



Patient Information Leaflet

Uterine artery embolisation

What you should know

Produced by:
Department of Obstetrics and Gynaecology

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If you are unable to read this leaflet because English is not your first language, please ask someone who speaks English to telephone PALS on 01983 534850 for further information and help.

Polish:

Jeśli nie jesteś w stanie przeczytać tej ulotki bo angielski nie jest pierwszym językiem, poproś kogoś, kto mówi po angielsku, o kontakt telefoniczny z (PALS 01983 534850) aby uzyskać więcej informacji i pomoc

Russian:

Если вы не можете прочитать этот буклет на английском языке потому что не является первым языке, пожалуйста, попросите кого-нибудь, кто говорит на английском языке для телефонного (PALS 01983 534850) для получения дополнительной информации и помощи

Turkish:

Eğer İngilizce ana diliniz değilse, çünkü bu broşürü okumak için yapamıyorsanız, daha fazla bilgi için 01983 534850 üzerinde PALS telefon İngilizce bilen birine sormak ve yardım lütfen

Bulgarian:

Ако не сте в състояние да прочетете тази листовка, тъй като английският не е първи език, опитайте някой, който говори английски, за да телефонирам (PALS на 01983 534850) за повече информация и помощ

Czech:

Pokud nejste schopni přečíst tuto příbalovou informaci, protože angličtina není vaším rodným jazykem, zeptejte se někoho, kdo mluví anglicky na telefonní PALS na 01983 534850 pro další informace a pomoc

Bengali:

আপনি ইংরেজি আপনার প্রথম ভাষা না থাকার কারণে এই লফিলটে পড়তে অক্ষম হন, তাহলে আরও তথ্যের জন্য 01983 534850 নভেগিশেন PALS টলেফি এন ইংরেজি কথা কটে জিজ্ঞাসা করুন এবং সাহায্য করুন

What is uterine artery embolisation (UAE)?

A uterine artery embolisation is a non-surgical procedure used to treat fibroids. The arteries that supply your fibroids with blood are called uterine arteries. A uterine artery embolisation blocks off the blood supply to your fibroids, causing them to shrink. The procedure is done by a specially trained radiologist called an interventional radiologist. The procedure is not done on the Isle of Wight. If you were suitable and agreed to have this procedure we would have to refer you to the radiology department in Southampton.

Why is it performed?

Tests have shown that you have fibroids arising from the womb these are causing you considerable symptoms. A complete treatment for fibroids is to remove the womb by an operation called a hysterectomy but this has risks of surgery and general anaesthetic. UAE is an alternative option for those who would like to avoid the risks of surgery or those who are not suitable for surgery.

What are the alternatives to UAE?

If your symptoms are mild, you won't need treatment.

- Medicines - these can shrink your fibroids by up to half before surgery and reduce symptoms such as heavy periods, but you can only take them for up to six months and they can cause symptoms similar to the menopause. This isn't a long-term alternative as when you stop taking the medication the fibroid will grow back to their original size.
- A myomectomy - this operation removes your fibroids without removing your womb. This is usually

recommended for women who may want to get pregnant in the future. However, your fibroids may grow back after a myomectomy.

- A hysterectomy - this operation removes your womb so your fibroids won't return. This is a major operation and has associated risks of anaesthesia and the surgery itself.

What are the benefits of UAE?

1. Uterine fibroid embolisation, done under local anaesthesia, is much less invasive than open surgery done to remove uterine fibroids or the whole uterus (hysterectomy).
2. No surgical incision is needed - only a small nick in the skin at the groin that does not have to be stitched closed.
3. Hospital stay is normally overnight compared with 5-10 days for surgery.
4. The recovery time is much shorter than surgery 2-5 weeks compared with 2-3 months. Return to work and normal life is much quicker 1-3 weeks.
5. Blood loss during uterine fibroid embolisation is minimal, the recovery time is much shorter than for hysterectomy, and general anaesthesia is not required.
6. The risk of complications after UAE are much less than after surgery and there are no risk injury to the bowel bladder and water tube (ureter) and clots in the legs and lungs (deep vein thrombosis and pulmonary embolism) that may occur after surgery.
7. There is no restriction on lifting or driving or sexual intercourse after embolisation.

What are the possible disadvantages, Side effects and complications of UAE?

Disadvantages

While embolisation is very successful in most women a few ~ 1 in 200 may need to have a hysterectomy usually due to infection. Recurrence of fibroid happens in about 5% of cases. Repeated embolisation or hysterectomy in these cases will be required. Some patients have instantaneous relief from their symptoms, but others may have to wait up to 6 months for the symptoms to be relieved.

Side-effects

Side-effects are the unwanted but mostly temporary effects you may get after having the procedure. These can include extreme tiredness, especially in the first few days, and pain similar to period pains or cramps. You may also notice that you have vaginal discharge which may have some blood in it. This usually stops around two weeks after the procedure, but can sometimes go on for a few months. You may need to wear sanitary towels. If the discharge has an unpleasant smell, contact your GP as soon as possible because this may indicate that you have an infection. After your procedure you may pass a fibroid, or part of one, through your vagina. If this happens, it will be between six weeks and three months after your procedure and can be accompanied by period pains and bleeding. If this happens, you will need to wear a sanitary towel. Your periods may stop but this is rare.

Complications

This is when problems occur during or after the procedure. Most women aren't affected. There is a risk that you may develop an infection after the procedure has been carried out.

Signs of an infection are:

- feeling unwell.
- developing a high fever.
- feeling a lot of pain.
- having a sore and tender lower abdomen (tummy).
- having a vaginal discharge with an unpleasant smell.

If you have any of these symptoms, contact your GP as soon as possible.

Infections can usually be treated with antibiotics. However, there is a small chance that if you develop a serious infection, you may need to have a hysterectomy. This would mean that you would no longer be able to become pregnant.

Preparing for UAE

Your radiologist will discuss with you what will happen before, during and after your procedure, and any pain you might have. This is your opportunity to understand what will happen, and you can help yourself by preparing questions to ask about the risks, benefits and any alternatives to the procedure. This will help you to be informed, so you can give your consent for the procedure to go ahead, which you may be asked to do by signing a consent form. If you have any allergies, you should let your radiologist know. This is especially important if you're allergic to the special dye (contrast medium), which is used during the procedure. Your radiologist will explain how to prepare for your operation. For example, if you smoke you will be asked to stop, as smoking increases your risk of getting a wound infection and slows your recovery.

The procedure is usually carried out through a big artery in your groin, so you may be asked to shave the skin around this area. You should follow your surgeon's instructions.

You will be asked to follow fasting instructions. This means not eating or drinking, typically for about six hours beforehand. However, it's important to follow your radiologist's advice.

A uterine artery embolisation usually requires an overnight hospital stay. The procedure is commonly done under local anaesthesia which means you will stay awake during the procedure.

What happens during uterine artery embolisation

The procedure can take up to two hours depending on your fibroids. Your radiologist will insert a thin plastic tube, called a catheter, into your artery. He or she will then use X-ray images to guide the catheter through to your uterine arteries. Contrast medium is injected into your uterine arteries. This allows the radiologist to use X-ray images to find the arteries supplying blood to your fibroids. You may feel some heat in your pelvic area, but this should wear off quickly.

Liquid containing particles of glue is injected through the catheter and into these arteries. The glue particles block the arteries and stop the blood supply to your fibroids.

What to expect afterwards

You may have a small bruise around the area where the needle was inserted, but this is normal. You will probably have some pain, especially for the first 12 hours after the procedure. When you're in hospital, the nurses will give

you some painkillers. You will also be given some tablets to take home to help control the pain. Always read the patient information leaflet that comes with your medicine and if you have any questions, ask your pharmacist for advice. You will probably have a slight fever (high temperature) after the procedure. This is nothing to worry about as it means that your fibroids are breaking down. The painkillers will help to reduce your fever. You will need to arrange for someone to drive you home. You should try to have a friend or relative stay with you for the first 24 hours. Your nurse will give you some advice about caring for your healing wounds before you go home. You may be given a date for a follow-up appointment.

Recovering from a UAE

At home you will need to rest for one to two weeks, staying in bed for three to four days after your procedure. You will need to take at least two weeks off work.

What about follow up appointments?

A routine follow-up appointment will be organised for you for Ultrasound or MRI at 1, 6, and 12 months and annually thereafter. These follow up appointment will be held in X-ray department in Southampton. You need to attend these appointments with your own travelling arrangement.

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If you have any queries or concerns about the content of this leaflet please call (01983) 524081 and ask to speak to the relevant department.

If you require this leaflet in another language, large print or another format, please contact the PALS Team, telephone **01983 534850**, who will advise you.

Valuables should not be brought into the hospital. If patients have to bring in valuable items they should ask a nurse to store them safely and request a receipt for the items. You may not be able to have the valuable items returned if the time of discharge from hospital is out of hours.

We are sorry but the Trust cannot accept responsibility for loss or damage to items not given for safe keeping.

You can get further information on all sorts of health issues online at: **www.nhs.uk**

For Health advice and out of hours GP service please call the NHS 111 service on: **111**

We Value Your Views On Our Service

If you wish to comment on the care which you, your relative or friend has received, we will be pleased to hear from you. Please speak to the person in charge of the ward, clinic or service in the first instance or ask them to contact the PALS Team. If you wish to contact them directly, telephone on **01983 534850**.

Alternatively you may prefer to write to:

Chief Executive
Isle Of Wight NHS Trust
St Mary's Hospital
Newport, Isle of Wight, PO30 5TG

You can also share any concerns you have about our services with the Care Quality Commission (CQC) on **03000 61 61 61** or at **enquiries@cqc.org.uk**

All NHS sites are no smoking areas.

If you would like help and advice to stop smoking please call: Freephone 0800 169 0 169 to talk to the NHS Smoking Helpline.