

### May I lose my period after UFE?

Yes, but this is probably age related natural menopause rather than caused by UFE. If you were younger than 40, the chance of natural menopause is less than 3%; if you were older than 50 the chance is more than 40%. Some particles might find their way to the ovaries via shared blood supply. However, studies have shown that UFE does not affect ovarian function in treated women.

### Can I still conceive after UFE?

Yes, studies have shown that successful pregnancy outcome is possible after UFE and babies are not smaller. Because the uterus was not normal to start with, the rates of miscarriage, preterm delivery, caesarean section and postpartum haemorrhage could be higher. Clinical trials are being conducted in UK to see whether myomectomy or UFE has a better pregnancy outcome.

### Is UFE effective for adenomyosis?

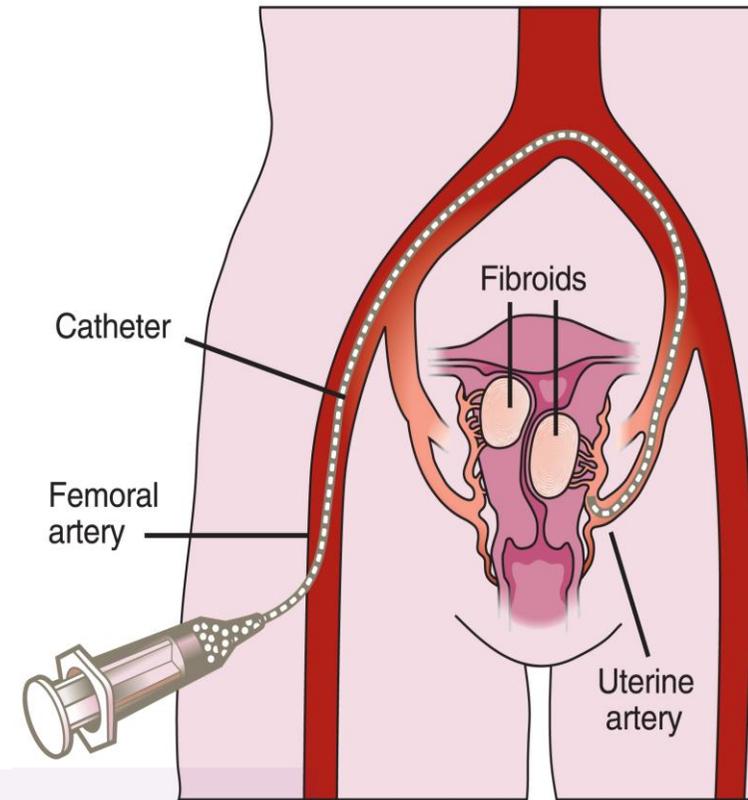
Yes. Studies from overseas and our own experience have shown that UFE is highly effective for adenomyosis as well. Adenomyosis is abnormal migration of glandular tissue from the inner lining of the uterus into the muscle layer. Cyclic changes of these enlarged glands cause period pain and heavy periods. It is not an easy diagnosis to make by ultrasound. It is often discovered and confirmed by Pre-UFE MRI.

### 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 has been rebatable by Medicare since 2006. It is recognised 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 or adenomyosis, and simple measures have not been effective, then UFE could be an alternative to hysterectomy, especially if you wish to preserve your uterus, avoid major surgery and desire a quicker recovery.



For further information please visit

[www.fibroid.com.au](http://www.fibroid.com.au)

## Uterine Fibroid Embolisation

A non-surgical alternative

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# Patient Information

By Dr Eisen Liang

## What are fibroids and what are the symptoms?

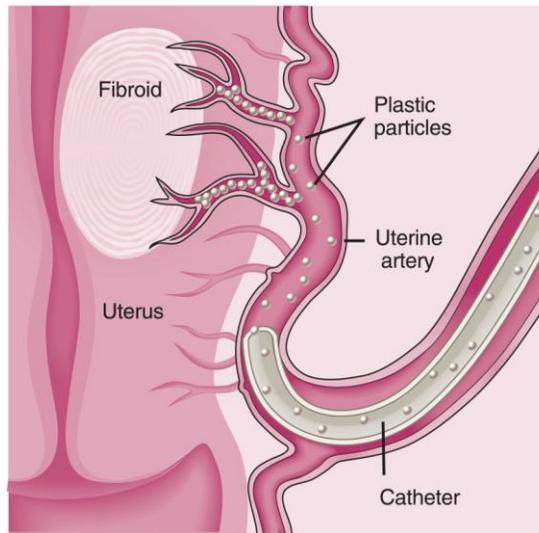
Fibroids are very common non-cancerous growth in the uterus. They may cause heavy periods and painful periods, as well as bulk related symptoms such as urinary frequency and abdominal distention.

## What are the treatment options?

Your GP and gynaecologist might have already tried or considered simple measures like medical therapy, Mirena IUCD and ablation. These treatments might help your heavy period but do not shrink the fibroids. In the past, when these treatments failed, hysterectomy (removal of the whole uterus) or myomectomy (removal of the fibroids) may be needed. For those women who want to avoid major surgery, uterine fibroid embolisation (UFE) is a safe and effective alternative.

## What is uterine fibroid embolisation?

Uterine fibroid embolisation (UFE) is also known as uterine artery embolisation (UAE). Tiny particles are injected inside the arteries to block the blood flow, starving the fibroids, leading to shrinkage and alleviation of symptoms. This is a local anaesthetic procedure performed by an interventional radiologist. Only a tiny nick is needed to allow the insertion of a small catheter (a tube 1- 2 mm in diameter). It is advanced into the arteries of the uterus under X-ray guidance.



## What are the advantages of UFE over surgery?

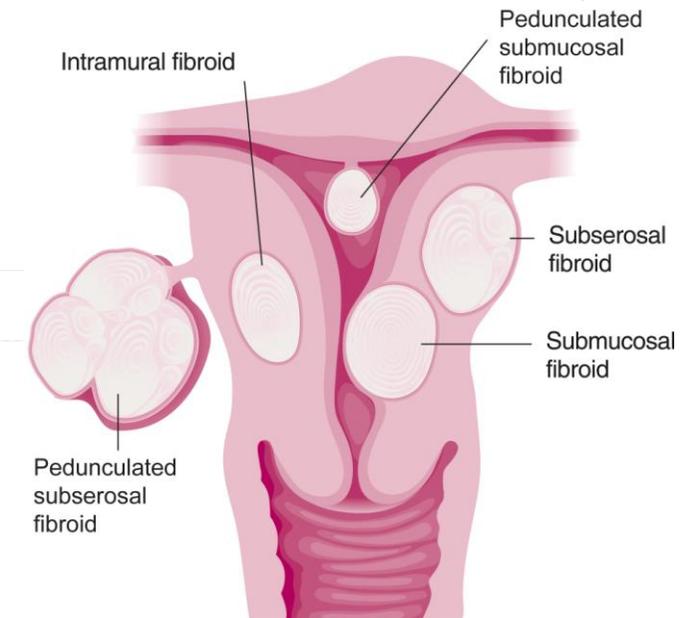
UFE is a minimally invasive non-surgical procedure. The symptoms are effectively treated without surgically removing the uterus or fibroids. The risk of blood transfusion, wound infection/ breakdown and other surgical risk are eliminated and there is no need for general anaesthetics. The hospital stay is much shorter (1-2 days vs. 5-7 days). Time to return to normal activities is much faster (1 week vs. 4-6 weeks).

## How effective is UFE?

Overseas and our local studies have confirmed safety and effectiveness of UFE. UFE is as effective as hysterectomy in alleviating fibroid symptoms and improving women's quality of life. We have 96% success for heavy period; 93 % of women treated were happy or very happy with the treatment outcome. Size and number of fibroids dose not matter for UFE. Fibroid on a stalk inside the cavity are not suitable for UFE but can be easily removed by gynaecologists through the vagina.

## Is UFE painful?

The procedure itself is not painful. Afterwards, there can be varying degree of pain, nausea, fatigue and fever. You will stay in hospital for 1-2 nights to ensure that these symptoms are adequately controlled with medications. Most symptoms 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 1- 3%. If you developed 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 they need to be removed by gynaecologist via vagina. The need for hysterectomy is highly unlikely.