

Uterine Fibroids and Their Symptoms

Fibroids are benign, non-cancerous growths in or on the walls of the uterus, or womb. They can range from less than an inch around to more than six inches. African-American women and those with a family history are more likely to develop fibroids.

Most fibroids cause no symptoms, and are only discovered when a woman has a routine pelvic examination. If you do experience fibroid symptoms, they may include:

- Heavy, prolonged monthly periods, sometimes with clots
- Anemia (fatigue due to low red blood count)
- Pain or pressure between the hip bones or in the back of the legs
- Pain during sexual intercourse
- Frequent need to urinate
- Constipation or bloating
- An enlarged belly

If you suspect you have fibroids, your doctor should conduct an ultrasound or other imaging tests to be certain.

Fibroid Treatment Options

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

Medical Treatments

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 medical treatment stops.

Uterine Fibroid Embolization

Uterine fibroid embolization, or UFE, is a minimally invasive option that preserves the uterus and greatly reduces recovery times compared to surgical procedures. It is described more fully on the next pages.

Surgical Treatments

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.

Endometrial ablation is sometimes suggested by physicians, which may cause confusion as it sounds similar to "fibroid embolization" (or UFE). 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.

Questions to ask your Interventional Radiologist 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?



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Uterine Fibroid Embolization

A Patient's Guide to a Minimally Invasive Fibroid Treatment



About UFE

UFE blocks the blood supply to fibroids, causing them to shrink. It is clinically proven to reduce the major symptoms of fibroids, including pain, excessive and prolonged bleeding, and frequent urination. UFE is minimally invasive, requiring only a small nick in the skin. The procedure lasts less than an hour, and patients return to work in an average of 11 days.

UFE is performed by an interventional radiologist (IR), a doctor who uses X-rays and other imaging techniques to see inside the body and treat conditions without surgery. During UFE, you are given sedation medication but remain awake. The IR inserts a thin tube into an artery at the top of your thigh, then uses X-ray imaging to guide the tube to the uterine artery. Tiny round particles called Embosphere® Microspheres are injected into the blood vessels that lead to the fibroids. They block blood flow, causing the fibroids to shrink. Embosphere Microspheres remain permanently at the fibroid site. The process is repeated in your other uterine artery for complete blockage of blood to the fibroid.

Benefits of UFE*

Shorter hospital stay

UFE:	< one 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* July 2004;191:1

Differences Among UFE Embolics

There are several brands of embolics available to doctors, but not all are the same. Embosphere Microspheres have been used in clinical practice for more than ten years, and have been studied more often than any other round embolic. More interventional radiologists choose them for UFE than any other brand. Ask your doctor if Embosphere Microspheres are right for you.

Deciding on UFE

If you need treatment for fibroid symptoms but want to avoid surgery, UFE may be right for you. Your gynecologist can provide a referral to an interventional radiologist who can help you decide based on your medical history and the size and location of your fibroids.

Patients who are ideal for UFE include women who:

- Have symptomatic fibroids
- Do not intend to get pregnant in the future
- Want to keep their uterus
- Do not want surgery
- Want an overnight or outpatient hospital stay
- May not be good candidates for surgery

You should not have this procedure if you are pregnant or want to become pregnant. The effects of UFE on the ability to become pregnant and carry a fetus to term, and on the development of the fetus, have not been determined.

While there are reports of women becoming pregnant after uterine fibroid embolization (UFE), and having successful pregnancies, there are no scientific study results establishing the safety of UFE on fertility and pregnancy. As with any medical intervention, you should discuss the most current clinical data before deciding on the fibroid treatment option that is right for you.

Health Insurance Coverage for UFE

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

Patient Satisfaction with UFE

In clinical studies conducted at 11 medical centers in the U.S., 132 women with fibroid problems were treated with Embosphere Microspheres. After 12 months, the majority had significant improvements in menstrual bleeding, pelvic pain, pelvic discomfort, and frequency of urination. Ninety percent reported being satisfied. Recent long-term reports demonstrate a 73% symptom resolution rate five years after UFE. These results are equal to or better than five-year results after myomectomy.

Risks Associated with UFE

Overall, UFE is a safe procedure for treating symptomatic fibroids with minimal risk. Infrequent complications have been reported following UFE. The most reported risk factors and complications associated with UFE are transient amenorrhea, common short-term

allergic reaction/rash, vaginal discharge/infection, possible fibroid passage, and post-embolization syndrome. The most common complications associated with hysterectomy are vaginitis, drug reactions, and urinary tract infections, with some more serious complications reported after 30 days including pneumonia, bowel injury, vaginal cuff herniation, and recurrent bleeding from the vaginal stump.

You should talk with your doctor about the risks associated with UFE.

