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Maltese Association of Radiologists
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Embolisation for bleeding

What is the embolisation procedure for bleeding?

Embolisation is a minimally invasive treatment which uses materials to block the affected vessel and so stop bleeding. There are a number of possible causes of bleeding severe enough to require this treatment, including trauma, blood clotting disorders, infections, anatomical defects and tumours.

How does the procedure work?

The procedure aims to stop blood flowing to the source of the bleeding whilst also preserving the blood flow to the surrounding area.

The interventional radiologist will administer local anaesthetic in the groin region. He or she will then insert a 2-3 mm catheter into your femoral artery and guide this to the affected blood vessel. The interventionist will then insert small resin particles (microparticles), glue or small metal spirals (coils) into the bleeding vessel or vessels. This causes the vessel or vessels to become blocked and so stops the bleeding. No pain is felt during the procedure.

Why perform it?

The main reason for treating bleeding is that if too much blood is lost, the patient may go into life-threatening shock.



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What are the risks?

Minor risks include bruising in the groin and pseudoaneurysm formation. A pseudoaneurysm is an outpouching of the vessel that was punctured, most often this is the right femoral artery.

Another minor risk is dissection – damage to arteries by the wire or catheter being used.

There is also a very small risk that the embolic material used to treat the bleed get dislodged, moving to other areas of the body and thereby blocking other artery branches.

If the target vessel is supplying a voluminous organ (such as the spleen), patients might experience post-embolisation syndrome. This consists of pain, low-grade fever, and tiredness, and might last for up to 2-3 weeks.

Compiled by Dr. Nathania Bonanno

References

www.cirse.org