Could I lose my period after UFE?

Yes, but this is more likely to be age related natural menopause rather than being caused by UFE. If you are younger than 40, the chance of natural menopause is less than 3%; if you are older than 50 the chance is more than 40%. Some particles might find their way to the ovaries via shared blood supply. Studies have shown that UFE seems to affect ovarian function in a very small percentage of treated women. If you are younger than 40, the risk of menopause after UFE is 1-3%

Can I still conceive after UFE?

Yes, many studies have shown that a successful pregnancy outcome is possible after UFE and foetuses are not smaller. Fibroid uterus is not normal to start with, and therefore the rates of miscarriage, preterm delivery, caesarean section and postpartum haemorrhage could be higher than the general population.
For women who have strong desire for pregnancy, we recommend a MRI for a complete assessment of your uterus and to see if myomectomy, UFE or a combination of both is suitable.

Is UFE still experimental?

No. UFE has been performed since 1995. Overseas clinical trials and local studies have proven that UFE is safe and effective in treating fibroid symptoms. UFE has been rebatable by Medicare since 2006. It is recognised as an effective treatment option by Colleges of O&G in UK, USA, Australia and New Zealand. Over the past 20 years, further improvements are seen in case selection, pain control, and management of complications.

Why is MRI required before and after UFE?

Since the uterus is not removed, we need to check fibroid shrinkage after UFE. MRI is better than ultrasound for side-by-side comparison before and after UFE. MRI is also useful to assess the exact locations, richness of cells and blood supply of fibroids, and to make sure there are no suspicious features.

What are the follow up schedules after UFE?

We will see you at 3 months and at 6 months post UFE. You should have seen some improvement of your symptoms at 3 months. A progress MRI should be done just before your 6 month review.

Sydney Fibroid Clinic

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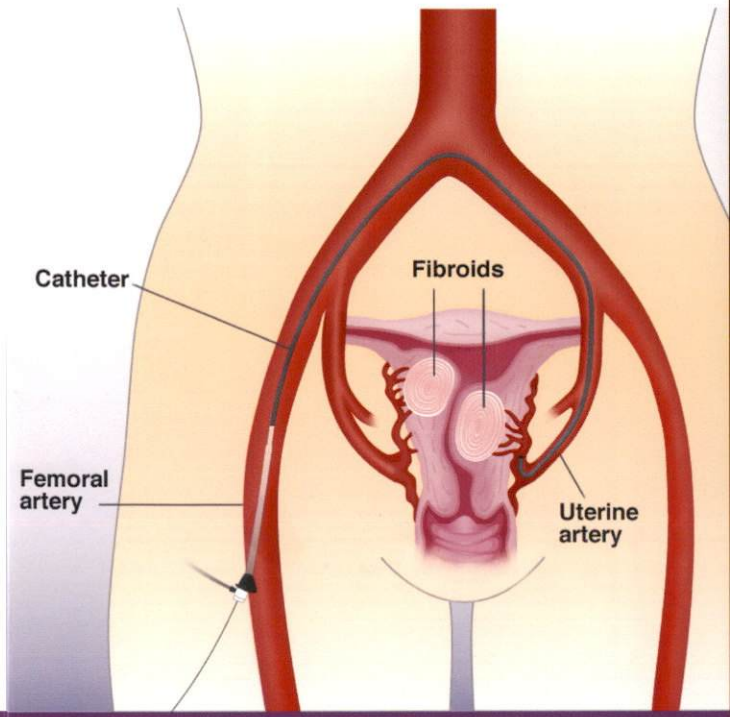


Uterine Fibroid Embolisation

A non-surgical alternative

Sydney Fibroid Clinic

www.sydneyfibroidclinic.com.au

Patient information

By Dr Eisen Liang

What are fibroids and what are the symptoms?

Fibroids are very common benign (non-cancerous) tumours in the uterus. They may cause heavy periods, bladder symptoms and abdominal distention.

What are the treatment options?

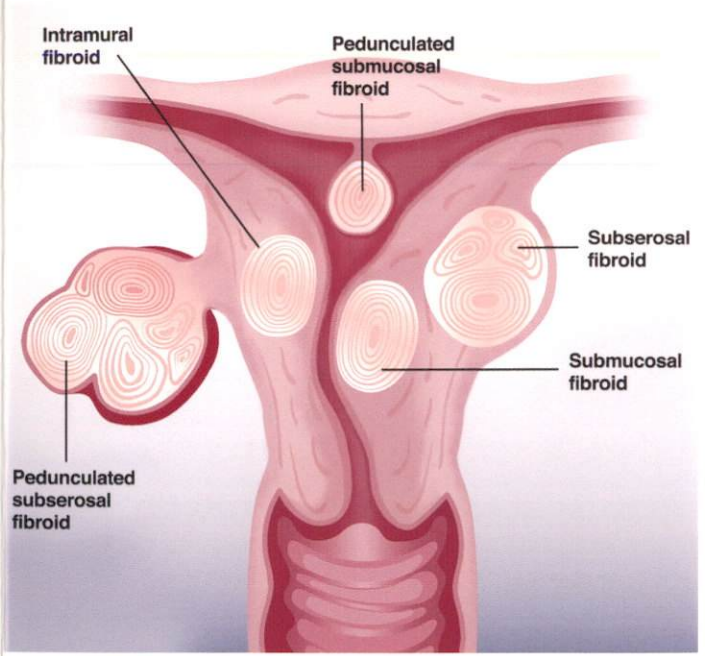
Medical therapies like Tranexamic acid, hormone pills, Mirena IUD and procedures like endometrial ablation might reduce heavy periods. However, these treatments do not shrink fibroids. Small fibroids inside the cavity can be removed via the cervix. Myomectomy (surgical removal of fibroids) may be suitable for women who still want to conceive. In the past, hysterectomy (removal of the whole uterus) is often needed to control symptoms. For those women who want to avoid major surgery, uterine fibroid embolisation (UFE) is now available as an alternative.

What is Uterine Fibroid Embolisation?

Uterine fibroid embolisation (UFE) is also known as uterine artery embolisation (UAE). It is a minimally invasive non-surgical procedure. Tiny particles are injected inside the arteries to block the blood flow to the fibroids, which will shrink and die. Normal uterine tissue has the capacity to open up dormant arteries and therefore will survive. UFE is performed under local anaesthetic by an interventional radiologist. Only a tiny nick in the groin is needed to allow insertion of a small catheter (a tube 1-2mm in diameter), which is guided under X-ray into the left and right uterine arteries.

What are the advantages of UFE over surgery?

UFE shrinks fibroids without having to surgically remove the uterus or fibroids. The risks of blood transfusion, wound infection/ breakdown, and all the other risks associated with a major operation and general anaesthetic are eliminated. The hospital stay is shorter (1-2 days vs. 2-6 days); time to return to normal activities is quicker (1 week vs. 4-6 weeks). Long-term side effects of hysterectomy such as prolapse, urinary incontinence and cardiovascular risks can be avoided.



How effective is UFE?

Seven clinical trials have shown that UFE is as effective as surgery (myomectomy/ hysterectomy) in alleviating fibroid symptoms. Our own data showed 96% success for heavy period; 93% of women treated were happy or very happy with UFE outcome. Size and number of fibroids do not usually matter for UFE.

What are the recovery issues with UFE?

Some women may experience pain especially in the first 12 hours. We have a pain management protocol including Patient Controlled Analgesia (PCA). Some women may also experience nausea, lethargy, low-grade fever, vaginal discharge and bleeding. You should anticipate returning to work and normal activities 1 week after the procedure. Condoleezza Rice had UFE performed 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%). For submucosal fibroids, sloughing of fibroid fragments might cause vaginal bleeding and discharge; passage of large fibroid fragments may cause crampy pain; blockage of cervix may cause infection of the uterus. If you develop pain, smelly vaginal discharge and fever, you will need to be treated by us or in a hospital emergency department. Most fragments can pass by themselves; sometimes they need to be removed by a gynaecologist via vagina. The need for hysterectomy is highly unlikely (<1%).