

Uterine Fibroid Embolisation

What are fibroids and what are the symptoms?

Fibroids are very common non-cancerous growth in the uterus. They may cause heavy periods and painful periods, as well as bulk related symptoms such as urinary frequency and abdominal distention.

A non-surgical alternative Brief

Patient Information - By Dr Eisen Liang

What are the treatment options?

1. Uterine fibroid embolisation?

Uterine fibroid embolisation (UFE) is also known as uterine artery embolisation (UAE). Tiny particles are injected to block the flow of the arteries supplying the uterus, starving the fibroids, leading to shrinkage and alleviation of symptoms. This is a procedure performed under sedation and local anaesthetic by an interventional radiologist. A tiny nick is made at the groin and a catheter (small tube 1- 2 mm diameter) is inserted and advanced into arteries of the uterus under X-ray guidance.

What are the advantages of UFE over surgery?

UFE is a minimally invasive non-surgical procedure. The symptoms are effectively treated without surgically removing the uterus or fibroids. The risk of blood transfusion, wound infection/ breakdown and other surgical risk are eliminated and there is no need for general anaesthetics. The hospital stay is much shorter (1-2 days vs. 5-7days). Time to return to normal activities is much faster (1week vs. 4-5weeks).

How effective is UFE?

Overseas and local studies have confirmed the safety and effectiveness of UFE. UFE is as effective as hysterectomy in alleviating fibroid symptoms and improving women's quality of life.

How do I recover from UFE? Is UFE painful?

After the procedure, you might experience pelvic pain, nausea, fatigue and fever. You will be kept in hospital for 1-2 nights to ensure that your symptoms are adequately controlled with medications. Most symptoms gradually resolve within 4 to 5 days. You should anticipate returning to work and normal

activities 7 days after the procedure. Condoleezza Rice had UFE on Friday afternoon and went back to White House on Monday morning.

What are the potential complications after UFE?

Procedural related complications such as injury to artery are very rare (<1%). Delayed complications, such as shedding of dead fibroid fragments causing blockage and infection of the uterus, occur in < 3%. In case you develop pain, fever and smelly vaginal discharge, you will need to be assessed and treated in a hospital emergency department. Most fragments can pass by themselves. Rarely the cervix needs to be dilated by gynaecologist to remove the fragment causing the blockage.

May I lose my period?

Theoretically some particles might find their way to the ovaries due to shared blood supply. However, studies have shown that UFE does not affect ovarian function in younger women. The chance of permanent period loss is less than 3% if you were younger than 40 and more than 40% if you were older than 50. This is probably related to natural onset of menopause as we age.

Is UFE still experimental?

No. UFE has been performed since 1995. Overseas and local studies have proven that UFE is safe and effective in treating fibroid symptoms. UFE was approved by Medicare in 2006. It is recognized as an effective treatment option by Colleges of O&G in UK, USA and Australia New Zealand.

Am I a candidate for UFE?

If you were troubled by fibroid related symptoms, UFE might be an option, especially if you wish to preserve your uterus, avoid major surgery and desire a quicker recovery.

For more information on UFE treatment, please follow [this useful link](#)