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Maltese Association of Radiologists
and Nuclear Medicine Physicians

Uterine Fibroid Embolisation

Overview

Uterine fibroids are abnormal rounded masses of muscle that form and enlarge within the wall of the uterus in women who have not yet gone through the menopause. Usually, there are multiple fibroids and they can vary in size. It is unknown why they form and they do not lead to cancer.

Symptoms

You may experience pain, pressure or abnormal menstrual bleeding, which may increase in volume, duration or frequency. You may also find that the fibroid causes pressure on your bladder or rectum.

Diagnosis

If you have large fibroids, your doctor may suspect this after physically examining you, but most fibroids are diagnosed by ultrasound. In some cases, when planning treatment, the doctor will use MRI to characterize the fibroids and assess their response to therapy.

Treatment

There are a number of treatments available, some of which will preserve your uterus and some of which will not. The treatment you will be prescribed depends on your age and if you are planning to have a baby.

Techniques which preserve your uterus include blocking the blood supply to the uterus through a small artery hole (uterine fibroid embolisation) or removing the fibroid (myomectomy). You may be given hormonal treatments for the fibroids. If you wish to have a treatment that does not preserve your uterus, you may be advised to have a hysterectomy.



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What is uterine fibroid embolisation?

Uterine fibroids cause a number of unpleasant symptoms, including pelvic pain and bleeding. Uterine fibroid embolisation is a minimally invasive procedure which aims to relieve the symptoms by preventing blood flow to the fibroids.

How does the procedure work?

The aim of the procedure is to stop blood flowing into the vessels which supply the fibroids whilst preserving blood flow to the surrounding area.

The interventional radiologist will usually insert a 2-3 mm catheter (tube) into a blood vessel in your groin and will use image guidance to guide the catheter to each uterine artery (right and left). They will then inject microparticles (particles smaller than a grain of sand), into the uterine arteries to stop the blood flowing to the fibroids.

Why perform it?

Uterine fibroid embolisation (UFE) is performed to reduce the symptoms caused by fibroids whilst avoiding surgical methods.

Patient selection should always be performed by a gynaecologist, so if you are interested in seeing if you would be suitable for this procedure, you are advised to discuss this with your gynaecologist.



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What are the risks?

The commonest expected adverse effect is pelvic pain, this is usually managed during the procedure by the anaesthetist. Pain following the procedure might be managed through a pain relief pump. Kindly discuss this with your anaesthetist.

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.

Patients might experience post-embolisation syndrome. This consists of pain, low-grade fever, and tiredness, and might last for up to 2-3 weeks.

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References

www.cirse.org