

What is Uterine Fibroid Embolization (UFE)?

Uterine fibroid embolization (UFE) is a minimally invasive method of treating fibroid tumors of the uterus. Fibroid tumors may cause heavy menstrual bleeding, pain in the pelvic region, or pressure on the bladder or bowel. During the procedure, a small catheter is placed into the two uterine arteries and tiny particles are injected to block the arterial branches that supply blood to the fibroids. The fibroid tissue dies, the masses shrink, and symptoms are relieved. Uterine fibroid embolization, performed under local anesthesia or light sedation, is safer and much less invasive than open surgery. The procedure is performed by one of ARA's experienced interventional radiologists, a board-certified physician with specialized training in uterine fibroid embolization and similar minimally invasive procedures.

Because the effects of UFE on fertility are not yet completely established, the ideal candidate is a premenopausal woman with symptoms from fibroid tumors who no longer wishes to become pregnant, but wants to avoid having a hysterectomy (surgical removal of the uterus). Uterine fibroid embolization may be an excellent alternative for women who, for reasons of health or religion, do not want to receive blood transfusions, which can be necessary during open surgery.

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* Locations offering uterine fibroid embolization



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Uterine Fibroid Embolization

What you need to know



What are fibroids?

Uterine fibroids are benign (noncancerous) tumors that grow on or within the muscle tissue of the uterus. Approximately 20 to 40 percent of women ages 35 years and older have fibroids. As many as 50 percent of African American women have fibroids of a significant size.* While some women do not experience any symptoms, the location and size of fibroids can affect a woman's quality of life.

Fibroids are hormonally sensitive, so symptoms are likely to be cyclical, like menstruation. As estrogen levels tend to increase prior to the onset of menopause, fibroids may get larger. During menopause, the levels of estrogen decrease dramatically causing fibroids to shrink. However, women taking estrogen as part of hormone replacement therapy (HRT) may not experience any symptom relief.

The size of fibroids range from very small (walnut size) to as large as a cantaloupe or even larger.

Typically, physicians measure fibroids in terms of the size of the uterus during pregnancy; for example, a very large fibroid can cause the uterus to become the size of a six- or

seven-month pregnancy. Additionally, there can either be one dominant fibroid or many fibroids.

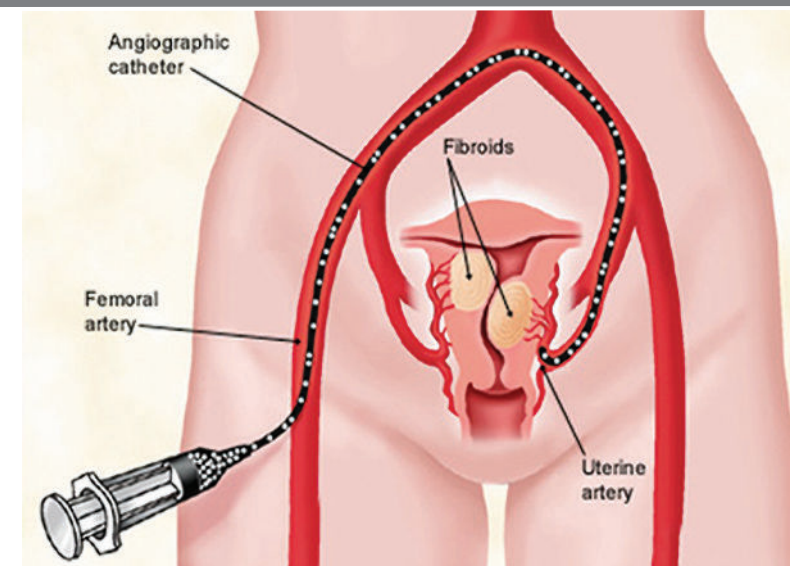
Fibroids are classified according to their location within the uterus. There are four primary types:

- Sub-serosal fibroids develop in the outer portion of the uterus and grow outward. These typically do not affect a woman's menstrual flow, but can cause pain due to pressure on organs.
- Intramural fibroids are the most common type and develop within the uterine wall and expand, which makes the uterus feel larger than normal. These can cause heavy menstrual flow, pelvic pain, back pain, frequent urination and pressure.
- Sub-mucosal fibroids develop just under the lining of the uterine cavity. The least common type of fibroid, they often cause symptoms such as very heavy, prolonged menstrual periods.
- Pedunculated fibroids are fibroids that grow on a stalk. They can extend into the layer that lines the uterus or protrude outside the uterus.

Fibroids may also be referred to as myoma, leiomyoma, leiomyomata, and fibromyoma. It is very common for a woman to have multiple fibroids and fibroids of different types.

How is the procedure performed?

UFE is performed either at our interventional radiology outpatient location or at a local hospital, using conscious sedation and local anesthesia. Access is gained either through the femoral artery in the groin or through the radial artery in the wrist. A tiny catheter is inserted in the artery then guided into each uterine artery. FDA-approved particles are deployed to block the blood flow going to the fibroids. The entire procedure takes approximately one to two hours. The procedure is minimally invasive, generally very comfortable, and very effective.



What happens after the procedure and what are the results?

Fibroid embolization is a proven safe and effective treatment of fibroid causing symptoms in women. Most patients experience cramping the first several hours after the procedure. Pain medication is used to manage this and patients are often better by the next morning. Most women return to work in within a week. The chance of major complications from UFE is less than one percent. Published studies show that symptoms will be resolved or significantly improved in nearly 90 percent of patients.**

**Society of Interventional Radiology*

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To schedule an appointment, please call our interventional case coordinators at (512) 467-9729.

