



## Uterine Fibroid Embolization

Uterine fibroid embolization, or UFE, is a minimally invasive option that preserves the uterus and greatly reduces recovery times compared to surgical procedures. It was described more fully on the previous pages.

## Surgical Treatments

Surgical treatment options include hysterectomy, which is the removal of the uterus, and myomectomy, the removal of just the fibroids. With all of the available treatment options, it is important that patients, radiologists and OB/GYNs collaborate in making decisions on what is best for the individual patient. Many women are not candidates for myomectomy because of the size, number, or location of their fibroids.

Endometrial ablation is sometimes suggested by physicians, which may cause confusion as it sounds similar to "fibroid embolization" (or UFE). Endometrial ablation only treats the endometrial lining and not specifically fibroids. Endometrial ablation is best performed for women who do not have fibroids, but are suffering with heavy bleeding for other reasons and do not desire future fertility.

## PATIENT SATISFACTION WITH UFE

In clinical studies conducted at 11 medical centers in the U.S., 132 women with fibroid problems were treated with embolic spheres. After 12 months, the majority had significant improvements in menstrual bleeding, pelvic pain, pelvic discomfort, and frequency of urination. Ninety percent reported being satisfied. Recent long-term reports demonstrate a 73% symptom resolution rate five years after UFE. These results are equal to or better than five-year results after myomectomy.

## RISKS ASSOCIATED WITH UFE/HYSTERECTOMY

Overall, UFE is a safe procedure for treating symptomatic fibroids with minimal risk. Infrequent complications have been reported following UFE. The most reported risk factors and complications associated with UFE are transient amenorrhea, common short-term allergic reaction/rash, vaginal discharge/infection, possible fibroid passage, and post-embolization syndrome (a set of symptoms that may include low grade fever and pain).

The most common complications associated with hysterectomy are blood clots, infection, bleeding, bowel blockage, injury to the urinal tract and anesthesia complications.

## Questions to ask your Interventional Radiologist about UFE

- How often is the procedure successful?
- How will you coordinate care with my gynecologist?
- What are typical complications and how often do they occur?
- How will I feel during and after the procedure?
- How long should I expect to be off work?
- How long should I expect to stay in the hospital?
- What kind of follow-up care is typical and who manages it?

## Directions to The William W. Backus Hospital:

Take best route to Interstate 395. Follow I-395 to Exit 81 East for the Routes 2 and 32 connector in Norwich. Follow the connector until you exit to your right onto Washington Street. The Hospital entrance is on the right.

**For more information contact the Backus Hospital Interventional Radiology Suite at (860) 823-6565.**

Shown on the cover (left) Herb Lustberg, MD, Section Chief  
James T. Burch, MD, Interventional Radiologist



**The William W. Backus Hospital**  
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# Painful periods or heavy bleeding? You have options.



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Learn more at [backushospital.org/IR](http://backushospital.org/IR)



When my physician asked me to consider a hysterectomy as a course of treatment for painful uterine fibroids, I chose to seek another option.

I chose Backus.  
- Tracie Fall and daughter, Abigail.

# What You Should Know About Fibroids

**You are not alone. In fact, approximately 20-40% of women 35 and older have fibroids. While some women may not experience anything, the location and size of fibroids can affect a woman's quality of life.**

## ABOUT UTERINE FIBROID EMBOLIZATION (UFE)

UFE blocks the blood supply to fibroids, causing them to shrink. It is clinically proven to reduce the major symptoms of fibroids, including pain, excessive and prolonged bleeding, and frequent urination. UFE is minimally invasive, requiring only a small nick in the skin. The procedure lasts less than an hour, and patients return to work in an average of 11 days.

UFE is performed in Backus Hospital's state-of-the-art Interventional Radiology suite by an interventional radiologist (IR), a doctor who uses X-rays and other imaging techniques to see inside the body and treat conditions without surgery. During UFE, you are given sedation medication but remain awake. The IR inserts a thin tube into an artery at the top of your thigh, then uses X-ray imaging to guide the tube to the uterine artery. Tiny round particles called embolic spheres are injected into the blood vessels that lead to the fibroids. They block blood flow, causing the fibroids to shrink. embolic spheres remain permanently at the fibroid site. The process is repeated in your other uterine artery for complete blockage of blood to the fibroid.

## BENEFITS OF UFE INCLUDE:

- **Shorter hospital stay**
- **Return to work faster**
- **Fewer complications (after 30 days)**

## UTERINE FIBROIDS AND THEIR SYMPTOMS

Fibroids are benign, non-cancerous growths in or on the walls of the uterus, or womb. They can range from less than an inch around to more than six inches. African-American women and those with a family history are more likely to develop fibroids.

Most fibroids cause no symptoms, and are only discovered when a woman has a routine pelvic examination. If you do experience fibroid symptoms, they may include:

- **Heavy, prolonged monthly periods, sometimes with clots**
- **Anemia (fatigue due to low red blood count)**
- **Pain or pressure between the hip bones or in the back of the legs**
- **Pain during sexual intercourse**
- **Frequent need to urinate**
- **Constipation or bloating**
- **An enlarged belly**

If you suspect you have fibroids, your doctor should conduct an ultrasound or other imaging tests to be certain.

## DECIDING ON UFE

If you need treatment for fibroid symptoms but want to avoid surgery, UFE may be right for you.

### Patients who are ideal for UFE include women who:

- **Have symptomatic fibroids**
- **Do not intend to get pregnant in the future**
- **Want to keep their uterus**
- **Do not want surgery**
- **Desire for rapid return to normal activity**
- **Want only an overnight or outpatient hospital stay**
- **May not be good candidates for surgery**

You should not have this procedure if you are pregnant or want to become pregnant. The effects of UFE on the ability to become pregnant and

carry a fetus to term, and on the development of the fetus, have not been determined.

While there are reports of women becoming pregnant after uterine fibroid embolization (UFE), and having successful pregnancies, there are no scientific study results establishing the safety of UFE on fertility and pregnancy. As with any medical intervention, you should discuss the most current clinical data before deciding on the fibroid treatment option that is right for you.

## FIBROID TREATMENT OPTIONS

If you do not have symptoms, treatment is probably unnecessary. Your doctor may want to continue to monitor your fibroids. If you do have symptoms, several options are available.

### Medical Treatments

Birth control pills can often decrease heavy bleeding. Other hormone treatments can shrink fibroids, but these treatments may cause menopause-like side effects such as hot flashes and bone loss. Fibroid symptoms usually return when medical treatment stops.

