

## Uterine Fibroids and Their Symptoms

Fibroids are benign, non-cancerous growths in or on the walls of the uterus, or womb. They can range from less than an inch to more than six inches in diameter. African-American women and those with a family history are more likely to develop fibroids.

Most fibroids cause no symptoms, and are only discovered when a woman has a routine pelvic examination. If you do experience fibroid symptoms, they may include:

- Heavy, prolonged monthly periods, sometimes with clots
- Anemia (fatigue due to low red blood count)
- Pain or pressure between the hip bones or in the back of the legs
- Pain during sexual intercourse
- Frequent need to urinate
- Constipation or bloating
- An enlarged belly



To schedule a private consultation with our Interventional Radiologists, who are experts in Uterine Fibroid Embolization procedures, please call **317.621.5555**.

To learn more about Uterine Fibroid Embolization, please visit: [www.radiologyofindiana.com](http://www.radiologyofindiana.com)



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



## UTERINE FIBROID EMBOLIZATION (UFE)



A Patient's Guide to a Minimally Invasive Fibroid Treatment

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

## Uterine Fibroid Embolization (UFE)

UFE is performed by an Interventional Radiologist, a doctor who uses X-rays and other imaging techniques to see inside the body and treat conditions without surgery. During UFE, you are given sedation medication but remain awake. The Interventional Radiologist inserts a thin tube into an artery at the top of your thigh, then uses X-ray imaging to guide the tube to the uterine artery. Tiny round particles called microspheres are injected into the blood vessels that lead to the fibroids. They block blood flow, causing the fibroids to shrink. Microspheres remain permanently at the fibroid site. The process is repeated in your other uterine artery for complete blockage of blood flow to the fibroid.

### Patients who are ideal for UFE include women who:

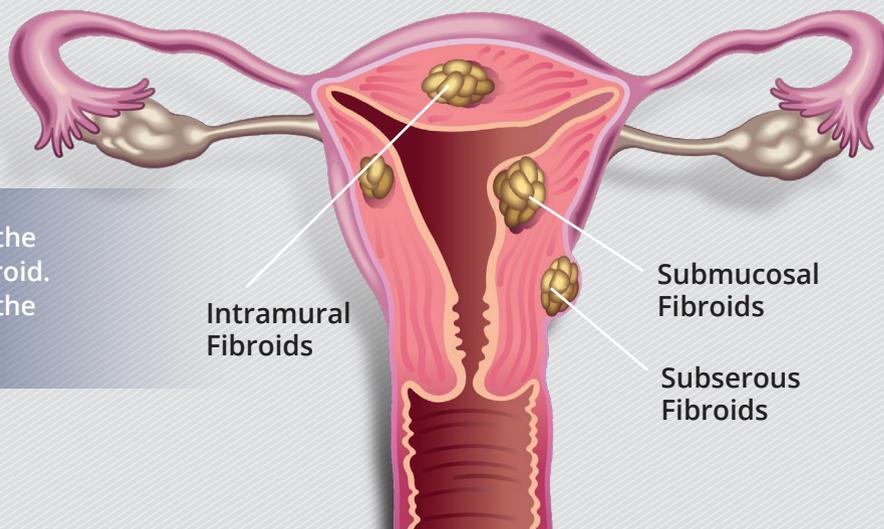
- Have symptomatic fibroids
- Want to keep their uterus
- Do not want surgery
- Want an overnight or outpatient hospital stay
- May not be good candidates for surgery

## Health Insurance Coverage for UFE

Most insurance companies cover UFE as a treatment for symptomatic fibroids. Discuss your coverage with your doctor or insurance provider before the procedure.

## UTERINE FIBROIDS EMBOLIZATION

Microspheres are injected into the blood vessels leading to the fibroid. They block blood flow, causing the fibroid to shrink.



## Benefits of UFE

UFE	HYSTERECTOMY
<b>HOSPITAL STAY TIME</b>	
▪ less than one day	▪ 2.3 days
<b>DAYS UNTIL RETURNING TO WORK</b>	
▪ 10.7 days	▪ 32.5 days
<b>EXPERIENCED COMPLICATIONS (AFTER 30 DAYS)</b>	
▪ 12.7%	▪ 32%

## Risks Associated with UFE

UFE is a safe procedure for treating symptomatic fibroids with minimal risk. Infrequent complications have been reported following UFE. The most reported risk factors and complications associated with UFE are transient amenorrhea, common short-term allergic reaction/rash, vaginal discharge/infection, non-targeted embolization, possible fibroid passage, and post-embolization syndrome. The most common complications associated with hysterectomy are vaginitis, drug reactions, and urinary tract infections, with some more serious complications reported after 30 days including pneumonia, bowel injury, vaginal cuff herniation, and recurrent bleeding from the vaginal stump.

## Fibroid Treatment Options

If you do not have symptoms, treatment is probably unnecessary. Your doctor may want to continue to monitor your fibroids. If you do have symptoms, several options are available.

## Uterine Fibroid Embolization

Uterine fibroid embolization, or UFE, is a minimally invasive option that preserves the uterus and greatly reduces recovery times compared to surgical procedures.

## Surgical Treatments

Surgical treatment options include hysterectomy, which is the removal of the uterus, and myomectomy, the removal of just the fibroids. While these options are generally effective, they require anesthesia and lengthy recovery times and carry a risk of surgical complications. Many women are not candidates for myomectomy because of the size, number, or location of their fibroids. Endometrial ablation is sometimes suggested by physicians, which may cause confusion as it sounds similar to “fibroid embolization” (or UFE). Endometrial ablation only treats the endometrial lining and not specifically fibroids. Endometrial ablation is best performed for women who do not have fibroids, but are suffering with heavy bleeding for other reasons and do not desire future fertility.

If you suspect you have fibroids, your doctor should conduct an ultrasound or other imaging tests to be certain.

