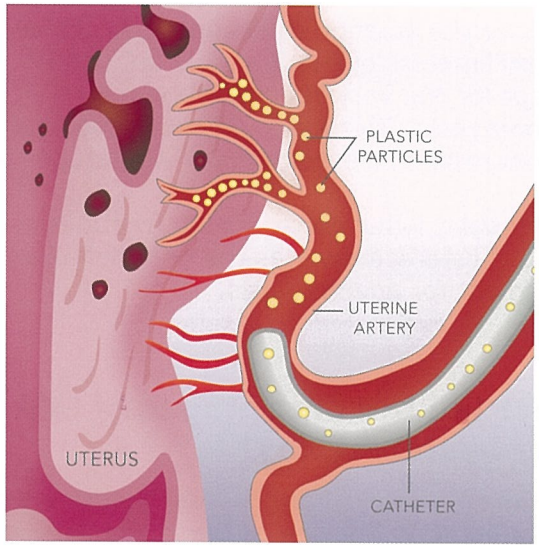
How effective is UAE for adenomyosis?

UAE is a highly effective non-surgical treatment for adenomyosis with around 90% patient satisfaction. Symptom relapse may occur in 10% of patients. After UAE, hysterectomy is required in only 5-7% of women who still have symptoms.

Could I lose my period after UAE?

Yes, but this is probably age related natural menopause rather than caused by UAE. 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. However, studies have shown that UAE does not seem to bring forward menopause.



Can I still conceive after UAE?

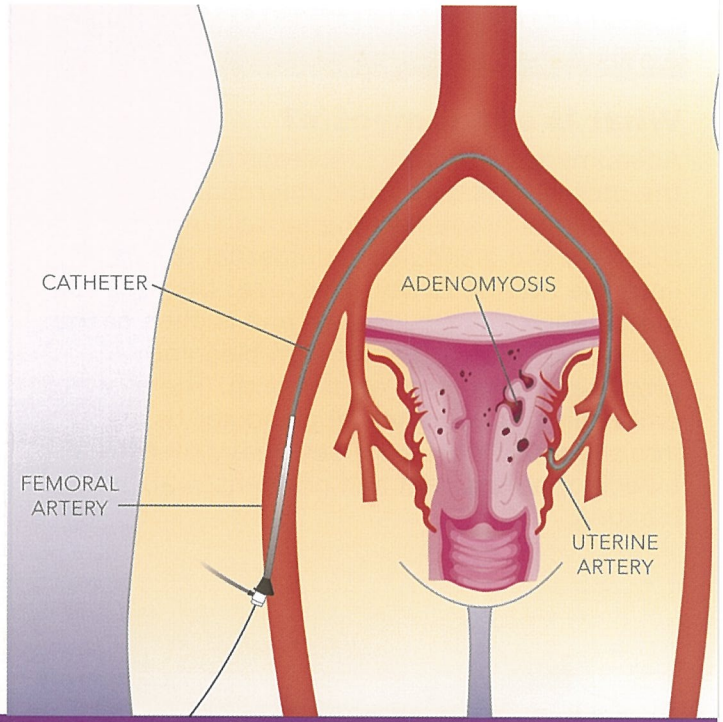
Adenomyosis itself has a negative impact on fertility. However we don't know how UAE can affect fertility in women with adenomyosis. Women who still want to conceive should consider interim GnRHa treatment. UAE currently is recommend only for women who no longer desire pregnancy.

What are the recovery issues and complications after UAE?

Some women may experience significant pain in the first 8-12 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. Minor complications such as uterine and bladder infections occur in 3% of women. There have been no major complications reported.

Why is MRI required before and after UAE?

Since the uterus is not removed, we need to see the changes after UAE. MRI is superb for side-by-side comparison. MRI is more accurate than ultrasound for the assessment of adenomyosis, especially when fibroids are also present.



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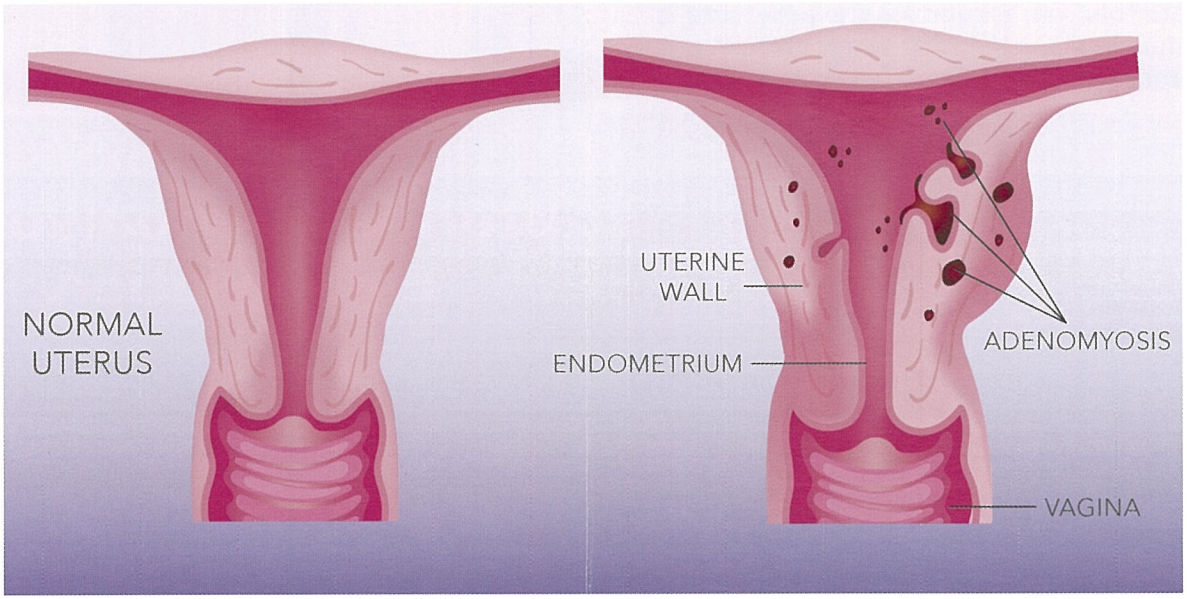
Patient information

By Dr Eisen Liang

What is adenomyosis?

Adenomyosis is a non-cancerous disease of the uterus. It is due to the migration of endometrial tissue into the muscle layer. Normally the glandular endometrial tissue lines the uterine cavity. This layer thickens during each menstrual cycle and is shed at the end of the cycle, together with bleeding produces the menses each month. The embedding of endometrial glandular tissue into the muscle layer causes heavy menstrual bleeding, period pain and premenstrual bloating.



How is adenomyosis diagnosed?

The symptoms of heavy menstrual bleeding and period pain raise suspicion. The uterus may be enlarged and tender on internal examination. Ultrasound is used as an initial scan. However, ultrasound features can be subtle. MRI is more accurate, especially when fibroids are also present. There is no specific blood test for adenomyosis.

What are the medical treatment options?

Non-steriodal anti-inflammatory drugs (NSAIDs) are useful for pain. Tranexamic acid (Cyklokapron) can be used to reduce heavy menstrual bleeding but should not be used in patients with increased risks of thrombosis. Oral Progestrogen can be used to control menstrual bleeding. The side effects are headache, nausea, bloating sensation and mood changes. Low-dose continuous combined oral contraceptives with withdrawal bleeds every 4–6 months may also be used for symptom control.

Progestrogen-releasing IUD (Mirena) has a satisfaction rate of 56% at 1 year. It is less effective in uterus larger than 150ml. It may not be immediately effective and the side effects are irregular or continuous bleeding in the first few months, acne, weight gain, bloating sensation and mood changes.

Gonadotropin-releasing hormone agonist (GnRHa) can be used to treat women who still want to conceive. It is only used for 3-6 months, due to its side effects of low oestrogen such as hot flushes, mood changes and osteoporosis.

What is uterine artery embolisation (UAE)?

UAE is an interventional radiology procedure that can be performed under local anaesthetic and light sedation. A tiny tube (catheter) is inserted into the artery and guided by X-ray into the left and right uterine arteries. Tiny particles are injected to restrict blood flow. Normal uterine muscle has the immense capacity to recruit dormant blood vessels to survive. Adenomyotic tissue does not have the capacity to recruit new vessels, and therefore it will shrink and die.

Are there surgical options?

Adenomyosis is an infiltrative lesion that is not easily removed surgically from the normal uterine wall.

Endometrial ablation heats only a depth of few millimeters of tissue and is not useful except for the very superficial type of adenomyosis. It can seal off the embedded endometrial tissue, potentially worsen period pain.

In the past, when conservative treatments failed, hysterectomy was the only definitive treatment for adenomyosis.

What are the advantages of UAE over hysterectomy?

UAE is non-surgical and far less invasive than hysterectomy. The risk of blood transfusion, wound infection/ breakdown and other surgical risks are eliminated and there is no need for general anaesthetics. The hospital stay is shorter (1-2 days vs. 3-5 days). Time to return to work and normal activities is faster (1 week vs. 4-6 weeks). Long term side effects of hysterectomy such as prolapse, urinary incontinence, and early menopause can be avoided.