What are fibroids?
A fibroid is made up of benign (non-cancerous) growth of smooth muscle within the uterus. About 30% of U.S. women over the age of 35 have fibroids. About 10 – 20% of these women have symptoms due to their fibroids. The symptoms caused by the fibroids depend upon their size and location.

Are fibroids causing your symptoms?
The key is to be certain that heavy menstrual bleeding and other symptoms are related to fibroids and not due to other causes. You should see your doctor, and have your symptoms checked. You will need a physical exam along with a pelvic exam and a blood test to check for anemia and other problems. Your doctor often will schedule an ultrasound exam (a test using sound waves) to look at the size of the uterus and for any fibroids. A MRI of the pelvis may also be done to check the uterus, ovaries, bladder, and lower bowel.

What are the options to treat fibroids?
In the past, the treatment for fibroids has been a hysterectomy. Today, instead of surgery, doctors may choose to do a uterine artery embolization (UAE). This treatment blocks the blood supply to the fibroid, causing it to shrink. As the fibroid shrinks, the symptoms go away or lessen. At the same time, it saves the uterus.

Once your doctor decides that fibroids are the cause of your symptoms, you have many choices for treatment. As you decide, keep in mind certain goals:

- Do you wish to keep your uterus?
- Do you wish to have children?
- Are you a few years away from menopause (perimenopausal)?

What are my options?
1. **Watch and wait** until menopause begins. Fibroids are hormone sensitive. At menopause, estrogen levels begin to drop, and fibroids get smaller. If you are in perimenopause, this may be an option, although you may suffer with symptoms in the meantime.
2. **Hormone therapy** can shrink the size of the uterus. The size of the fibroid will also shrink. This can improve the symptoms. The side effects of some of the hormones are hot flashes and osteoporosis. Some of these treatments should only be used for six months.
3. **Myomectomy** (surgery to remove only the fibroid) is an option for a woman who wishes to become pregnant in the future.
4. **Hysterectomy** removes the uterus and the symptoms of the fibroids.
5. **Uterine artery embolization** (UAE).
Is UAE right for you?
If you wish to keep your uterus, then UAE may be a good option. If you wish to have children, you should know that there is a 4 – 20% chance of damage to your ovaries.

What is the success rate?
The success rate for reduced pain, bleeding, or bulk symptoms is about 85%.

What will happen before the UAE?
You will see an Interventional Radiologist (a doctor who performs UAE) and a nurse practitioner in the Interventional Radiology (IR) clinic before your treatment. The nurse practitioner will take your health history and review your physical exam. The doctor will review your ultrasound or MRI. Both will talk with you about the procedure. If you have not had an MRI of the pelvis, they may order one. Once this is done and reviewed, we will review your case again to be sure that fibroids are the cause of your symptoms. At this point, if UAE is a good option for you and you would like to proceed, you will be scheduled for UAE. You will need to spend a night in the hospital after your UAE. Plan to be off work for at least a week.

How is the UAE done?
Getting Ready
When you arrive, you will be taken to the Radiology prep area to have two IV lines placed, and a urinary catheter put in your bladder. You will be given antibiotics and an anti-nausea drug. When you are in the IR suite, we will wash either your right or left groin with a sterile soap. We will cover your abdomen and legs with a sterile drape. A nurse will give you two IV drugs. One is for anxiety and the other is for pain relief. During the UAE, you will be drowsy and likely not remember it.

Placing the Arterial Catheter
The doctor will put numbing medicine into your groin to numb it. The doctor will then place a small hollow tube in your groin. The tube will be placed into the groin artery. A catheter will go into the uterine artery.

Blocking the Blood Supply
With the catheter in place, the doctor will inject small particles into the left uterine artery until there is very little blood flow in the artery. At this point, some women feel some heavy cramping which is normal as the blood supply is cut off to the fibroid. The catheter will then be guided into the right uterine artery. Particles will be injected again to stop the blood flow to this artery.

Once it is done, the tube will be removed from the groin. A pressure dressing will be placed on the groin for 15-20 minutes. We will take you to a nursing unit and watch
you overnight. Pelvic pain is often the worst 12 hours after the procedure, so we watch you overnight to control pain. You will have a PCA pump to control the pain at first and then pain pills. You will be able to leave the hospital once your pain is under control and you can get out of bed, eat, drink, and take these medicines. Most often, you will be sent home the next afternoon.

**What can I expect when I go home after the UAE?**
Most women have some symptoms after UAE. These symptoms include fever, nausea, vomiting, and mild to severe pelvic pain. The symptoms often begin shortly after the procedure, and are at their worst about 12 hours later, which is why you stay the night. The pelvic pain may feel like very intense menstrual cramps.

The symptoms can last for a week or two. You will be sent home with an anti-inflammatory such as ibuprofen that you should take every day as scheduled. You will also be given stronger pain medicine to use for moderate to severe pain. You will also be given medicine to reduce the nausea or vomiting.

**What can I do at home?**
- When you go home, plan to rest. Listen to your body. Do only light activity for the next 7-10 days.
- Resume your normal routine as you feel able.
- No sexual intercourse or tampon use for the next 14 days.
- Plan to be off work for at least a week after the procedure.

**What medicine will I be taking after this procedure?**
- **Pain medicine.** These will be ordered on your discharge. Take as needed to help control pain or cramping. You may still have pelvic pain for the next 7-14 days. The pain pills may cause some constipation. Drink plenty of fluids and eat foods high in fiber. You should take stool softeners while you are taking the pain pills, but you can also take a laxative if you do not have a bowel movement for 3 days.
- **Anti-inflammatory medicine.** Take ibuprofen 600 mg with food 3 times a day for the next 7 days. Please call the IR clinic if it causes stomach upset.
- **Anti-nausea medicine.** Take as instructed for nausea or upset stomach. Please call the IR clinic if you are having vomiting or you are unable to keep down food/water.

**What follow up do I need?**
You will return to the IR clinic in one to two weeks to see how you are doing. If it is hard for you to return, and you are feeling well, the visit may be canceled, and our nurse may follow up over the phone with you.

We may also see you at 3 months out in the clinic to see how well the procedure is working. You may need a new MRI scan if your symptoms have not improved.

**Are there problems that might happen later?**
In a small number of patients the fibroid tissue may slough off and enter the inside of the uterus. When this happens, labor-like pain may start. The tissue may be passed through the cervix. A larger fibroid may not pass. In this case, you may need a D&C (dilatation and curettage) to remove this
tissue. If this tissue is not removed, there is a chance that it will become infected and lead to serious problems.

Are there other complications?
- Groin site hematoma (collection of blood at or near the needle entry site). This often goes away after a few months as your body will re-absorb the collection of blood.
- Allergic reaction to the x-ray dye used.
- Damage to the kidneys from the x-ray dye.
- Early menopause due to accidentally blocking off the blood supply to both ovaries.
- Blood clot in leg due to inactivity.

When to Call Interventional Radiology
- Fever and chills
- Vomiting and unable to keep down food/water
- Foul smelling discharge from the vagina
- Passage of large tissue (some passage of tissue the size of a nickel or smaller is normal)
- Pain uncontrolled with the pain medicine you have
- Labor-like contractions which are a sign that embolized fibroid tissue may soon be passed. Although not likely, this may occur any time from 4-8 weeks after the UAE. In rare cases, this has occurred months later.

Phone Numbers
Interventional Radiology, Monday to Friday, 8am to 4:30pm, call: (608) 263-9729.
Weekends, nights, and holidays, call: (608) 262-0486. This is the paging operator. Ask for the Angio-Interventional Radiology Resident on call. Give the operator your name and phone number with the area code. The doctor will call you back.
If you live out of the area you may call the toll-free number at 1-800-323-8942 and the operator will transfer you to the Interventional Radiology Department.
Weekends, nights or holidays call (608) 262-2122 or toll free at 1-800-323-8942. This will give you the paging operator. Ask for the Interventional Radiology Resident on call. Give the operator your name and phone number with the area code. The doctor will call you back.

If you are a patient receiving care at UnityPoint – Meriter, Swedish American or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person’s health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright ©3/2019. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#5688.