Uterine Fibroid Embolization (UFE)

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DID YOU KNOW?
By age 35, the incidence of fibroids is 60% in African American women and 40% in Caucasian women.¹

WHAT ARE UTERINE FIBROIDS?
Uterine fibroids are non-cancerous growths that develop from the smooth muscle tissue of the uterus. They are rubbery in texture and distinctly different from healthy tissue. They may grow slowly or rapidly. Some fibroids go through growth spurts, and some may shrink on their own. Fibroids range in size from very small (undetectable by the human eye) to bulky masses that can distort and enlarge the uterus.

BASIC TYPES OF UTERINE FIBROIDS
Fibroids are classified according to their location in the uterus:
• Subserosal fibroids develop in the outer portion of the uterus and continue to grow outward
• Intramural fibroids are the most common type and develop in the uterine wall and expand
• Submucosal fibroids are the least common and develop within the uterine cavity, causing excessive and prolonged menstrual bleeding
• Pedunculated fibroids grow from “stems” either inside the uterine wall or outside the uterus

HOW DO YOU KNOW IF YOU HAVE FIBROIDS?
Some fibroids produce mild or no symptoms, while others can cause considerable pain and pressure and limit your lifestyle. These are the most common symptoms:

Abnormal Menstrual Cycle
• Abnormally heavy menstrual bleeding
• Periods that occur more frequently than normal cycle (less than 28–30 days)

Pelvic Pain and Pressure
• Painful menstrual periods
• Pain during or after sexual intercourse
• Pressure on the bladder causing frequent urination
• Acute or severe pelvic pain

HOW ARE FIBROIDS DIAGNOSED?
The uterine fibroid diagnosis is based on your symptoms and a routine gynecological internal exam. While an ultrasound exam can detect the presence of a tumor, only magnetic resonance imaging (MRI) can determine if a tumor can be embolized and distinguish alternate causes for the symptoms.

We work with your Ob-Gyn to improve the accuracy of the diagnosis, offer expert treatment options and deliver excellent outcomes.

WHAT ARE THE TREATMENT OPTIONS?

Treatment options for uterine fibroids include drug therapy, surgical procedures and minimally invasive techniques.

Drug therapies are used to treat the symptoms such as cramping and heavy bleeding, but they do not have a direct effect on the fibroids.

Each procedure has benefits and you should discuss your treatment options with your doctor.

Social and professional activities are affected by fibroids and some women may use their symptoms to justify hysterectomy.

“Bleeding is the worst thing in the world. I have suffered a lot...I am praying to God that I can have surgery because I cannot stand it anymore. I have lost too much blood.” – 48-year-old woman

OTHER TREATMENT OPTIONS

Hysterectomy

This is the most common surgical treatment for fibroids and removes the uterus as well as all fibroids. Hysterectomy may be performed vaginally, abdominally or laparoscopically (total or laparoscopic-assisted). It is 100% curative, but is major surgery and can leave a large scar. Approximate recovery time is 6 weeks and can be painful.

Be Aware of...

• Inability to have children
• Risk of blood clots, infection or excessive bleeding

Myomectomy

There are several types of myomectomy procedures. They each remove the fibroids, leaving the uterus intact and preserving fertility.

Be Aware of...

• Complicated procedure, each fibroid is individually removed
• Not all fibroids may be able to be removed
• Fibroids can re-grow

UTERINE FIBROID EMBOLIZATION (UFE)

UFE, also called Uterine Artery Embolization (UAE), is a minimally invasive procedure that involves placing a catheter into the artery that feeds blood to the uterus and guiding the catheter toward the arteries that provide blood to the fibroids. When in place, small “beads” are injected into the small arteries, causing a blockage of blood flow to the fibroids.

Facts:

• Preserves the uterus
• Procedure lasts about 1 hour with light sedation
• Short recovery time with few complications
• Less risky than hysterectomy or myomectomy
• Return to normal activities within 8-14 days

Be Aware of...

• Immediately after the procedure most patients have mild to moderate pain for up to 12 hours and may need medication for pain
• Effect on fertility may be unpredictable - pregnancy rate after embolization was shown to be 50% in a recent clinical study

References:


New England Journal of Medicine, 369; 1344-55. doi: 10.1056/NEJMoa1209903
“The last thing I wanted was a hysterectomy, my lifestyle was so difficult. I was ready for Gyn approved of it. I had the procedure and but living with the pain and having to change relief. Then I learned about UFE, and my Ob- within a week or so I got my life back.” — UFE Patient

WHAT SHOULD YOU EXPECT BEFORE YOU UNDERGO UFE?
If your Ob-Gyn recommends that you consider a UFE for the treatment of your fibroids, you will be referred to us for further evaluation. Before you are scheduled for a UFE procedure you will:
• be given a physical either before or on day of procedure
• complete medical and UFE questionnaires
• have an MRI of your abdomen

WHAT SHOULD YOU EXPECT DURING A UFE PROCEDURE?
You will be mildly sedated, and then the doctor will use a needle to place a catheter into your groin to access the artery that supplies blood to your uterus. Once the catheter has been advanced to the area of the fibroids, very small “beads” will be injected into the small blood vessels that feed the fibroids and block or embolize the flow of blood to them. The embolization proceeds until there is complete blockage of blood flow to the fibroids.

THE ADVANTAGES OF UFE
• Preserves the uterus
• Minimally invasive
• Short recovery time
• Treats all the fibroids with one procedure
• Low complication rate
• Recurrence of fibroids is rare
• No adhesions or scar tissue formation
• Minimal blood loss—no need for transfusion
• Conscious sedation vs. general anesthesia

WHAT SHOULD YOU EXPECT AFTER A UFE PROCEDURE?
UFE procedures are usually very effective and since the uterus is preserved, you are likely to return to normal menstruation.
• Symptoms will markedly improve in most patients
• There is a long-term control of fibroid-related symptoms and normalization of quality of life in 75% of patients
• Successfully treated fibroids very rarely re-grow