

# Patient Information Leaflet

# Fibroid Embolisation

University Hospitals Plymouth NHS Trust  
Derriford Road  
Plymouth  
PL6 8DH  
Tel: 01752 202082

[www.plymouthhospitals.nhs.uk](http://www.plymouthhospitals.nhs.uk)



This leaflet tells you about having a fibroid embolisation. It explains what is involved and what the possible risks are. It is not meant to replace informed discussion between you and your doctor, but can act as a starting point for such discussions. If you have any questions about the procedure please ask the doctor who has referred you or the department which is going to perform it.

## **Referral and consent**

The referring clinician should have discussed the reasons for this examination with you in the clinic and you should make sure that you understand these before attending. You will be referred to a radiologist for this procedure. Radiologists are doctors who have trained and specialised in imaging and x-ray treatments.

Before the procedure you will need to sign a consent form. This form says that you need to know what risks are involved. This is a legal requirement and ensures that you are fully informed about your procedure.

If after discussion with your hospital doctor or radiologist you do not want this examination then you can decide against it. If the radiologist feels that your condition has changed or that your symptoms do not indicate such a procedure is necessary then he/she will explain this to you and communicate with the referring clinician. You will return to your referring clinician for review.

At all times the radiologist and referring clinician will be acting in your best interests.

## **What is a fibroid embolization?**

Fibroid embolisation is a relatively new way of treating fibroids by blocking the arteries that feed the fibroids (uterine arteries), making the fibroids shrink. It is an effective alternative to an operation.

## **Why do you need a fibroid embolization?**

Your gynaecologist will have told you about fibroids and discussed treatment options with you. Previously, most fibroids have been treated by an operation to remove the fibroids individually (myomectomy) or by removing the womb (hysterectomy). In your case, it has been decided that embolisation is a suitable treatment option.

## **Are there any risks?**

Fibroid embolisation is a safe procedure, but as with any medical procedure there are some risks and complications that can arise.

Occasionally a small bruise may develop in your groin at the needle entry site.

Most patients feel some pain afterwards, which ranges from very mild to severe crampy, period-like pain. It is generally worst in the first 12 hours, and is controlled by painkillers. You will be given painkiller tablets to take.

Most patients get a slight fever after the procedure.

This is a good sign as it means that the fibroid is breaking down. The painkillers help control this fever.

Vaginal discharge can occur afterwards and may be bloody, due to the fibroid breaking down. This can persist for up to two weeks or can be intermittent for several months. If the discharge becomes offensive, and if associated with a fever, there is the possibility of

infection and you should ask to see your gynaecologist urgently.

The most serious complication of fibroid embolisation is infection. This happens to perhaps one in every two hundred women. Severe pain, pelvic tenderness and a high temperature can occur. Lesser degrees of infection can be treated with antibiotics, or a dilatation and curettage (D&C). In severe cases an operation to remove the womb may be necessary but this is extremely rare.

There is a 2–4% chance that the procedure will lead to premature menopause. This occurs usually in women who are 45 years or older. Most women find it takes about six to nine months to resume a regular menstrual cycle.

If you are pregnant or suspect that you may be pregnant you should notify the department. A baby in the womb may be more sensitive to radiation than an adult. There is no problem with something like an x-ray of the hand or chest because the radiation field is at a safe distance from the foetus. However, special precautions are required for examinations where the womb is in, or near, the beam of radiation. If you are a female of childbearing age the radiographer will ask you if there is any chance of you being pregnant before the examination begins and you will be asked to sign a form. If there is a possibility of pregnancy then your case will be discussed with the team looking after you to decide whether or not to recommend postponing the investigation.

There will be occasions when diagnosing and treating your illness is essential for your health and where the benefit clearly outweighs the small radiation risks. The

procedure may go ahead after discussing all the options with you.

## **Are you required to make any special preparations?**

You will need to be an inpatient.

If you have a morning appointment, you will be asked to have a light early breakfast (5am) although you may still drink clear fluids such as water up to 2 hours before examination.

If you have an afternoon appointment you may eat normally up to 10am and then clear fluids only up to 2 hours before.

A urinary catheter may be placed into your bladder by a nurse. You need to have a small needle put into a vein in your arm for a sedative and painkillers to be given. An anti-inflammatory suppository may be given. A special painkiller injection device will be attached so that you can administer safe doses of painkillers after the procedure by pressing a button (patient-controlled analgesia; PCA).

## **Who will you see?**

A specially trained team led by an interventional radiologist within the radiology department.

Interventional radiologists have special expertise in reading the images and using imaging to guide catheters and wires to aid diagnosis and treatment.

## **Where will the procedure take place?**

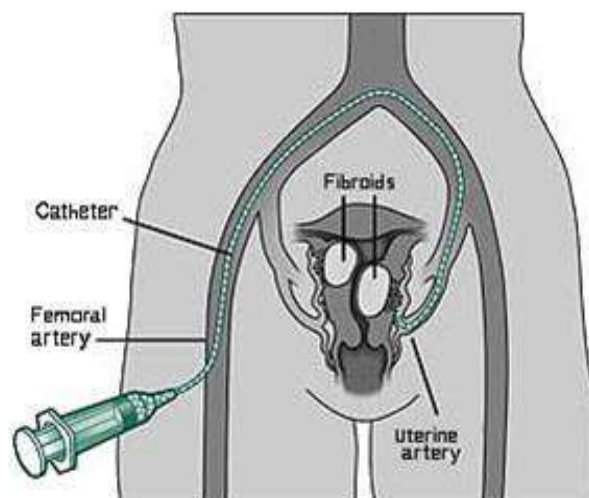
In the interventional radiology suite which is located within the radiology department. This is similar to an operating theatre into which specialised X-ray equipment has been installed.

## What happens during a fibroid embolisation?

The procedure will take place in the X-ray department and you will lie flat on your back. You may have monitoring devices attached to your chest and finger and may be given oxygen. Your groin will be swabbed with antiseptic and you will be covered with sterile drapes.

Local anaesthetic will be injected in the skin in your groin and a needle will be inserted into the artery. Sometimes both groins are used. A fine plastic tube called a catheter is placed into the artery.

The radiologist uses X-ray equipment to guide the catheter into the arteries, which are feeding the fibroids. A special dye, called a contrast agent, is injected down the catheter into these uterine arteries, and this may give you a hot feeling in the pelvis. Fluid containing thousands of tiny particles is injected through the catheter into these arteries to block them. The catheter is removed and pressure applied to the groin to stop bleeding.



## **Will it hurt?**

When the local anaesthetic is injected, it will sting for a short while, but this soon wears off. You may develop cramp-like pelvic pain toward the end of the procedure, but this is treated with intravenous painkillers.

## **How long will it take?**

Every patient is different, and it is not always easy to predict; however, expect to be in the radiology department for about two hours.

## **What happens afterwards?**

You will be taken back to your ward. Nursing staff will carry out routine observations including pulse and blood pressure and will also check the treatment site. You will stay in bed for up to six hours. You will be kept in hospital overnight and discharged the next day. Once at home, you should refrain from strenuous exercise for about a week. One to two weeks off work is advised.

## **Other risks**

Fibroid embolisation is a safe procedure but as with any procedure or operation complications are possible. We have included the most common risks and complications in this leaflet.

We are all exposed to natural background radiation every day of our lives. This comes from the sun, food we eat, and the ground. Each examination gives a dose on top of this natural background radiation. Any exposure to ionising radiation (e.g. X-rays) has the potential to cause cancer later in life. This is much lower than the risk we all have of developing cancer in our life of ~1 in 3 and will be considered by the doctor before your procedure.

For information about the effects of X-rays read the publication:

“X-rays how safe are they” on the Health Protection Agency website: [www.hpa.org.uk](http://www.hpa.org.uk)

## **What are the results of embolisation?**

The vast majority of women are pleased with the results, reporting a significant improvement in their quality of life. By one year, most fibroids shrink to about half their size resulting in significant improvement in both heavy prolonged periods and symptoms relating to pressure. Once fibroids have been treated like this, they do not generally grow back again.

Some women, who could not become pregnant before the procedure because of their fibroids, have become pregnant afterwards. However, if having a baby in the future is very important to you, you need to discuss this with your doctor as it may be that an operation is still the better choice

## **Finally**

Some of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Make sure you are satisfied that you have received enough information about the procedure.

## **Contact**

Interventional Radiology Department  
01752 437468 /432063 /430838



## **Additional information**

Bus services:

There are regular bus services to Derriford Hospital.

Please contact:

[www.citybus.co.uk](http://www.citybus.co.uk)

[www.targettravel.co.uk](http://www.targettravel.co.uk)

[www.stagecoachbus.com](http://www.stagecoachbus.com)

[www.travelinesw.com](http://www.travelinesw.com)

Car parking:

Hospital car parking is available to all patients and visitors. Spaces are limited so please allow plenty of time to locate a car parking space. A charge is payable.

Park & Ride:

Buses (PR3 and 101) run from the George Junction Park & Ride Mon-Fri (except Bank Holidays) every 15/20 mins from 06:45. The last bus leaves the hospital at 19:14. The 101 runs on a Saturday, every 15 mins from 07.22. Last bus leaves the hospital at 18:12.

Parking is free although you will need to purchase a ticket to travel on the bus.

Patient Transport:

For patients unable to use private or public transport please contact TAPS 0845 0539100

## **Comments and suggestions**

We welcome comments and suggestions to help us improve our service.



This leaflet has been prepared with reference to the British Society of Interventional Radiology (BSIR) and the Clinical Radiology Patients' Liason Group (CRPLG) of The Royal College of Radiologists.

### Legal notice

Please remember that this leaflet is intended as general information only. It is not definitive, and the RCR and the BSIR cannot accept any legal liability arising from its use. We aim to make the information as up to date and accurate as possible, but please be warned that it is always subject to change. Please therefore always check specific advice on the procedure or any concerns you may have with your doctor.



**This leaflet is available in large print  
and other formats and languages.  
Contact: Administrator  
Tel: 01752 437468 / 432063 / 430838**

University Hospitals Plymouth NHS Trust does not tolerate any form of discrimination, harassment, bullying or abuse and is committed to ensuring that patients, staff and the public are treated fairly, with dignity and respect.



University Hospitals Plymouth NHS Trust operates a tobacco-free policy, although the use of vapes is permissible, please remember to vape respectfully and to stay within the vape zones. If you require support to give up smoking contact: Plymouth Advice Service 01752 314040 or NHS Quit Smoking Line 0800 1690169

Issue date: October 2020  
For review: October 2022  
Ref: B-292/Imaging/RA/Fibroid Embolisation v2