

**Uterine Fibroids**

**Uterine fibroids** (also known as leiomyomas) are benign tumours of the muscular layer of the **uterus** (the myometrium). They can be a nuisance for many women, causing issues such as **heavy periods, pelvic pain and complicating pregnancies**. There are a range of treatments available; however **Uterine Artery Embolisation** offers a minimally invasive, safe option that preserves the uterus. **Fibroids** are one of the most common **tumours in women**. Seventy to eighty percent of women will have had a uterine fibroid by the age of fifty. Most commonly, uterine fibroids tend to affect middle-aged women, although most are too small to cause symptoms.

**Symptoms**

Although most fibroids do not cause symptoms, it can be quite debilitating when they do. The symptoms of fibroids include:

- *Bleeding* - heavy periods that may be irregular or last longer than usual.
- *Pelvic pain* or pressure occurs as the fibroids get larger, become degenerate or bleed.
- *Pregnancy issues* - large fibroids may prevent pregnancy or cause recurrent miscarriage.
- *Urinary or bowel issues* - fibroids may put pressure on other organs in the pelvis such as the bladder and rectum, causing urinary symptoms (e.g. frequency or urgency) and intestinal symptoms (e.g. constipation) respectively.

**Diagnosing Uterine Fibroids**

Fibroids may be felt on examination of the pelvis, but usually require imaging to confirm the diagnosis. The diagnosis is made with an assessment of the patient’s medical history, examination, and imaging. Transvaginal ultrasound is a cost effective method of looking at the layers of the uterus. MRI is the most accurate imaging test, however is more expensive and time consuming.

**Treatment Options**

There are many treatments for fibroids, including a wide range of medications and surgical options. Fibroids that do not cause symptoms do not require any treatment.

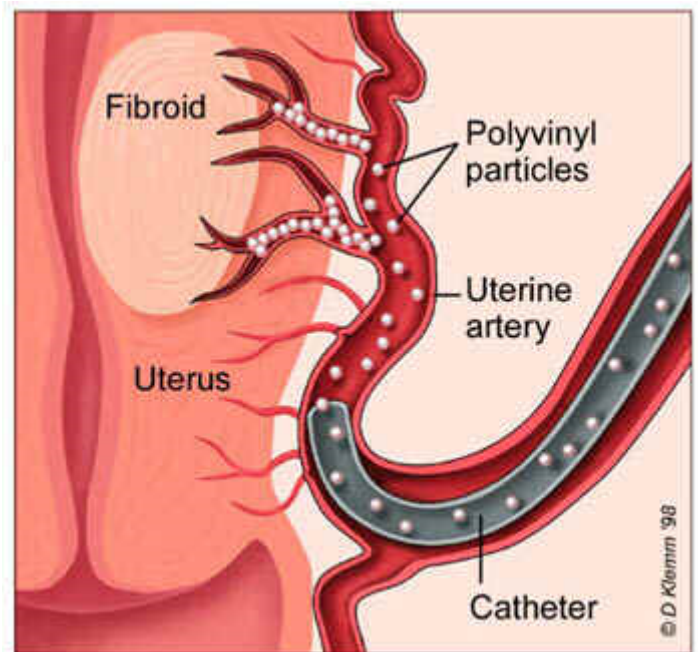
The range of medications used to treat fibroids includes:

- **Analgesics** (pain relief). Non-steroidal anti-inflammatory drugs can reduce the pain associated with fibroids, but have no action against the fibroids.
- **Hormones or hormone analogues**. *Progestins* are drugs similar to the naturally occurring hormone progesterone. They can suppress fibroid growth and fibroid symptoms. They need to be taken daily and have a contraceptive effect. *GnRH agonists* mimic a naturally-occurring hormone called GnRH (Gonadotropin

releasing hormone). This can reduce the size of fibroids and improve symptoms. They are usually given for 3-months prior to surgery to reduce the size of the fibroids and make surgical removal easier.

**Uterine Artery Embolisation**

Uterine artery embolisation treats the fibroids by blocking off the arteries that supply them. A catheter is introduced into the femoral artery in the groin and is directed, using x-ray guidance to the arteries supplying the uterus. Once in the right place, an embolic agent is injected. The agent is made of small synthetic particles that cause the blood vessel to close, resulting in the fibroids (and the uterus) to shrink in size. This relieves the symptoms for most women. You may require a catheter in your bladder overnight. Pain is controlled using a PCA (Patient-controlled Analgesia) pump. You will remain in hospital overnight and provided you are comfortable, eating, drinking and able to use the bathroom you will be discharged on oral analgesia. Please ensure you have a driver to take you home.



**Success Rate of Embolisation**

Uterine Fibroid Embolisation has an overall success rate of 94%. This means 94% of all patients who had the procedure experienced relief from their symptoms and significant fibroid shrinkage.

- 99% of patients had immediate relief from heavy bleeding
- 94% of patients experienced 50-60 percent shrinkage
- 48% of patients who attempted to conceive were successful
- 99% of patients returned to work in less than a week

## Uterine Fibroids

### Potential Complications

Embolisation is a minimally invasive and very safe procedure, but some side effects and risks are associated. Post procedure cramping is the most common, but usually controlled by pain-killers. Other side effects include:

- Nausea and fever in 1% of patients
- Infection leading to hysterectomy less than 0.1% of patients
- Artery injury in less than 0.1%
- Early menopause in less than 4%
- Possible passage of fibroid vaginally in 2%
- Non-target embolization (a condition when some particles inadvertently flow into other parts of the body) although this is extremely rare.

### Frequently Asked Questions

*Q. What kind of fibroids can you embolise?*

A. All sizes of fibroids have been successfully embolised. The shrinkage will be felt more in fibroids smaller than a 5 – month sized pregnancy. The embolisation process affects all fibroids within the uterus wherever they are located.

*Q. Can the plastic particles used in embolisation leak or cause any damage to other parts of the body?*

A. Plastic particles are injected into the artery supplying the fibroids. They are carried under pressure from the heart into smaller arteries where they lodge. Non-target embolisation, a condition when some particles inadvertently flow into other parts of the body, may occur in extremely rare cases.

*Q. How fast does embolisation work?*

A. Fibroids begin to shrink immediately. Improvement in bleeding is immediate, and shrinkage is reached 90% of total by six months after the procedure. Heavy bleeding from fibroids stops right away.

*Q. Are there any side effects?*

A. Most patients experience cramping pain for one or two days after embolisation. Many patients go home on the afternoon of their procedure. Some patients, especially those with larger fibroids experience a low-grade fever after embolisation.

*Q. Is general anesthetic administered?*

A. For embolisation, no. This procedure is done under sedation, where the patient breathes on her own.

*Q. Will embolisation keep new fibroids from forming?*

A. Recurrence after embolisation has not occurred. This is one of its major advantages over myomectomy, where fibroids which have been surgically removed often grow back.

*Q. Is there a recommended age to undergo the procedure?*

A. No. Fibroids affect women of all ages. The right time to do something about them is the moment they become a problem.

*Q. What are some of the reasons I wouldn't be a candidate for embolisation?*

A. Embolisation is not a cure for cancer. Certain other diseases might be present causing symptoms similar to those caused by fibroids. We will screen you for these conditions.

*Q. Is embolisation experimental?*

A. Embolisation has been used to control hemorrhage (heavy bleeding) in many parts of the body, including the uterus for more than twenty years. Embolisation has been approved by Medicare, and is covered by all private health insurance plans.

*Q. Are there any effects on fertility?*

A. Women have successfully conceived and carried babies to term after embolisation. Ask your doctor about the risks to fertility associated with major surgery such as myomectomy before deciding upon embolisation.

*Q. How soon after embolisation can I resume attempts to become pregnant?*

A. We advise you to wait 6 months after embolisation before attempting to become pregnant.

*Q. I have several fibroids, one that is said to be pedunculated (outside of my uterus). Can these types of fibroids be treated with UAE?*

A. Yes. Many types of fibroids can be treated with UAE, because the procedure involves blocking the blood supply to the fibroid, rather than cutting it out. Your symptoms will go away with little recovery time necessary.

### Patient Preparation

Prior to a procedure **Uterine artery embolisation**, patients are required to complete the following;

- Ensure you have someone to take you to the Hospital on the day of your procedure and pick you up the following day.
- Make sure you have returned your signed information to our Patients' Service team at reception
- Have a shower on the morning of your procedure
- Wear comfortable loose clothing

### Post Procedure Patient Care

You will be provided with post procedure instructions on the day of your procedure.

### Making an appointment

Patients are advised to phone our practice on (08) 9284 2900 to book a consultation with Dr Sanjay Nadkarni.