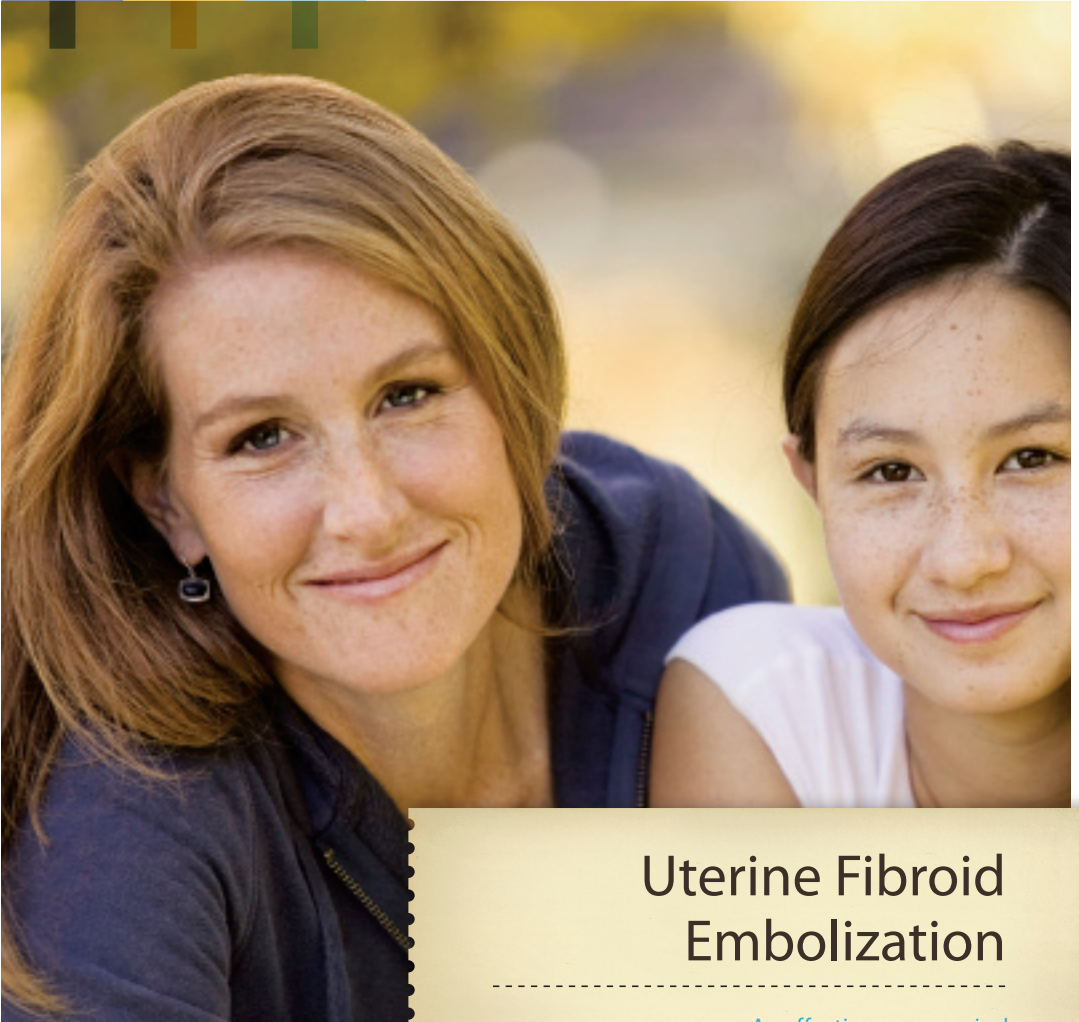
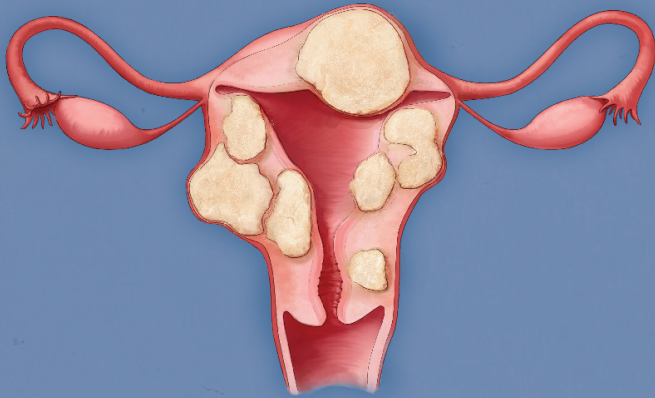


care + excellence + healing



Uterine Fibroid Embolization


An effective, non-surgical
treatment for uterine fibroids.



Uterine Fibroids occur in an estimated
40% of women of child bearing age.



What are uterine fibroids?



+ Uterine Fibroids (Leiomyomata) are common, non-cancerous growths in women typically over the age of 35. They are abnormal growths of muscle and fibrous tissue and are the most common tumor of the uterus. It is estimated that up to 40% of adult women of child-bearing age have uterine fibroids. The fibroids can be as small as a pea, or can grow to be very large, up to the size of a grapefruit. Although most women with fibroids do not have symptoms, symptomatic fibroids can be lifestyle limiting.

+ Fibroids can cause severe menstrual bleeding (menorrhagia), which may lead to anemia. With increasing size, fibroids can also push on the bladder and bowel, causing pelvic or low back pain, abdominal distention, urinary frequency, or constipation. Infertility and recurrent spontaneous abortions may also occur with fibroids.

How can uterine fibroids be treated?

Most fibroids do not cause symptoms or require treatment. For women who have symptomatic fibroids, there are several options.

+ MEDICATION

Non-steroidal anti-inflammatory medications (such as ibuprofen) and hormonal therapy are often the first treatment option prescribed for symptomatic fibroids.

+ SURGERY

Hysterectomy (surgical removal of the uterus) is an established therapy for uterine fibroids. Up to 350,000 hysterectomies are performed every year in the United States just for fibroids. Hysterectomy is safe and has a low complication rate, but it is a major surgical procedure with a recovery period of up to six weeks.

Myomectomy is an alternative surgical procedure in which only the fibroid is removed while preserving most of the uterus. This is a good option for women who wish to preserve their uterus and potentially maintain fertility. Like hysterectomy, it is also safe and carries a low complication rate. About 10% of patients will subsequently require hysterectomy, and up to 30% of fibroids will re-grow following myomectomy.

+ UTERINE FIBROID EMBOLIZATION (UFE)

Embolization is performed using a small, flexible tube (catheter). A specialist, called an Interventional Radiologist, places the catheter into the artery that supplies the uterine fibroid. Particles are then injected into the artery to block the blood supply to the fibroid. Without blood flow, the fibroid shrinks, while the uterus overall remains intact. The procedure is safe and has a very low complication rate. About 90% of patients who present with abnormal bleeding will have significantly improved symptoms after embolization.

UFE has become a very popular treatment for uterine fibroids. Tens of thousands of women across the United States have chosen to have UFE, including former Secretary of State, Condoleezza Rice. UFE is an established and proven treatment option.



Uterine Fibroid Embolization (UFE)

+ PRE-EVALUATION The pre-procedure evaluation includes a consultation with an Interventional Radiologist who will review the procedure, benefits, risks, and alternatives. An MRI is typically performed to evaluate the size and location of the uterine fibroids and to exclude other abnormalities in the pelvis. Patients may also require a recent evaluation by their gynecologist or primary care provider.

+ PROCEDURE Patients are sedated without the use of general anesthesia. The medication reduces potential discomfort and anxiety. Under x-ray guidance, a small catheter is inserted into the femoral artery and guided into the artery that feeds the uterus (uterine artery). Once the catheter is properly positioned, small particles about the size of grains of sand are injected into the uterine artery until it is occluded.

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About 90% of patients who present with abnormal bleeding will have significantly improved symptoms after UFE.



Upon completion of the embolization procedure, the catheter is removed and the patient lies flat with their leg straight for about two hours to prevent bleeding complications. The actual procedure generally lasts from 40 minutes to an hour.

+ RECOVERY AND PAIN CONTROL

Post-procedure discomfort generally peaks within the first 24 hours. Most patients are typically back to normal activity within seven to ten days, although there can be some lingering discomfort up to two weeks after the procedure.

Fibroid embolization typically causes transient pelvic pain, cramping, and nausea. The degree of discomfort is variable but is usually well managed with medication. Patients typically stay overnight in the hospital for pain management and generally go home the next morning on oral pain medication.

+ RESULTS Embolization is technically successful 99% of the time. Ninety percent of patients suffering from heavy menstrual periods significantly improve within two months of the procedure. Research shows that in properly selected patients, clinical results are equivalent to hysterectomy. On average, fibroids shrink about 40% over six months and up to 60% at one year.



+ RISKS AND SIDE EFFECTS Although the risk of complications is low, complications may include bleeding at the puncture site, infection, passage of fibroid tissue through the vagina, and premature menopause.

Infection of the uterus is uncommon. During recovery some patients may develop a low-grade fever due to fibroid tissue dying. This fever is controlled with acetaminophen and/or ibuprofen. Fever not controlled with medication or a high-grade fever (greater than 101 degrees) may need further evaluation.

There is a slight risk of premature menopause. Studies suggest this occurs in up to 20% of patients older than 45, while patients younger than 45 have a less than a 3% chance of premature menopause.

+ SUBSEQUENT PREGNANCY UFE is generally not the procedure of choice for patients desiring future pregnancy. However, there are many published reports of successful pregnancies after fibroid embolization and further research is ongoing in this area. In cases of infertility secondary to fibroids where myomectomy is not an option, UFE may be the procedure of choice.

+ CONTRAINDICATIONS Some fibroids grow on a stalk (pendunculated) and may be best removed by surgery. Also, patients with pelvic infection, endometrial/cervical cancer, or ovarian masses are best treated surgically.



How does UFE compare with hysterectomy and myomectomy?

- + Studies show that embolization success rates and patient satisfaction rates are the same or higher compared to hysterectomy and myomectomy.
- + Complication rates for embolization are similar or less than those of hysterectomy or myomectomy.
- + The cost of the embolization procedure is the same or slightly less than hysterectomy.
- + Length of hospital stay and recovery time are shorter with embolization compared to surgery.

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Where can I get more information about UFE?

Please visit:

www.uvirad.com

If you would like to discuss your options with one of our board certified Interventional Radiologists, please contact Utah Valley Interventional Associates at 801.701.6581 to set up a consultation.

How do I know if I have uterine fibroids?

Symptoms of fibroids may include heavy, painful periods (menorrhagia), pelvic and back pain, urinary frequency, painful intercourse, recurrent spontaneous abortions, and infertility. If large, fibroids may be discovered on pelvic examination by your doctor. Sometimes they are only seen with medical imaging such as ultrasound, CT or MRI.

Have you been diagnosed with uterine fibroids?

If so, there is a minimally invasive alternative treatment available to you that requires no surgical intervention or lengthy recovery.

What is an interventional radiologist?

An Interventional Radiologist is a specially trained, board certified physician who uses imaging guidance such as x-rays, ultrasound, and CT to perform minimally invasive surgical procedures for the diagnosis and treatment of various diseases in the body. After graduation from medical school, an Interventional Radiologist typically trains for an additional six years before entering into practice.

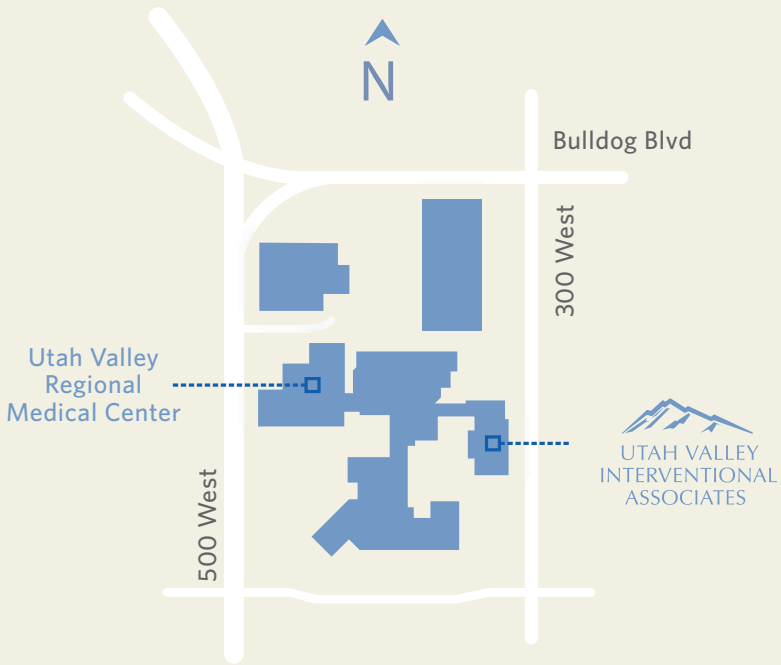


Contact Information

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40% of women of child-bearing
age have **uterine fibroids.**



Utah Valley Interventional Associates / Uterine Fibroid Embolization



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