



Queensland  
Government

# Embolisation of the Uterine Artery Consent

Adult (18 years and over)

Facility: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

## A. Does the patient have capacity to provide consent?

- Yes → **GO TO section B**  
 No → **COMPLETE section A**

You must adhere to the Advance Health Directive (AHD), or if there is no AHD, the consent obtained from a substitute decision-maker in the following order: Category 1. Tribunal-appointed guardian; 2. Enduring Power of Attorney; or 3. Statutory Health Attorney.

Name of substitute decision-maker:

Category of substitute decision-maker:

## B. Is an interpreter required?

- Yes  No

If yes, the interpreter has:

- provided a sight translation of the informed consent form in person  
 translated the informed consent form over the telephone

*It is acknowledged that a verbal translation is usually a summary of the text on the form, rather than word-by-word translation.*

Name of interpreter:

Interpreter code:

Language:

## C. Patient/substitute decision-maker confirms the following procedure(s)

I confirm that the referring doctor/clinician has explained that I have been referred for the following procedure:

Embolisation of the uterine artery:  Yes  No

Site/side of procedure:

Name of referring doctor/clinician:

## D. Risks specific to the patient in having an embolisation of the uterine artery

*(Doctor/clinician to document additional risks not included in the patient information sheet):*

## E. Risks specific to the patient in *not* having an embolisation of the uterine artery

*(Doctor/clinician to document specific risks in not having an embolisation of the uterine artery):*

## F. Alternative procedure options

*(Doctor/clinician to document alternative procedure not included in the patient information sheet):*

## G. Information for the doctor/clinician

The information in this consent form is not intended to be a substitute for direct communication between the doctor/clinician and the patient/substitute decision-maker.

I have explained to the patient/substitute decision-maker the contents of this form and am of the opinion that the information has been understood.

Name of doctor/clinician:

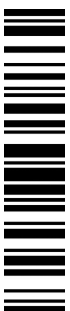
Designation:

Signature:

Date:

DO NOT WRITE IN THIS BINDING MARGIN

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EMBOLISATION OF THE UTERINE ARTERY CONSENT



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Adult (18 years and over)

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URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

### H. Patient/substitute decision-maker consent

I acknowledge that the doctor/clinician has explained:

- the 'Embolisation of the Uterine Artery' patient information sheet
- the medical condition and proposed treatment, including the possibility of additional treatment
- the specific risks and benefits of the procedure
- the prognosis, and risks of not having the procedure
- alternative procedure options
- that there is no guarantee the procedure will improve the medical condition
- that if a life-threatening event occurs during the procedure, I will be treated based on documented discussions (e.g. AHD or ARP [Acute Resuscitation Plan])
- that a doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate procedure; this may include a doctor/clinician undergoing further training under supervision
- that if the doctor/clinician wishes to record video, audio or images during the procedure where the recording is not required as part of the treatment (e.g. for training or research purposes), I will be asked to sign a separate consent form. If I choose not to consent, it will not adversely affect my access, outcome or rights to medical treatment in any way.

I was able to ask questions and raise concerns with the doctor/clinician.

I understand I have the right to change my mind regarding consent at any time, including after signing this form (*this should be in consultation with the doctor/clinician*).

#### **I/substitute decision-maker have received the following consent and patient information sheet(s):**

- 'Embolisation of the Uterine Artery'
- 'About Your Anaesthetic'

On the basis of the above statements,

#### **1) I/substitute decision-maker consent to having an embolisation of the uterine artery.**

Name of patient/substitute decision-maker:

Signature:

Date:

#### **2) Student examination/procedure for professional training purposes:**

For the purpose of undertaking training, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to patient/substitute decision-maker consent, assist with/conduct an examination or procedure on a patient while the patient is under anaesthetic.

I/substitute decision-maker consent to a clinical student(s) undergoing training to:

- observe examination(s)/procedure(s)  Yes  No
- assist with examination(s)/procedure(s)  Yes  No
- conduct examination(s)/procedure(s)  Yes  No

# Embolisation of the Uterine Artery

Adult (18 years and over) | Informed consent: patient information

**A copy of this patient information sheet should be given to the patient or substitute decision-maker to read carefully and allow time to ask any questions about the procedure. The consent form and patient information sheet should be included in the patient's medical record.**

*In this information sheet, the word 'you' means the patient unless a substitute decision-maker is providing consent on behalf of the patient, in which case the word 'you' means the substitute decision-maker when used in the context of the person providing consent to the procedure.*



## 1. What is an embolisation of the uterine artery and how will it help me?

Embolisation of the uterine artery is a procedure that blocks the blood flow to a part of the uterus, such as a fibroid. A **uterine fibroid** is a growth in or around the uterus. They are very common.

The blood supply is blocked by an 'embolic agent'. There are many different types of embolic agents including coils, foam, plastic particles, balloons and glue, that are made specifically for use inside the body. Your doctor/clinician will choose the agent most suitable for your condition. More than one embolic agent may be used.

As part of the procedure, an angiogram is required prior to the embolisation. An angiogram is a diagnostic procedure using x-rays and iodinated contrast to review and measure the shape and size of the vessel leading to the area to be treated.

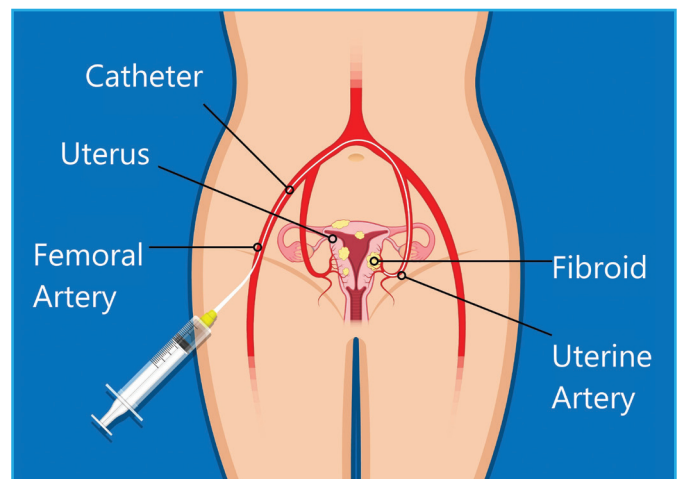


Image: Embolisation of the uterine artery.  
ID: 1194708547. [www.shutterstock.com](http://www.shutterstock.com)

## Preparing for the procedure

The Medical Imaging department will give you instructions on how to prepare for the procedure. It is important to follow the instructions that are given to you. Your procedure might be delayed if you don't follow all of the preparation steps.

Medical imaging staff will notify you beforehand if you are required to stop taking any blood-thinning medicine. List or bring all your prescribed medicines, those medicines you buy over the counter, herbal remedies and supplements to show the doctor/clinician what you are taking.

This procedure will require the use of a local anaesthetic and possibly a mild sedation. If you are being discharged post-procedure, please have someone available to escort you home.

Do not drink alcohol, smoke, vape or take recreational drugs for at least 24 hours before the procedure as these may alter the effects of the sedation anaesthetic. If you have a drug or medication dependence, please tell your doctor/clinician.

Please tell the doctor/clinician if you are breastfeeding or pregnant, or suspect that you may be pregnant.

## On the day of the procedure

- Nothing to eat or drink ('nil by mouth'): you will be told when to have your last meal and drink. Do NOT eat (including lollies), drink or chew gum after this time otherwise your procedure may be delayed or cancelled. This is to make sure your stomach is empty so that if you vomit, there will be nothing to go into your lungs.
- If you take medicines, most should be continued before a procedure and taken at the usual time, even on the day of the procedure, with a sip of water. There are some important exceptions:
  - your doctor/clinician will provide specific instructions about your medicines
  - take to the hospital all your prescribed medicines, those medicines you buy over the counter, herbal remedies and supplements. This may include and is not limited to blood thinning medicines, the contraceptive pill, antidepressants and/or medicines for treating diabetes (e.g. insulin).
- If you feel unwell, contact the Medical Imaging department for advice.
- Tell your doctor/clinician if you have:
  - health problems (e.g. diabetes, high blood pressure, infectious diseases, serious illnesses), including if undergoing regular treatment
  - had previous problems and/or known family problems with anaesthesia
  - false teeth, caps, loose teeth or other dental problems
  - allergies/intolerances of any type and their side effects.
- You will be required to change into a hospital gown and remove some of your jewellery.

## Sedation

Sedation is the use of medicines that help make you feel relaxed and drowsy for your procedure. You may remember some or little about what has happened. You may still be aware of your surroundings and should be able to follow simple instructions, such as holding your breath when instructed by the doctor/clinician.

If you are booked for an anaesthetic or sedation, please read the information sheet *About Your Anaesthetic (for adults)*. If you do not have one of these information sheets, please ask for one.

## During the procedure

An intravenous (I.V.) cannula is a small plastic tube that is inserted into a vein, usually in your hand or arm. This is for any medication or fluids required during the procedure, including sedation.

Routine observations, for example blood pressure and heart rate, will be taken before the start of the procedure.

The skin in your groin area will be cleaned and a sterile drape will cover your body.

The doctor/clinician will use local anaesthetic to numb the skin and make a small cut in your groin, inserting a special needle into the artery. Using iodinated contrast (also known as x-ray dye) and x-ray images, the doctor/clinician will be able to guide a catheter (a soft plastic tube) up to the specific artery. You should not be able to feel the catheter inside your body.

Once the catheter is in place the embolic agent is injected into the artery.

To assess if the embolisation has been effective, contrast will be injected through the catheter into the artery and further x-ray images will be taken. Several injections of embolic agents may be needed to completely block off the artery.

After the procedure is completed, the catheter will be removed. Firm pressure will be put over the area where the catheter went into your skin (puncture site). Sometimes a special plug is used. This allows the artery to seal so you will not bleed. A small dressing will be applied over the puncture site.

You will be transferred from the procedure room to a recovery area.

Your observations and puncture site will be monitored regularly for swelling, oozing of blood and bruising.

You may be required to rest in bed for up to 6 hours. Moving too soon after this procedure may cause bleeding at the puncture site.

Once your observations are stable, you will be transferred to a ward.

You will be able to go home once your pain and nausea have settled.

You may eat and drink after your procedure unless otherwise advised.

If the I.V. cannula is no longer required, it will be removed after you have recovered.



## 2. What are the risks?

In recommending the procedure, the doctor/clinician believes that the benefits to you from having the procedure exceed the risks involved. There are risks and possible complications associated with the procedure which can occur with all patients – these are set out below. There may also be additional risks and possible complications specific to your condition and circumstances which the doctor/clinician will discuss with you. If you have any further concerns, please ensure that you raise them with the doctor/clinician prior to giving consent to the procedure.

### Common risks and complications

- minor pain, bruising and/or infection from the IV cannula
- pain or discomfort at the puncture site
- bleeding or bruising at the puncture site. This is usually stopped by applying pressure and/or ice
- bleeding or bruising is more common if you have been taking blood thinning medicines, such as warfarin, aspirin, clopidogrel (Plavix, Iscover, Coplavix), prasugrel (Effient), dipyridamole (Persantin or Asasantin), ticagrelor (Brilinta), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/alternative medicines, such as fish oil and turmeric
- post-embolisation syndrome which includes pain, nausea, vomiting and fever. This is due to the blood supply to the treated area being cut off. Treatment may be required

- failure of local anaesthetic which may require a further injection of anaesthetic or a different method of anaesthesia
- nerve damage, is usually temporary, and should get better over time. Permanent nerve damage is rare.

### Uncommon risks and complications

- infection, requiring antibiotics and further treatment
- damage to surrounding structures such as blood vessels, organs and muscles, requiring further treatment
- a blood clot or excessive bleeding from the puncture site. This may require other treatment and/or corrective surgery
- an allergy to injected medications, requiring further treatment
- tissue breaking off the uterine wall into the uterine cavity may be passed spontaneously through the vagina or might need a procedure to remove it
- temporary epilation (hairloss) or skin damage, due to x-ray radiation to the treated area
- the procedure may not be possible due to medical and/or technical reasons.

### Rare risks and complications

- the blockage of non-uterine arteries potentially causing damage to pelvic structures, nerves and legs. This may require further treatment
- when a blood vessel is embolised, some of the tissue supplied by that blood vessel may become damaged. A hysterectomy could be required
- irreversible damage to the ovaries causing infertility and menopause
- incomplete blockage of the blood flow. This may require other procedures
- permanent epilation (hairloss) or skin burns from exposure to x-rays
- (*I.V. iodinated contrast only*) allergic reactions rarely occur, but when they do, they occur within the first hour, with most happening in the first five minutes. Late reactions have been known to occur up to 1 week after the injection. Note: Allergy to topical iodine and/or seafood does not imply an allergy to iodinated contrast. The reactions vary from:
  - mild: hives, sweating, sneezing, coughing, nausea

- moderate: widespread hives, headache, facial swelling, vomiting, shortness of breath
- severe: severe reactions are rare but include life-threatening heart palpitations, very low blood pressure, throat swelling, seizures and/or cardiac arrest
- seizures and/or cardiac arrest due to local anaesthetic toxicity
- death because of this procedure is very rare.

**If sedation is given, extra risks include:**

- faintness or dizziness, especially when you start to move
- fall in blood pressure
- nausea and vomiting
- weakness
- heart and lung problems, such as heart attack or pneumonia
- stroke resulting in brain damage.

*Note: Research to date is not clear what effect uterine artery embolisation has on fertility and future pregnancies.*

### Contrast precautions for patients with renal impairment

Contrast is removed from the blood by the kidneys through the urine.

You may be asked to have a blood test to find out how well your kidneys are functioning.

In patients with severe renal impairment or acute kidney injury, careful weighing of the risk versus the benefit of iodinated contrast media administration needs to be undertaken. However, severe renal function impairment should not be regarded as an absolute contraindication to medically indicated iodinated contrast media administration<sup>1</sup>.

When significant worsening of kidney function is seen, such as in kidney disease, there is often more than one factor causing stress to the kidneys such as certain medicines, infection, dehydration or low blood pressure. To minimise stress to your kidneys your doctor/clinician may recommend you have extra fluid to ensure

good hydration, stop some medicines temporarily or have extra blood tests to monitor your kidney function around the time of your procedure.

### Risks of radiation

The risks of radiation exposure from this procedure need to be compared to the risks of your condition not being treated. Exposure to radiation may cause a slight increase in the risk of cancer to you over your lifetime. However, the potential risk is small compared to the expected benefit of this procedure<sup>2</sup>.

### What are the risks of not having an embolisation of the uterine artery?

There may be adverse consequences for your health if you choose not to have the proposed procedure. Please discuss these with the referring doctor/clinician.

If you choose not to have the procedure, you will not be required to sign a consent form.

If you have signed a consent form, you have the right to change your mind at any time prior to the procedure. Please contact the doctor/clinician to discuss.



### 3. Are there alternatives?

Making the decision to have a procedure requires you to understand the options available.

Other options may include:

- medical therapy
- myomectomy, surgery to remove the fibroid
- hysterectomy.

Please discuss any alternative procedure options with your referring doctor/clinician before signing the consent form.



### 4. What should I expect after the procedure?

Your healthcare team will talk to you about what to expect after your procedure and upon discharge from hospital.

You will be given a Patient Implant Card (PIC) for your records with the specific details of any implanted devices used.

This information may be helpful for safety in any future Magnetic Resonance Imaging (MRI) scans.

It is common to experience pain, nausea (for up to 2 days), and fevers which may last a week.

Go to your nearest Emergency department or GP (your local doctor) if you become unwell or have;

- a cool or cold limb
- uncontrolled pain and/or nausea
- continuous bleeding, swelling, redness or inflammation at the puncture site
- a high fever
- other warning signs the doctor/clinician may have asked you to be aware of.

If you had sedation, this will affect your judgement for about 24 hours. For your own safety:

- Do NOT drive any type of car, bike or other vehicle.
- Do NOT operate machinery including cooking equipment.
- Do NOT make important decisions or sign a legal document.
- Do NOT drink alcohol, smoke, vape or take recreational drugs. They may react with the anaesthetic medications.

## 5. Who will be performing the procedure?

Doctors, radiographers, nuclear medicine technologists, sonographers, nurses and medical imaging assistants make up the medical imaging team. All or some of these professionals may be involved in your journey.

A doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate procedure. This could include a doctor/clinician undergoing further training, however all trainees are supervised according to relevant professional guidelines.

If you have any concerns about which doctor/clinician will be performing the procedure, please discuss this with the doctor/clinician.

For the purpose of undertaking professional training in this teaching hospital, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to your consent, assist with/conduct an examination or procedure on you while you are under anaesthetic.

You are under no obligation to consent to an examination(s) or a procedure(s) being undertaken by a clinical student(s) for training purposes. If you choose not to consent, it will not adversely affect your access, outcome or rights to medical treatment in any way.

For more information on student care, please visit [www.health.qld.gov.au/consent/students](http://www.health.qld.gov.au/consent/students).



## 6. Where can I find support or more information?

Hospital care: before, during and after is available on the Queensland Health website [www.qld.gov.au/health/services/hospital-care/before-after](http://www.qld.gov.au/health/services/hospital-care/before-after) where you can read about your healthcare rights.

You can also see a list of blood thinning medications at [www.health.qld.gov.au/consent/bloodthinner](http://www.health.qld.gov.au/consent/bloodthinner).

Further information about informed consent can be found on the Informed Consent website [www.health.qld.gov.au/consent](http://www.health.qld.gov.au/consent). Additional statewide consent forms and patient information sheets are also available here.

Staff are available to support patients' cultural and spiritual needs. If you would like cultural or spiritual support, please discuss this with your doctor/clinician.

Queensland Health recognises that Aboriginal and Torres Strait Islander patients will experience the best clinical care when their culture is included during shared decision-making.

## 7. Questions

Please ask the doctor/clinician if you do not understand any aspect of this patient information sheet or if you have any questions about your proposed procedure.

If you have further questions prior to your appointment, please contact the Medical Imaging department via the main switchboard of the facility where your procedure is booked.

## 8. Contact us

**In an emergency, call Triple Zero (000).**

If it is not an emergency, but you have concerns, contact 13 HEALTH (13 43 25 84), 24 hours a day, 7 days a week.

### References:

1. Iodinated Contrast Media Guideline, V2.3, The Royal Australian and New Zealand College of Radiologists, March 2018. Available from: [www.ranzcr.com/college/document-library/ranzcr-iodinated-contrast-guidelines](http://www.ranzcr.com/college/document-library/ranzcr-iodinated-contrast-guidelines).
2. Australian Radiation Protection and Nuclear Safety Agency (ARPANSA). Ionising radiation in our everyday environment, 2021. Available from [www.arpansa.gov.au](http://www.arpansa.gov.au)