



**Te Whatu Ora**  
Health New Zealand

# Fibroid Embolisation

# Symptoms

Symptoms depend on the number, size and where the fibroids are. They may cause:

- Heavy, longer periods that can cause anaemia.
- Pelvic pain, pressure or heaviness in the abdomen, pain during intercourse.
- Bladder and bowel pressure which may result in the need to frequently pass urine or cause constipation.
- Infertility and problems during pregnancy.

# Treatment

Most fibroids don't cause symptoms and do not need treatment. For symptomatic fibroids there are medical, surgical and embolisation treatments available (a fibroid pamphlet is available for medical and surgical treatments).

# What is fibroid embolisation

Fibroid embolisation is a procedure that has been performed worldwide for over 20 years. It is not as invasive as other procedures and is done by an Interventional Radiologist in the X-ray department. It usually involves an overnight stay in hospital. Almost all fibroids are suitable for embolisation.

Where possible, patients have an MRI scan to show the fibroids in detail before the procedure. If you are suitable for fibroid embolization, the consultant Interventional Radiologist will explain the procedure in detail with you. They can answer all your questions, including those related to the effects on future fertility, and will ask for your consent for the procedure.

The majority of patients have a significant improvement in their symptoms of heavy bleeding (80 to 90%) and pelvic pressure (80 to 90%) over 2 or 3 periods.

# What can I expect in hospital?

## The morning of the procedure

1. You will be admitted to ward 97 and a Gynaecology nurse will prepare you for the embolisation. This involves:
  - having a blood test
  - having an intravenous line inserted for pain relief and antibiotics
  - Oral medications.
  - A urinary catheter inserted into the bladder.
  - The nurse will also fit you with stockings to help avoid blood clots.
2. The Interventional Radiologist will visit you in the ward before the procedure.
3. The nurse will then transfer you to the X-ray department.
4. Under X-ray guidance, a small tube called a catheter will be inserted into an artery in your groin or forearm, and then through to the artery sending blood supply to the fibroid. Particles smaller than a grain of sand will be released into the artery. They will block the blood vessels which supply the fibroids. Without blood supply, the fibroids die off and shrink on average by 40 to 50% over a 3-to-6-month period.

## After the procedure

1. After the procedure you will return to ward 97 with a pump for pain relief, and other medications as necessary.
2. You will be on bed rest for 4 - 6 hours, and can then mobilise. Your catheter will be removed once you can walk around and get to the bathroom. Your observations will be recorded regularly by your nurse, and your hand or foot pulse checked as needed.

## Is fibroid embolisation safe?

- This procedure has been performed for over 20 years and the studies show it is safe and effective.

- There is a small risk (1 - 2%) of requiring a hysterectomy if infection occurs.
- Some women may have early menopause (3 to 4 %) although this is more likely in women over 45.
- A small number of women (3 to 4 %) may require a second procedure under anaesthetic to treat post procedure symptoms.

The particles used to block off the blood supply to the artery are a plastic material that they don't react with the body (are biocompatible). They have been used in various procedures for over 40 years with no significant side effects reported. No more than a teaspoon is usually required to complete the procedure.

## Recovery from the procedure

### Symptoms

One of the benefits of fibroid embolisation is quicker recovery time than following surgery.

You will likely experience some “post embolisation syndrome” symptoms such as a low grade fever, pain, fatigue, and possibly nausea and vomiting. It is believed that this is a chemical released by the shrinking fibroids which causes an inflammatory response.

Symptoms peak at about 48 hours and then begin to decrease. These symptoms can be managed by rest, remaining well hydrated, and oral medication.

### Going home

When you are ready to go home, you will be given instructions from your Interventional Radiologist.

- You will get a prescription for pain relief and nausea medications which you need to take regularly to keep yourself comfortable.
- You may have some cramping that lasts a few days.

- You can go back to your normal daily activities at around 3 to 5 days, (i.e. going for a short walk or drive, making a meal) but avoid any significant physical exertion for 2 weeks.
- For a small number of patients, their period can become unpredictable and may start sooner or later than expected but this tends to settle over the first month.
- Do not use tampons or have intercourse for 2 weeks.
- If you feel unwell with ongoing pain and fever you should see your GP or contact the Interventional Radiologist for assessment of infection, which can require coming back into hospital.
- Vaginal discharge occurs in 30 to 50 % of patients. This can start the week after embolisation as a blood stained/mucous discharge. The discharge can last for up to 4 weeks but if it continues beyond 6 weeks you should let your GP know or the doctor you see for your follow-up appointment, as it may require a second procedure (D&C) to help it settle down.
- You will need to take at least 2 weeks off work. Some women may require 3 weeks depending on the type of work they do. You can get a certificate before you leave the hospital.
- You will come back to see your Interventional Radiologist at approximately 3 to 5 weeks post procedure, and the Gynaecology team who referred you in 4 to 6 months. You may have a repeat ultrasound scan at 6 months depending on how your symptoms are.



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