Diagnostic Imaging Solutions & Early Detection

Uterine Fibroid (Artery) Embolization Information

About the procedure:

The uterine fibroid (artery) embolization blocks the blood supply to the fibroids, causing them to shrink. It is clinically proven to reduce the major symptoms of fibroids, including pain, excessive and prolonged bleeding, and frequent urination. The procedure is minimally invasive, requiring only a small nick in t the skin. The procedure takes less than an hour to perform.

During the angiogram procedure, the specific blood vessels which supply the fibroids are identified and particles (microspheres) injected into them, which then block the blood flow to the fibroids. These microspheres remain permanently at the fibroid site, causing the fibroid(s) to shrink and be replaced by a small amount of scar tissue.

Day of the procedure:

- Arrive at the scheduled time.
- NO TAMPONS. If you are having your period, wear older underwear and a pad. (About 20% of women have their period when the procedure is performed).
- Upon arrival, you will sign your consent. Your discharge instructions will be reviewed with you and prescribed medication regime.
- The procedure takes about an hour. You will be sedated for the procedure, usually having little memory of the actual procedure.
- After the procedure, you will spend several hours recovering in the post care area. You will receive IV fluids as well as appropriate pain and anti-nausea medications.
- You will be sent home with several prescriptions to control pain and nausea. While you are recovering,
- You caregiver will need t have the prescriptions filled. (The prescriptions are signed after the completion of the procedure). The medications include pain medications (usually Fentanyl Patch and Percocet), anti-nausea medication (usually Phenergan tablets if you are nauseated and suppositories if you are vomiting), an anti-inflammatory unless you are allergic (usually Anaprox), and an antibiotic (usually Cipro).
- Someone MUST be with you the day of the procedure. They will take care of you, including waking you every 3-4 hours to make certain you pain is being kept under control.

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Procedure risks:

In addition to the usual angiogram risks, the following are risks specific to the uterine fibroid embolization procedure:
- Loss of menses
- Noon-target embolization
- Possible ovarian artery embolization. About 2% of all fibroids are fed from the arteries coming from the ovaries. This usually occurs only from on ovary. If embolization is not done, symptoms usually continue. If embolization is done, it may result in menopause.
- Inability to become pregnant in the future.
- Inability to carry pregnancy to full term in the future.
- Bowel perforation. Uterine infection requiring surgery to remove the uterus.

What to expect after the procedure:

- Your menstrual cycle may take a few months to return to normal. This can be anything from frequent, heavy periods to no period for several months until the hormones normalize.
- You will experience constipation from the pain medications. Take Milk of Magnesia (two tablespoons once to twice a day), a stool softener such as Colace, or anything else that works for you. When all else fails, a bottle (12 ounces) of Citrate of Magnesia works well.
- You will experience cramping for up to 10 days.
- You may have "flu" like symptoms for about a week, including a fever.
- You may have odorless vaginal discharge for up to three months.
- You may resume sexual activity when you feel comfortable doing so.
- Plan on taking 2-3 weeks to recover.

What to do:

- Take your medications as directed. The first night is the most difficult. You will have adequate medication.
- Drink lots of fluids.
- Plan on resting, doing what you enjoy doing during your recovery.
- Keep your post procedure follow-up.
- Keep your 6 month and 12 month MRI appointments (to evaluate shrinkage).

Please call 727-791-7300 if you have any questions.