



Uterine Fibroid Embolization (UFE) Protocol

General Considerations:

- A minimally-invasive treatment option for symptomatic uterine leiomyomata.
- An alternative to traditional surgical treatment options (hysterectomy/myomectomy)
- 10-15 years experience in US, Canada, and Europe.
- 85-95% effective in treating menorrhagia.
- 80-95% effective in treating bulk symptoms.
- 95% patient satisfaction.
- Low (<4%) major complication rates
- Embosphere microspheres are FDA approved specifically for UFE.

Advantages:

- Performed as an outpatient procedure (23 hour observation).
- No general anesthesia: local anesthesia and conscious sedation only.
- Shorter recovery time than traditional surgical options (avg. 7 days).
- Treats multiple types of fibroids at once.
- No evidence for recurrence.

Inclusion Criteria:

- Woman with symptomatic uterine leiomyomata
- Symptoms
 1. Menorrhagia
 2. Bulk symptoms: pelvic pain, pelvic pressure, urinary frequency/urgency, constipation, back pain, dyspareunia.

Exclusion Criteria:

- Desire for future fertility.*
- Evidence for GYN malignancy
 1. Abnormal PAP smear
 2. Suspicious ovarian mass
 3. Abnormal endometrial biopsy (EMB)
 4. Rapidly growing fibroid especially in perimenopausal or postmenopausal women (could represent leiomyosarcoma).
- Active pelvic/GYN infection.
- Renal insufficiency (unless on dialysis)
- Moderate to large pedunculated fibroids
- Uterus size >24 weeks
- Dominant fibroid size >10cm

* **UFE** is currently not recommended as a first line therapy in patients who may desire future fertility. There are, however, multiple anecdotal case reports of normal pregnancies following UFE. In special instances, a patient who desires fertility may be considered as a candidate only if all other treatment options have been exhausted.



Uterine Fibroid Embolization (UFE) Protocol (continued)

Preprocedure Workup:

1. All patients require an Interventional Radiology consultation prior to the procedure. A detailed history, physical and review of the patient's medical record (if available) will be performed. The UFE procedure and other potential treatment options will be discussed in detail with the patient.
2. All patients who appear to be candidates for UFE require a pelvic MRI/MRA prior to the procedure to evaluate the exact size, number, location and blood supply to the fibroids. (In patients with contraindication to MRI, may use ultrasound). We have established a special "UFE" MRI protocol a prefer, if at all possible, for the MRI to be performed at one of the St. Lukes Episcopal Hospital facilities so that we may supervise the study and make certain that it provides all of the necessary information.
3. All patient required to have routine GYN exam in past 12 months. We will need copies of the most recent exam reports.
4. All patients require negative PAP smear in past 12 months. We will need a copy of this report prior to the procedure.
5. Some patients may require EMB (endometrial biopsy). In general, patients with abnormal uterine bleeding (periods lasting >10 days or occurring more frequently than every 21 days) require an EMB, preferably in the last 6 months, to evaluate for hyperplasia or malignancy.
6. Avoid Lupron for 2-3months prior to the procedure, if possible.

*** Patients need not be referred or seen by a gynecologist on staff at St. Lukes Episcopal Hospital.**

Post-procedure Follow up:

1. The patients will be admitted, discharged and cared for by the interventional radiology service in the peri-procedural period. The referring physician or gynecologist will ONLY be called in the unlikely event of a severe complication that cannot be handled by our service.
2. The patient will follow up in the interventional radiology clinic approximately one week following the procedure.
3. The patient will be asked to follow up with their gynecologist 2-3 weeks post-procedure for a routine gynecological exam.
4. Assuming that there are no complications or concerns, the patient will resume normal gynecologic care and a follow up pelvic MRI will be planned in 6-9 months to evaluate the results of the embolization.

**If you have questions or would like to refer a patient, please contact:
Dr. John Fischer at 832-355-4110 or by email at jfischer@sleh.com**