

Is there anything I need to inform you of before I attend for my appointment?

As mentioned before in this leaflet - if you feel that you would not want a hysterectomy under any circumstances, then it is probably best not to have fibroid embolisation performed. Please let one of the members of the team know.

Radiation can also be harmful for an unborn baby. If you are or think you may be pregnant you must tell the radiographer or radiologist before the procedure.

How do I prepare for my Fibroid Embolisation?

You will be admitted to hospital either on the morning of the procedure or the previous afternoon. You may have a bladder catheter inserted to drain urine. You will be given various pain relief medication. This usually includes a patient-controlled morphine pump (called a PCA pump).

You will be given instructions about how to use this. You may also be given additional pain relief by suppository or by mouth and by injection through a small plastic tube in the vein.

Help and support in the department

If you have any medical problem which you feel may affect your safety in the department, or if you feel you may need any assistance, please let us know when you arrive.

Do I need to give my permission (consent)?

The radiologist will ask you if you understand the procedure, the risks and benefits and are happy for the examination to go ahead. This is called verbal consent.

If you do not wish to have the examination or are undecided, please ask the radiologist so that they can answer any questions you may have.

Remember, it is your decision. You can change your mind at any time and your wishes will be respected.

How long will it take?

The procedure takes about one hour.

What happens after the Fibroid Embolisation procedure?

The nurses will monitor your pulse and blood pressure and inspect the groin puncture site from time to time. The nurses will make sure that your pain is adequately controlled. You will be taken back to your ward on a trolley and will remain in bed for a few hours.

Most people feel well enough to get up the next day and have a shower. Some people feel well enough to go home about 24 hours after the procedure. Some people require a second night in hospital.

What else may happen after this procedure?

Some patients may feel very tired for up to two weeks following the procedure. Others feel fit enough to return to work three days later. However, patients are advised to take two weeks off work following embolisation. Approximately 8% of individuals have spontaneously expelled a fibroid, or part of one, usually six weeks to three months afterwards. If this happens, you are likely to feel period like pain and have some bleeding.

A very few number of patients have undergone the menopause, the change of life, after this procedure. This is usually individuals in their late forties or early fifties.

What are the results of fibroid embolisation?

Most patients are pleased with the results of the fibroid embolisation procedure. It is a very effective treatment for heavy periods. It is moderately effective in reducing pressure symptoms caused by the bulk of the fibroids. Occasionally fibroids may grow again, and symptoms may recur two years or so after the embolisation.

About 20–25% of patients require further treatment for their fibroids at a future date. This could be further embolisation, hysterectomy, or myomectomy.

A few individuals have become pregnant after the procedure and some have given birth to healthy babies. However, if having a baby in the future is very important to you, you need to discuss this with your gynaecologist. Fibroid embolisation should not be regarded as a treatment for infertility.

What should I do if I have a problem?

As mentioned in a previous section there may be complications (please refer to 'risks of examinations').

If you feel your condition has changed, or you need further medical advice after leaving the hospital, please make an appointment with the doctor that referred you, or in an emergency, go to your nearest Emergency Department (ED).

How can I provide feedback for the appointment I have attended today?

The Division of Imaging welcomes feedback from all our patients. We actively take part in the Friends and Family Test and we complete a patient experience questionnaire every month to obtain feedback on the experiences you have had. Please speak to a member of staff regarding the feedback or there are posters within the department with QR codes so you can complete these online.

Contact us

For contact information please refer to your appointment letter or if you are an inpatient please direct your queries to one of the medical staff on the ward

Language and accessible support services:

If you need an interpreter or information about your care in a different language or format, please get in touch.

Your comments and concerns

If you would like to provide feedback you can:

- Ask to speak to the department lead / manager.
- Write to us: Patient Advice and Liaison Services, 1st Floor, Cobbett House, Manchester Royal Infirmary, Oxford Road, Manchester, M13 9WL.
- Log onto the Patient Opinion website www.patientopinion.org.uk/ click on 'Tell your Story'

If you would like to discuss a concern or make a complaint:

Ask to speak to the department manager – they may be able to help straight away. Inpatients can speak to a senior nurse or manager by contacting the Tell Us Today service on (0161) 701 1999.

Contact our Patient Advice and Liaison Service (PALS) on (0161) 276 8686 email: pals@mft.nhs.uk. Ask for our information leaflet.

We welcome your feedback so we can continue to improve our services.

NHS 111

This service offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

Telephone: 111, 24 hours a day

Website: www.111.nhs.uk

Finally

Some of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Further information can be obtained by contacting the radiology department that is performing the procedure. Do satisfy yourself that you have received enough information about the procedure before you sign the consent form.