



Uterine Fibroids

What are uterine fibroids?

A uterine fibroid (leiomyoma) is a specific type of tumor that occurs in the muscle cells of the uterus, a condition affecting approximately 20 to 40 percent of premenopausal women. However, only 5 to 10 percent of premenopausal women actually develop symptoms due to fibroids.

These growths do not spread to other regions of the body, as with other tumors, and are typically not dangerous. Symptoms caused by uterine fibroids include uterine pressure or pain, heavy menstrual bleeding, abdominal enlargement, pain with intercourse, constipation, and frequent urination. Women are at increased risk for developing fibroids if they are overweight, African-American, over the age of 40, have high blood pressure, have had no children, and have first-degree relatives with fibroids. Because most women will not exhibit every potential symptom, diagnosis is usually confirmed by using imaging of the pelvis, with transvaginal ultrasound or MRI.

Treatment

To treat uterine fibroids, board-certified interventional radiologists can deliver minimally invasive treatments with less risk, less pain and less recovery time than traditional surgery.

Uterine fibroid embolization

Fibroids require a blood supply (for oxygen and nutrients) to continue to grow. Without it, some or the entire tumor will die. To treat the uterine fibroids, an interventional radiologist performs a treatment called uterine fibroid embolization, or UFE. With UFE, the interventional radiologist can access the blood vessel carrying nutrients to the tumor through a small incision in the groin. A catheter, or small tube, is placed inside the femoral artery and is guided to the fibroid blood supply. Once the catheter is in the proper position, the interventional radiologist releases small particles at the targeted location to block the small vessels and deprive the fibroid of nutrients, resulting in the fibroid shrinking in size. Approximately nine out of 10 patients who undergo uterine fibroid embolization will experience significant improvement or their symptoms will go away completely.

After undergoing uterine fibroid embolization, patients are usually admitted overnight in the hospital to manage any pain resulting from the treatment. Patients are typically sent home with an oral pain medication that will likely be needed for an additional few days. Patients should be back to their normal activity in about one week and should follow up with their interventional radiologist and their gynecologist a few weeks after that.

The risks associated with UFE include bleeding, infection at the incision site, or adverse reactions to the imaging agents used during the treatment. There is a small risk of inducing menopause, especially in women over 45 years of age. Seventy-two hours after undergoing UFE, some women may experience symptoms of post-embolization syndrome, including pelvic pain and cramping, nausea/vomiting, low-grade fever, fatigue, and discomfort. These symptoms may resolve themselves and disappear within 2-7 days. It is important not to mistake post-embolization syndrome for infection. Because the fibroid tissue dies during the UFE, there is a small risk of infection until scar tissue forms. All patients must be carefully observed for signs of infection.