

Uterine Fibroid Embolisation (UFE) - Information for patients

This leaflet aims to answer some of the questions you may have about having a Uterine Fibroid Embolisation (UFE). It explains the risks and the benefits of the procedure and what you can expect when you come to hospital.

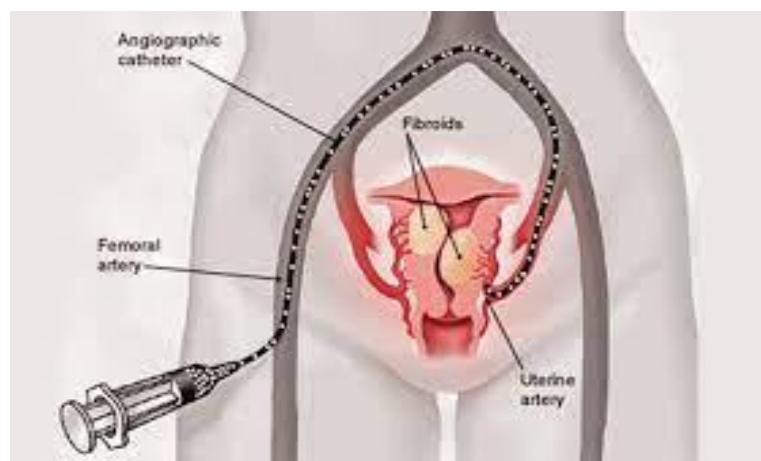
If you have any questions or concerns, please do not hesitate to speak to the staff caring for you.

What are uterine fibroids?

Fibroids are benign (non-cancerous) growths that develop in the muscular wall of the uterus (womb). Although fibroids are common, the cause is still unknown and they usually do not produce any symptoms. However, they can vary in size and sometimes become very large.

In some women, fibroids enlarge the uterus so much that their abdomen appears large. This can in turn lead to back pain and make them feel bloated and uncomfortable. Fibroids are also associated with infertility and miscarriages.

Treatment is not always necessary for fibroids but if you do require treatment there are several options including medication, surgical removal of the fibroids (myomectomy) or removal of the uterus (hysterectomy). Your doctor has recommended a uterine fibroid embolisation because your fibroids are causing problems and they feel it would be the most suitable option for you.



What is a UFE?

UFE is an image guided surgical technique carried out under local anaesthetic by an interventional radiologist. They use X-rays to guide delivery of small particles to block off the artery supplying the fibroid with blood, causing the fibroids to shrink. An embolisation usually shrinks the fibroid volume by half and shows an improvement in symptoms due to reduction in the size of the fibroids or pressure. Symptom improvement rates vary, depending on the type of symptom (eg. Bleeding, pressure pain, urinary symptoms), but has been reported as high as 95%. Unlike some other fibroid treatments, embolisation can treat all the fibroids in a woman’s uterus. Fibroid recurrence after treatment is rare, except in patients younger than 40yrs old, where it is around 5%.

What are the possible risks of having a UFE?

A UFE is a generally safe procedure, but as with any medical procedure there are some risks and complications that can occur. The radiologist will explain these to you before the procedure. Below is a list of some possible risks:

- There is a very small risk of damage to the artery, bruising or bleeding at the puncture site when placing a catheter inside a blood vessel
- Most patients will experience vaginal discharge for up to 2 weeks
- There is a small infection risk which can be treated by antibiotics. However, about 1 in every 1000 cases infection can be serious and you may need a hysterectomy (surgical uterus removal) or another procedure
- Very rarely the particles can lodge in the wrong place and affect blood supply to normal tissue. However, the doctors pay close attention to the differing paths of vessels each woman has in an attempt to avoid these
- Very rarely you may experience menopausal changes post procedure. This is more likely in women from mid 40s plus who are already nearing menopause
- You may pass out pieces of fibroid for several months post procedure. Very occasionally, if a larger fibroid is passed you may need to see your gynaecologist to help with its removal. The interventional radiologist treating you will warn you if you are at risk of this.
- Sometimes the procedure fails, meaning the fibroids will continue to grow or re-grow within four months of the procedure

Contrast

UFE uses x-ray dye (contrast), and very rarely, a reaction may occur. If you have ever had a test that uses x-ray dye and you have had a reaction to it, you should tell the doctor or nurse before you have your UFE. A reaction may take the form of a rash or itching and very rarely, a more severe allergic reaction can occur. The team are trained and have measures in place to deal with this safely should this occur.

If you have had a previous reaction, please let us know, and we can put measures in place to minimise risk from another reaction.

Radiation – Benefit versus Risk

UFE uses X-ray radiation. The radiation dose that you get from this procedure is small and the associated risks are low. Clinical staff consider both the risks and benefits when deciding what examination is appropriate for you. The benefits of having the procedure outweigh any risk. Clinical staff are responsible for making sure that the dose you receive is kept as low as necessary to aid your diagnosis or treatment.

Pregnancy

If you are in the early stages of pregnancy, there is a very small risk of x-rays harming your unborn child. If you think you could be pregnant, or you are trying to get pregnant, please tell us before your appointment. Individuals aged 10-55 will be asked to confirm their pregnancy status by the radiographer before the procedure and sign a consent form.

To ensure you are not pregnant at the time of your appointment please read below:

- **Unprotected sex** – before your appointment, please refrain from unprotected sex from the 1st day of your period prior to your appointment. If this has already passed, please contact the department so your treatment can be carried out within the first 10 days of your period.
- **Protected sex** – if you are using contraception as prescribed or correctly, the above does not apply.

Consent

We want you to be involved in all the decisions about your care and treatment. If you choose to go ahead, you will be asked to sign a consent form. This confirms that you agree to have the procedure and understand everything involved. Students/trainees may be present during the examination but only with your verbal consent.

Please remember that you can ask the Interventional Radiologist any questions you have at any time before, during or after your scan.

Pre-assessment

Pre-assessment is not required.

Fasting

When in hospital for your UFE you will not be allowed to eat or drink anything (except water) for 6 hours before your procedure. You may drink water up to 2 hours before your procedure.

What happens before the procedure?

Before your appointment you will require a blood test and have an Ultrasound scan or Magnetic Resonance Imaging (MRI) of your uterus to determine size and location of the fibroids.

When you receive your letter, please let us know if you have any of the following:

• Severe allergies?
• Have you had a previous adverse reaction to x-ray dye before?
• Asthma, which is poorly controlled?
• Renal impairment (poor kidney function)?
• Diabetes, which is treated with Metformin therapy?
• Are taking any anti-coagulants (blood thinners)?

You will be asked to change into a hospital gown and a small cannula (thin tube) will be inserted in your arm. You will be brought to the Interventional suite in your bed, where you will be met by a team of nurses, a radiographer and an interventional radiologist (doctor). The procedure will be explained to you by the radiologist and you will be asked to sign a consent form. The Royal Victoria Hospital is a teaching hospital and as such university students may be in attendance, with your permission.

What happens during the procedure?

You will help to be transferred onto the X-ray table and monitors attached to record heart rate and blood pressure. You will be awake for the procedure but most patients will have medicines given through the cannula in your arm to help you relax and ease your pain. The skin will be cleaned with antiseptic, sterile drapes will be over you, and the insertion site in your groin or left wrist is numbed with local anaesthetic (this will sting for a short while). The interventional radiologist will perform a nerve block to try and numb any pain caused by the procedure. This is done by injecting local anaesthetic via a needle inserted via the lower abdomen.

A thin, flexible plastic tube (catheter) is inserted into the artery via your groin or wrist, and using X-rays the radiologist will guide this into both your uterine arteries. Only when the catheter is in exactly the correct position will the radiologist inject a fluid containing tiny particles (about the size of a grain of sand) to block off the arteries supplying the fibroids. Once this embolisation is completed the catheter is removed.

What happens after the procedure?

You will be taken back to DSU or your ward (if staying overnight). Sometimes you may develop a small bruise at the puncture site. Although you will not feel any pain during the procedure, you should expect to have some moderate cramping in the first 6-8 hours afterwards and may feel or be sick. This can be helped with strong painkillers, which will be prescribed for you prior to leaving the Xray department.

If the nerve block has worked well you will only notice an increase in discomfort after 8-10 hours as it wears off, but the pain will decrease from this time. Usually you may go home the following day but will need someone to take you home. If you pain is well controlled you may be sent home the same day

Aftercare following discharge

An adult must stay with you during the 24 hour period following discharge in the unlikely event of complications. Please have this arranged in advance.

You cannot drive yourself home or use public transport, again, please arrange this advance of your appointment. If you do not have anyone to drive you home, the Trust can help. Do not exercise, lift heavy items or consume any alcohol during this period.

What to expect when you go home?

It is normal to feel nauseous and uncomfortable for 3-5 days after the procedure, although these sensations should be decreasing with time. You may have a mild temperature. While this is normal, if you have any sudden increase in pain or high temperatures you should seek medical advice with either your GP, gynaecologist or Emergency department.

At home you may eat and drink as normal and continue with your normal medication unless instructed otherwise by the doctors. Keep a check on the puncture site and do not drive or do strenuous exercise for 48hours after the procedure to allow it to heal properly.

Bleeding or swelling is rare. Should this occur, lie down and apply pressure directly to the site for 10 minutes. If it persists after 10 minutes you should go to your nearest A&E department.

Usually we recommend taking up to 1 week off work depending on what your work is, and how you feel. It is normal to have cramping similar to period pains for a few weeks. You will be given painkillers to take as prescribed when you leave hospital to help with this. Also, you may expel the fibroids which can vary in size and look like grey bits of body tissue which is normal. Due to the breakdown of the fibroid you will have a brown, bloody, yellow or mucus-like vaginal discharge which usually lasts for about two weeks but occasionally can last longer.

You will have a follow up appointment with your gynaecologist but if you have any concerns before then contact your GP.

Results

You may be able to discuss your procedure with the performing interventional radiologist once it is complete. The performing interventional radiologist will formally report on your procedure, and it will be attached to the images on our Radiology Information System (RIS). A copy of the report will be sent by Radiology to the referring clinician. The interventional radiologist will arrange a follow-up MRI to be performed after 6 months, to ensure that everything is healing as expected. Any clinical follow up will be arranged by the referring clinician.

Image sharing

Your images will be electronically stored on the hospital picture archiving system. This data can be accessed throughout the Belfast Health and Social Care Trust and other doctors and health care professionals who are directly involved in your care. The ability to share images and radiological reports will improve the safety and quality of your care by ensuring that the right information is available in the right place at the right time.

In order to improve the medical services we provide we may also use your data as anonymously as possible for internal audit and medical education. If you would prefer that your data is not used for these purposes, please inform a member of staff when you attend for your examination.

If your data is to be used for research, then a separate consent process will be used. You will be asked for your consent, should this be the case.

Duration and Location

Admission is to a Day of Surgery Unit (DSU) or ward as stated on your appointment letter. Here is where you will be looked after pre and post procedure by a team of nurses. You will be transferred to the Interventional Radiology Suite in your bed, at the required time.

The procedure itself, performed in the Interventional Radiology Suite, should take approximately 2 hours.

Whilst we try to accommodate all patients at their appointed time, occasionally emergency patients arise which may delay procedure or result in an extended length of time in DSU prior to the procedure. Your procedure may be cancelled due to emergency cases and will be reappointed for the next available slot.

Contact us

If you have any queries, we will be happy to answer any questions on the day of your procedure or you can contact us on the number given on your appointment letter.

For procedures performed at the Royal Victoria Hospital, please email InterventionRadRVH@belfasttrust.hscni.net Tel: 02896156661 Interventional Radiology Secretary RVH

For procedures at the Belfast City Hospital, please email InterventionRadBCH@belfasttrust.hscni.net Tel: 02895041165 Interventional Radiology Secretary BCH

Further information can be accessed on the British Society of Interventional Radiology patient portal:

https://www.bsir.org/patients/what-is-interventional-radiology/#col_right



Feedback

We hope you found the information in this leaflet helpful. If it did not tell you what you needed to know or you would like to provide any feedback on your experience please let us know so that we can make any necessary improvements.

You can provide feedback on your experience:

Telephone: **028 9504 8000** (Monday-Friday: 9am-4pm)

Textphone: **18001 028 950 48000**

By email: compliments@belfasttrust.hscni.net

By email: complaints@belfasttrust.hscni.net

By completing an online form:

<http://www.belfasttrust.hscni.net/contact/FeedbackForm.htm>

Care Opinion



We invite you to share your experience by clicking the following link:
<https://www.careopinion.org.uk/>

or by scanning the following QR code on your smartphone or tablet:



Language and accessible support services

Deaf/Hard of Hearing

If a Sign Language interpreter is required, please either telephone **028 9615 8900** via the Sign Video remote interpreting service (<https://signvideo.co.uk/deaf-community/>) or email us at MPHAdminFOH@belfasttrust.hscni.net and we will arrange one for your appointment. Please have your H&C number ready when calling or include it in your email. This can be found at the top right corner of any Health and Social Care letters you may have received.

If you are unable to hear on the phone and need to contact us with regards to your appointment you can email us at MPHAdminFOH@belfasttrust.hscni.net.

Do you need this information in another format or language?

The Trust has access to interpreting and translation services. If you need this information in another language or format, including Braille, large print, CD, audio tape please contact the telephone number **028 9615 8900** or e-mail address MPHAdminFOH@belfasttrust.hscni.net, and we will do our best to meet your needs.

Polish - Czy potrzebujesz tych informacji w innym formacie lub języku?

Fundusz ma dostęp do usług w zakresie tłumaczeń ustnych i pisemnych. Jeśli potrzebujesz tych informacji w innym języku lub formacie, w tym w piśmie Braille'a, dużym druku, na płycie CD, kasecie magnetofonowej, skontaktuj się z nami pod numerem telefonu lub adresem e-mail **028 9615 8900 / MPHAdminFOH@belfasttrust.hscni.net**, a my dołożymy wszelkich starań, aby spełnić Twoje potrzeby.

Arabic - هل تحتاج هذه المعلومات بصيغة أو بلغة أخرى؟

تستطيع الجمعية توفير خدمات الترجمة الفورية والتحريرية. إذا احتجت هذه المعلومات بلغة أو بصيغة أخرى، بما فيها صيغة برايل Braille أو صيغة بالأحرف الكبيرة، أو في سي دي CD أو في شريط مسموع، يُرجى الاتصال برقم التليفون أو عبر البريد الإلكتروني **MPHAdminFOH@belfasttrust.hscni.net / 028 9615 8900**، وسوف نبذل قصارى جهدنا في تلبية احتياجاتك.

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Lithuanian - Ar jums reikia šios informacijos kitu formatu ar kalba?

Tarnyba gali suteikti vertimo žodžiu ir raštu paslaugas. Jei reikia šios informacijos kita kalba ar formatu, įskaitant Brailio raštą, didelį šriftą, kompaktinį diską, garso įrašą, skambinkite telefonu arba susisiekite el. paštu

MPHAdminFOH@belfasttrust.hscni.net / 028 9615 8900 ir mes padarysime viską, kad patenkintume jūsų poreikius.

Romanian - Aveți nevoie de aceste informații într-un alt format sau altă limbă?

Trustul are acces la servicii de interpretariat și traducere. Dacă aveți nevoie de aceste informații într-o altă limbă sau într-un alt format, inclusiv Braille, tipărire cu caractere de mari dimensiuni, CD, înregistrare audio, atunci vă rugăm să ne contactați la numărul de telefon sau la adresa de e-mail

MPHAdminFOH@belfasttrust.hscni.net / 028 9615 8900, iar noi vom face tot posibilul pentru satisfacerea necesităților dumneavoastră.

Tetum - Ita presiza atu informasaun ida ne'e iha formatu ka lian seluk ka lae?

Fidusiáriu ida ne'e iha asesu ba servisu durubasa no tradusaun. Se Ita presiza informasaun ida ne'e iha lian ka formatu seluk, inklui letra Braille, letra boot, CD, kasete audio, entaun favór telefone númeru ka enderesu e-mail

MPHAdminFOH@belfasttrust.hscni.net / 028 9615 8900, no ami sei halo esforsu tomak atu kumpre Ita-nia nesesidade sira.