

# Preparing for Uterine Artery Embolization

## Information for patients and families

Read this information to learn:

- What uterine fibroids are
- How uterine artery embolization can help
- How to prepare for the procedure
- What to expect
- Problems to look out for
- Who to call if you have any questions



## What are uterine fibroids?

Uterine fibroids are benign (not cancer) growths in the muscles of the uterus. They are common and can grow larger over time.

Many women have fibroids and do not have any side-effects. Some women have heavy bleeding, pain or feel pressure.

## How does uterine artery embolization help?

Uterine artery embolization is a procedure to treat uterine fibroids without surgery. It blocks the blood flow to the fibroids and causes them to shrink.

For this procedure, only a small puncture (cut) is made in your groin. There is less risk and you can usually recover more quickly. This procedure can also deal with all the fibroids in one treatment.

## What are the risks?

There are some risks to this procedure, but they are **very rare**. Some of the risks include:

- **bleeding at the puncture site (cut)**
- **allergy to the x-ray dye used**
- **other arteries becoming blocked**  
This can damage other organs or tissues.
- **death of uterus**  
The pain in your pelvis will continue longer than usual. You would need a hysterectomy (uterus would be removed).
- **abscess or infection in the uterus**  
You would be admitted to hospital and given antibiotics. If this doesn't help you may need a hysterectomy.
- **early menopause**

Talk to your doctor for more information about the benefits and risks of this procedure.

## How do I prepare for this procedure?

### Appointments

Before the procedure you will have appointments for:

- a MRI (a special kind of x-ray) of your uterus
- an ultrasound of your uterus
- blood work (usually on same day as your ultrasound)

### On the day of the procedure

- Remove all jewelry, nail polish or fake nails
- **Don't have anything to eat or drink after midnight on the day of your procedure.** Only take a sip of water with any medicines you are taking.
- Arrange for a friend or family member to pick you up from the hospital. You must have someone help you go home after the procedure.
- Remember to bring your health card (OHIP) to the hospital.
- **Come to the hospital 2 hours before your procedure.**

### Once you are at the hospital:

- You are brought to the Medical Imaging Day Unit where you are prepared for the procedure.
- A nurse will start an IV (small tube in your vein) and ask you questions about your health history.

## **What can I expect during the procedure?**

The procedure is done in the medical imaging department. An interventional radiologist (specially trained doctor) will do the procedure. A fully trained assistant will be there to help. There will also be a nurse and a technologist in the room.

1. The radiologist will inject medicine into your skin over the artery at the top of your leg. This will numb the area.
2. When the area is numb, the radiologist will put a needle into the artery. A small tube (catheter) is pushed forward over the needle and into the artery. An x-ray helps to guide the catheter into the uterine arteries.
3. The radiologist will inject a contrast agent (x-ray dye) into your artery. This will help show the blood flow to your uterus. When this happens, your pelvis will feel warm.
4. When the catheter is in the right place, the radiologist will inject small plastic particles that will block the small arteries that supply the fibroids.
5. After the first artery is blocked the catheter will move to the other uterine artery. The blocking procedure will be repeated.
6. When both uterine arteries are blocked the radiologist will remove the catheter. They will apply pressure to your puncture site for at least 10 minutes. This will make sure you don't bleed.
7. You will then be transferred to a ward where you will rest in bed for a few hours.
8. Once your pain is better, you will be discharged from hospital. This is usually in the early evening (between 5:00 pm and 6:00 pm). You must have someone pick you up and take you home.

## **What activities can I do after the procedure?**

After the procedure you may eat and drink normally. Some patients may feel nauseous (feel like throwing up). If you feel nauseous, start with sips of water. Slowly start solid foods, depending on how you feel.

You will need to rest in bed for a few hours. This will help your artery at the puncture site (cut) heal. Don't bend at the groin because your cut can bleed.

Avoid doing things that strain your groin. These include:

- raising your head
- sitting up
- bending your knee

After your bed rest you will be able to walk around, but you should not exercise for 3 to 4 days.

## **What about pain?**

Most patients still have some pain for 1 to 2 weeks. Over time your pain will slowly get better.

You will get a prescription for pain medicine that you can take as needed. If the pain medicine:

- does not work well enough
- or is finished and you still need more for pain

call the Clinical Nurse Coordinator at 416 603 5800 extension 6301. They will be happy to help you.

You will also get a prescription for an anti-inflammatory. Take the anti-inflammatory as prescribed for 7 days.

## What problems should I look out for?

### Vaginal bleeding and discharge

Your menstrual periods may be different (or not happen) for several cycles after the procedure.

**This is normal.** There may be some bloody or clear discharge between your periods. This usually does not last longer than 3 months.

Some patients will discharge fibroid tissue for several months after the procedure. For some patients, this does not begin until 1 to 2 months after the procedure. It can last for about 3 to 4 months. You may even get a mild fever. Don't be worried. This is your body removing the dead fibroid tissue.



**Call the Interventional Radiology office at 416 603 5800 extension 6301 or your doctor if you have:**

- **bleeding or swelling at the puncture site that gets worse**  
This is very rare. If it happens, go to the nearest emergency department. While you wait for help, put a clean cloth over your site and apply pressure. This will help slow any bleeding.
- **pelvic pain or fever that doesn't go away**  
Pain and fever (less than 38 °C) are common for 3 to 5 days after the procedure. Call our office or clinical nurse coordinator if:
  - your pain lasts longer than a week or gets worse
  - you get a fever (above 38 °C) for longer than a week
  - you get a new fever more than a week after the procedure
- **vaginal discharge that is thick or smells bad** This may mean you have an infection or a problem with a fibroid passing through. You may need to see a gynecologist.

## Who can I call if I have any questions?

If you have any medical questions or concerns, please call:

Clinical Nurse Coordinator

Phone: 416 603 5800 extension 6301

For clinical appointment booking and/or rescheduling, please call:

VIR Administrative Assistant

Phone: 416 603 6276

Or

Email: [carolyn.dame@uhn.ca](mailto:carolyn.dame@uhn.ca)

**Important:** If you have medical concerns that cannot wait until regular business hours and you are not sure if you should go the Emergency Department, call the Interventional Radiologist fellow on call at 416 603 5800 extension 3155.

## Interventional Radiologists

Dr. D. Rajan

Dr. M. Simons

Dr. K. T. Tan

Dr. A. Jaberi

Dr. S. Mafeld

Visit [www.uhnpatienteducation.ca](http://www.uhnpatienteducation.ca) for more health information.

Contact us to provide feedback or request this brochure in a different format, such as large print or electronic formats: [pfep@uhn.ca](mailto:pfep@uhn.ca)

---

© 2019 University Health Network. All rights reserved.

Use this material for your information only. It does not replace advice from your doctor or other health care professional. Do not use this information for diagnosis or treatment. Ask your health care provider for advice about a specific medical condition. You may print 1 copy of this brochure for non-commercial and personal use only.

Form: D-5467 | Author: Dr. Martin Simons, Gladys Mokaya, Eve Tang and Sherry Clement, Revised 2019 by Shahvand Masihi  
Revised: 02/2019