Definitions

Fibroid – a benign fibrous growth in the muscle of the uterus.

Embolisation – a procedure where tiny particles are injected into the blood vessels leading to the fibroid, causing it to reduce in size.

Parts of the body involved

Uterus

Reasons for procedure

Fibroids are common benign tumours of the uterus which may cause vaginal bleeding and pressure symptoms. The pressure may restrict bowel and bladder function.

Risk factors for complications during procedure

• obesity
• smoking
• poor nutrition
• chronic illness or debilitation
• bleeding disorder.

What to expect

Prior to Procedure

Your gynaecologist will likely do the following:

• physical exam, including pelvic exam
• blood tests
• pelvic ultrasound and/or pelvic MRI.

Your Interventional Radiologist will discuss the procedure with you in detail.

Instructions upon your arrival

• Please present to Patient Flow located in Block 6, Ground Level at the required time.
• After being checked in, you will be transferred to Ward 2D

Specialist Outpatients Department, Nambour General Hospital
Block 6, Level 1
Phone: 5470 6700

Medical Imaging Department, Nambour General Hospital
Block 6, Ground Level
Phone: 5470 6719

Notes:
In the days leading up to your procedure
- arrange transport to and from the procedure
- arrange for help at home after the procedure
- take clear fluids only and your normal medications on the day of the procedure
- an anti-inflammatory suppository may be inserted on arrival at the hospital for the procedure

During procedure
IV fluids, sedation, possible pain block.

Anaesthesia
The procedure is performed under local anaesthetic and twilight sedation.

After procedure
Patient Controlled Analgesia IV drip will be started. You need to lie flat for 2-4 hrs after an arterial puncture and rest in bed for six hours. You can move around after that if comfortable.

Description of the procedure
After performing an angiography procedure of the uterine arteries, a series of injections of fine particles will be inserted into the artery (supplying the fibroid) to cause it to block up.

This cuts the blood supply to the fibroid which then dies. After 30-60 minutes the fibroid begins to swell and this usually causes severe discomfort.

How long will it take?
About 1-2 hours

Will it hurt?
Pain can be severe for several hours after the procedure. This is managed with a pain block during the procedure and the patient controlled anaesthesia IV drip and other measures after the procedure.

A catheter releases particles that block blood flow to the fibroid, to starve it of nutrients.

Possible complications
- vaginal bleeding
- pelvic infection

Average hospital stay
1 - 2 nights

Post-operative care
- Pain relief
- Warm compresses or a heating pad may also help relieve discomfort
- Restriction of exercise for 2 - 3 weeks after your surgery
- Pelvic MRI may be required at six months after embolisation to ensure the fibroids are well embolised and shrinking.

Outcome
The fibroids will begin to shrink and after six months, an MRI will normally show a marked reduction in size, with reduction in pressure symptoms. Menstrual bleeding is usually lighter and normal within 1-2 cycles.

Call your Doctor if any of the following occurs
- Redness, swelling, increasing pain, excessive bleeding or discharge from the vagina
- Nausea and/or vomiting that is not controlled with the medications given after surgery, or which persists for more than two days after discharge from the hospital
- Signs of infection, including fever and chills
- Cough, shortness of breath, chest pain, or severe nausea or vomiting
- Pain and/or swelling in your feet, calves, or legs, sudden shortness of breath or chest pain.