



# Uterine Fibroid Embolization

A Patient's Guide to Fibroid Treatment



# Uterine fibroid symptoms

A uterine fibroid is a non-cancerous growth in or on the wall of the uterus. Fibroids vary in size, from less than 1 inch around to more than 6 inches.

You are at higher risk of developing fibroids if other women in your family have had them and/or if you are African-American. While most fibroids cause no symptoms and often are only discovered during a pelvic examination, some women may:

Have heavy, prolonged periods

Have anemia (low red blood cell count)

Feel pain or pressure—between the hip bones, in the back of the legs or during sexual intercourse

Have a frequent need to urinate

Be constipated or bloated

---

The presence of fibroids can be confirmed with an ultrasound or other imaging.

## Fibroid treatment options

If you do not have symptoms, treatment is probably unnecessary. Your physician may want to continue to monitor your fibroids. If you do have symptoms, several options are available.

### Medication

Birth control pills can often decrease heavy bleeding. Other hormone treatments can shrink fibroids, but these treatments may cause menopause-like side effects such as hot flashes and bone loss. Fibroid symptoms usually return when you stop taking the medication.

### Surgery

Surgical treatment options include hysterectomy, which is the removal of the uterus, and myomectomy, the removal of just the fibroids. While these options are generally effective, they require anesthesia and lengthy recovery times, and carry a risk of surgical complications. Many women are not candidates for myomectomy because of the size, number or location of their fibroids. Another procedure, endometrial ablation, only treats the endometrial lining and not specifically fibroids. Endometrial ablation is best performed for women who do not have fibroids, but are suffering with heavy bleeding for other reasons and do not desire future fertility.

### Uterine fibroid embolization (UFE)

UFE is a minimally invasive option that preserves the uterus and greatly reduces recovery times compared to surgical procedures. It has been clinically proven to reduce the major symptoms of fibroids.

## About UFE

UFE is a minimally invasive procedure, requiring only a small needle puncture in the skin, and typically takes less than an hour. On average, patients return to work in 11 days.

During a UFE, you will be given sedation medication. Your physician will insert a catheter (a thin tube) into a vein either at the top of your thigh or in your wrist. Using advanced imaging techniques, they will guide the catheter all the way to the uterine arteries.

Once the catheter is in place, your physician will inject tiny round particles through the tube into the blood vessels leading to each fibroid. These particles block the

blood supply to the fibroid, causing it to immediately die and then shrink. The particles remain permanently in the fibroid. The process will be repeated in other uterine arteries to completely block blood flow to each fibroid.

### Highly experienced team

At Northwestern Medicine, we know it is common for a woman to have multiple fibroids, and it may be difficult to understand which fibroid is causing your symptoms. Guided by state-of-the-art imaging techniques, your care team at the Uterine Fibroid Embolization Center will be able to see inside your body and direct treatment right where it's needed.

The center is staffed by Robert Vogelzang, MD, and Howard Chrisman, MD, board-certified vascular interventional radiologists who have more than 20 years of experience treating fibroids. Both physicians are national leaders in the field of UFE, having performed more than 6,000 such procedures.

## Benefits of UFE vs. hysterectomy\*



### Shorter hospital stay

UFE: Less than 1 day  
Hysterectomy: 2.3 days



### Return to work faster

UFE: 10.7 days  
Hysterectomy: 32.5 days



### Fewer complications (after 30 days)

UFE: 12.7%  
Hysterectomy: 32%

\*Spies J, et al. Outcome of uterine embolization and hysterectomy for leiomyomas: Results of a multicenter study. *American Journal of Obstetrics & Gynecology*. 2004; 191:22-31.

## Candidates for UFE

To see if UFE is right for you, schedule an appointment with an interventional radiologist at the Uterine Fibroid Embolization Center. Our specialists can help you decide based on your medical history, and the size and location of your fibroids.

Although not required, your gynecologist can provide a referral to the center.

---

You may be a good candidate for UFE if you:

---

Have fibroids that are causing symptoms

Do not want a hysterectomy

Aren't able to have surgery

Do not want a prolonged stay in the hospital

---

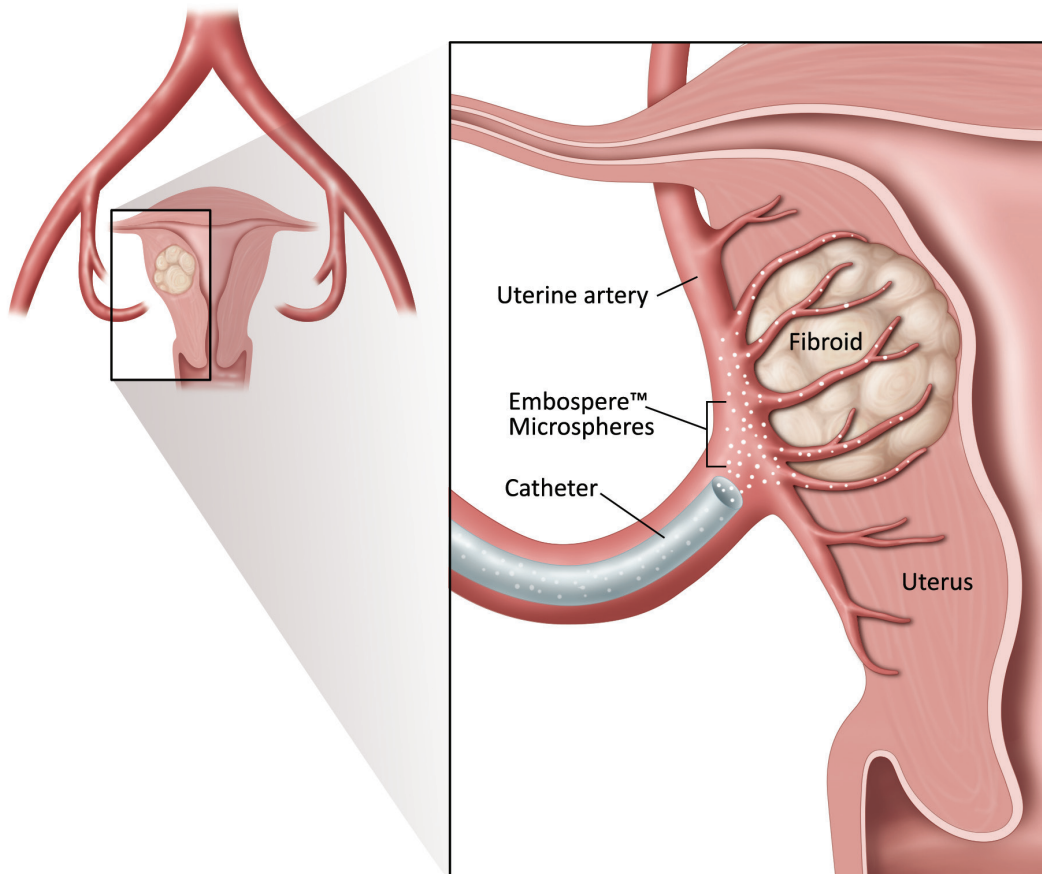
If you have fibroids and want to become pregnant or want to retain the possibility of future pregnancy, you should discuss the most current clinical data with your gynecologist and interventional radiologist.

Pregnancy after UFE may be possible, but you may also wish to consider other treatment options. Your care team will help you make the decision that is right for your particular situation.

Most insurance companies cover UFE as a treatment for symptomatic fibroids. Discuss your coverage with your physician or insurance provider before the procedure.

### How does UFE work?

Tiny particles are injected into the blood vessels leading to the fibroid. The particles block blood flow, causing the fibroid to immediately die and then shrink.



### Risks associated with UFE

---

While infrequent, the most common complications associated with UFE are:

---

- Light bleeding
- Cramping
- Moderate pelvic pain

---

Less common risks may include:

---

- Irregular periods
  - Vaginal discharge or infection
  - Passage of fibroid
  - Post-embolization syndrome (low-grade fever, pain, fatigue, nausea and vomiting)
-

---

## Questions to ask your physician about UFE

---

Are your patients happy with UFE?

How often is the procedure successful?

How will you coordinate care with my gynecologist?

What are typical complications and how often do they occur?

How will I feel during and after the procedure?

How long should I expect to be off work?

How long should I expect to stay in the hospital?

What kind of follow-up care is typical and who manages it?

Will my insurance cover the procedure?

---

If you have been diagnosed with fibroids and want to discuss various treatment options available at Northwestern Medicine, please contact Ben, RN, at 312.926.4415 or [ufe@nm.org](mailto:ufe@nm.org), or visit [ufe.nm.org](http://ufe.nm.org) for detailed information.

### Northwestern Medicine Interventional Radiology

251 East Huron Street  
Chicago, Illinois 60611

312.926.4415

TTY for the hearing impaired 312.926.6363

[ufe.nm.org](http://ufe.nm.org)

### Parking information

