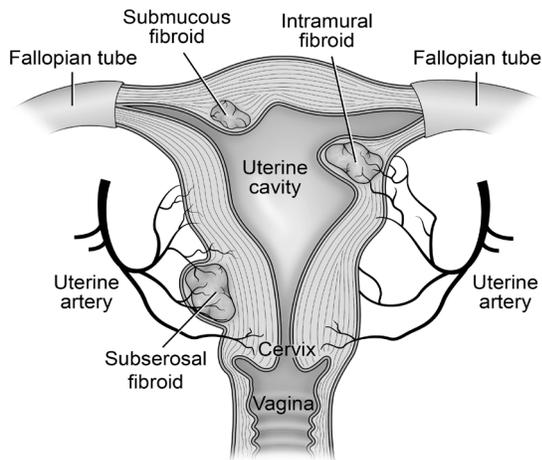


## Uterine Artery Embolization (UAE) to Treat Fibroids

A fibroid is made up of a non-cancerous (benign) growth of smooth muscle within the uterus. About 1 in 3 U.S. women over the age of 35 have fibroids.



### Fibroid Symptoms

Some women may have symptoms due to their fibroids while others may not be aware they have them. The symptoms caused by the fibroids depend upon their size and location. We need to make sure your heavy menstrual bleeding and other symptoms are related to fibroids and not due to other causes.

You should see your health care provider, and have your symptoms checked. Your provider may perform a physical exam along with a pelvic exam and a blood test to check for anemia and other problems. You may also need an ultrasound (a test using sound waves) or an MRI to learn more.

### Fibroid Treatment Options

In the past, the treatment for fibroids has been a hysterectomy. Today, there are many ways to treat fibroids.

Your options include:

- **Watching and waiting** until menopause begins. Fibroids are hormone sensitive. At menopause, estrogen levels begin to drop, and fibroids get smaller. If you are nearing menopause, this may be an option. But, you may suffer with symptoms in the meantime.
- **Hormone therapy** can shrink the size of the uterus. The size of the fibroid will also shrink. This can improve the symptoms. There may be a limit on how long you can safely use this treatment.
- **Myomectomy** (surgery to remove only the fibroid) for those who wish to avoid removing the entire uterus.
- **Hysterectomy** is surgery to remove the entire uterus and fibroids.
- **Uterine artery embolization (UAE)** is a treatment that blocks the blood supply to the fibroid, causing it to shrink. As the fibroid shrinks, the symptoms go away or lessen. At the same time, it saves the uterus by avoiding a hysterectomy.

As you think about your fibroid treatment options, ask yourself these questions:

- Do you wish to keep your uterus?
- Do you wish to have children?
- Are you a few years away from menopause (perimenopausal)?

## Candidates for UAE

If you wish to keep your uterus, then UAE may be a good option for you. If you want to still have children, we will talk to you about any side effects that may affect pregnancy. Most UAE patients will see improvement in their bleeding, pain, bloating or bowel/bladder pressure.

## Getting Ready for UAE

### Clinic Visits and Tests

You will come to the Interventional Radiology clinic before your UAE treatment. There, we will review your health history, have a physical exam and review any tests that you have had. You will review the procedure with the nurse and doctor. If you have not yet had an MRI of the pelvis, they may order one. Once this is done and we have confirmed that fibroids are the cause of your symptoms we can schedule your UAE.

### Take Time off Work

You will need to spend a night in the hospital after your UAE and plan to be off work for at least a week.

### Day of UAE

When you arrive for the procedure, you will go to the Radiology prep area. A nurse will place an IV, give you medicines and prepare you for the procedure. The nurse will review your health history, allergies and current medicines. Once you are ready, we will take you to the procedure area.

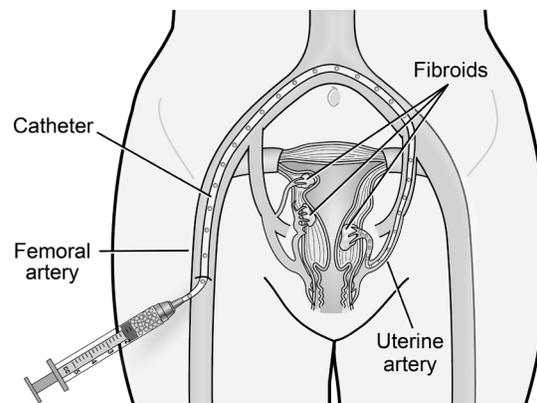
We will wash the skin over the artery in your groin or wrist with a sterile soap. A nurse will give you medicine to help you relax and relieve pain. The goal is to make you comfortable and relaxed. You may be awake for the procedure but may not remember it.

## Placing the Arterial Catheter

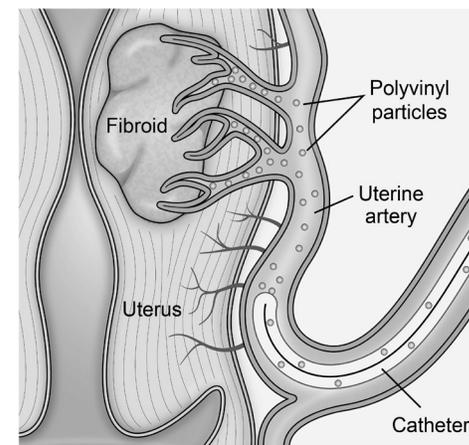
The doctor will put numbing medicine into the skin over the artery. The doctor will then place a small catheter (hollow tube) into the artery and advance it into the uterine artery.

## Blocking the Blood Supply

With the catheter in place, the doctor will inject small particles into the left uterine artery until there is very little blood flow in the artery. At this point, some women feel some heavy cramping which is normal as the blood supply is cut off to the fibroid.



The doctor will then guide the catheter into the right uterine artery. Particles will be injected again to stop the blood flow to this artery.



Once complete, the doctor will remove the catheter from the artery. The doctor may use a small device to close the hole in the artery. Then, you will have a dressing placed over the puncture site. We will take you to a nursing unit and watch you overnight.

### **What to Expect Overnight**

Pelvic pain is often the worst 12 hours after the procedure. You will have a pain pump to control the pain at first and then you will start using pain pills. We will give you medicine to help with nausea. The next day, you can go home once your pain is controlled and you can get out of bed, eat, drink, and take your medicines.

### **What to Expect at Home**

#### **Symptoms**

At home, you may have:

- Fever
- Nausea
- Vomiting
- Mild to severe pelvic pain

These symptoms can last for 1-2 weeks.

#### **Bleeding**

You may pass small clots or have vaginal discharge for 1-2 weeks after the procedure. This is normal unless the discharge has a foul smell or you are wearing a pad and have to change it more than twice a day. If you are concerned about the amount or type of discharge, call our clinic. You may also notice heavier or lighter periods for 1-2 cycles after the procedure.

#### **Activity**

Plan to rest. Listen to your body and resume your normal routine as you feel able. Follow these guidelines:

- Only light activity for 7-10 days.
- No sex or tampons for 14 days.
- Plan to be off work for at least 1 week.

#### **Medicines**

- **Pain medicine:** Take as needed to help control pain or cramping. The pain pills may cause some constipation. Drink plenty of fluids and eat foods high in fiber. Take stool softeners while taking pain pills. You can also take a laxative if you haven't had a bowel movement for 3 days.
- **Anti-inflammatory medicine:** Take 600mg of ibuprofen with food 3 times a day for 7 days. Please call us if it upsets your stomach.
- **Anti-nausea medicine:** Take as instructed for nausea or upset stomach. Please call us if you are vomiting or unable to keep down food and water.

#### **Follow-up Visits**

You will return to the IR clinic in 1-2 weeks. Depending on how you are healing, you may be able to have this visit over the phone.

We may also want to see you after 3 months to see how well the UAE is working. You may need a new MRI scan if your symptoms have not improved.

#### **Complications**

A small number of patients may shed some of the fibroid tissue and aren't able to pass the tissue. When this happens, you may have a lot of vaginal discharge or labor-like pain may start. In this case, you may need a D&C (dilatation and curettage) to remove this

tissue. If this tissue is not removed, there is a chance that it will become infected and lead to serious problems.

Other complications include:

- Bleeding or hematoma (collection of blood at or near the needle entry site). This often goes away after a few weeks as your body will re-absorb the collection of blood.
- Allergic reaction to the x-ray dye used.
- Damage to the kidneys from the x-ray dye.
- Early menopause due to accidentally blocking off the blood supply to both ovaries.
- Blood clot in leg due to inactivity.

### **When to Call**

- Fever greater than 101°F or shaking and chills
- Vomiting and unable to keep down food and water
- Foul smelling discharge from the vagina
- Passage of large tissue (the size of a nickel or smaller is normal)
- Pain uncontrolled by your pain medicine
- Labor-like pain which is a sign that you are trying to pass fibroid tissue. This is rare, but can occur weeks to months later.

If you are a patient receiving care at UnityPoint – Meriter, Swedish American or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright ©6/2022. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#5688.

### **Who to Call**

Interventional Radiology Clinic  
Monday to Friday, 8 am to 4:30 pm  
**(608) 263-9729 Option #3**

If you live out of the area you may call the toll-free number at **1-800-323-8942** and the operator will transfer you to the Interventional Radiology Department.

Weekends, nights or holidays call **(608) 262-2122** or toll free at **1-800-323-8942**.

This will give you the paging operator. Ask for the Interventional Radiology Resident on call. Give the operator your name and phone number with the area code. One of our providers will call you back.