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### *Results of UAE*

- Up to 85-90% of patients reported significant improvement in dominant symptoms.
  - Fibroids can decrease up to 70% in volume within one year after procedure.
  - Approximately one-third of women will have a post procedure fever which is self-limited and very rarely related to an infection.
  - Approximately 1% of women will develop a hematoma at the groin puncture site.
  - Up to 10% of women may have a supply of fundall fibroid by a uterine artery that could require a second embolization procedure.
  - A recent study in the British Journal of Obstetrics and Gynecology reported that 97% of patients were pleased with their outcome and would recommend this treatment to others.
  - The study reported a 1% complication rate for uterine artery embolization.
  - Thirteen pregnancies were achieved after UAE in this study.
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### *Uterine Artery Embolization for treatment of Symptomatic Fibroids*

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Instead of removing the uterus,  
Interventional Radiologists are replacing  
the need for surgery.™

Uterine fibroids affect up to 40 percent of all women 35 and older. With advances in interventional radiology, women now have an option that's far less invasive than hysterectomy or other surgery. Using their expertise in imaging to deliver treatment directly to the fibroid, Interventional Radiologists block the flow of blood to the tumor, causing it to shrink. This minimally invasive, targeted treatment called uterine fibroid embolization (UFE), offers less risk, less pain and less recovery time than surgery.

UFE is just one of many advances in medicine pioneered by Interventional Radiologists. Know your options. Today you have non-surgical choices and direct access to these specialists.

UTERINE FIBROIDS



# 85-90% of women see significant improvement in their symptoms within 2 months

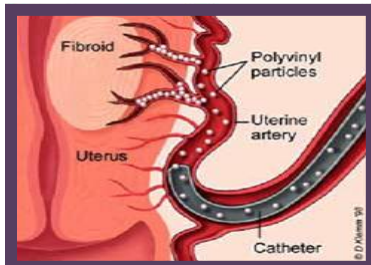
## Symptomatic Uterine Fibroids

Uterine Fibroids are the most common type of nonmalignant tumors of the uterus and can occur in over 30% of the female population. Symptoms include abnormal vaginal bleeding, pelvic pain, pressure of the urinary bladder (urinary frequency) or rectum (constipation), infertility, dyspareunia (painful intercourse) and lower back pain.

Current treatment of fibroids include:

- ⇒ **GnRH agonist (e.g. Lupron)**—side effects are often intolerable.
- ⇒ **Hysterectomy**—curative, but may cause change in orgasmic response or urinary function. Recovery time can be lengthy and complications can occur in up to 25% of patients.
- ⇒ **Myomectomy**—significant risk of blood loss. Procedure does not treat all fibroids and symptoms may recur.
- ⇒ **Thermal ablation**—difficult to achieve complete destruction of fibroid. All fibroids are not treated. There is risk of bowel/bladder injury.
- ⇒ **Endoscopic resection**—only useful for fibroids in submucosal locations. Unable to treat all fibroids.
- ⇒ **Uterine Artery Embolization (UAE)** -

Benefits include preservation of pelvic floor architecture, quicker



recovery time (approximately 1 week). Able to treat all fibroids with a 85-90% success rate.

## How Uterine Fibroid Embolization works

Embolization of the uterine fibroids stops blood flow to all fibroids in the uterus. The Interventional Radiologist places a small catheter (approximately 3mm diameter) into the common femoral artery in the right groin. The tip of the catheter is directed into the uterine artery under fluoroscopy and calibrated microspheres are injected into the uterine artery. The fibroids can decrease up to 70% in volume within one year post-procedure.

## Before the procedure

An MRI examination of the pelvis will be obtained to look for other causes of abnormal vaginal bleeding and determine the location of the fibroids. A consultation will be scheduled with the Interventional Radiologist to review your medical history and MRI results and then discuss the benefits and risks of Uterine Artery Embolization. The radiologist will need to be informed of any medications taken, including: Aspirin, non-steroidal anti-inflammatory drugs (i.e. Aleve, Naproxen, etc.), and/or any herbal supplements.

If Lupron injections have been administered, the embolization procedure will be scheduled 3 months after the last injection. Lupron can cause uterine artery spasm and interfere with successful embolization.

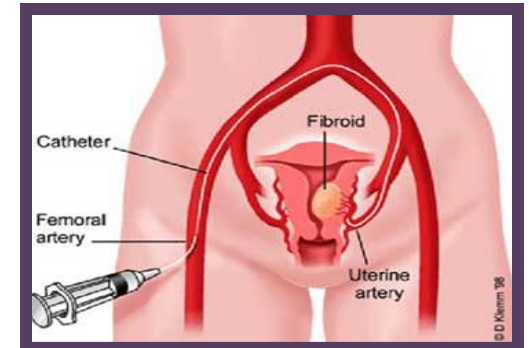
## Morning of the procedure

No food or liquid should be taken by mouth after midnight the night before the procedure. Regular medications may be taken with small sips of water the morning

of the procedure. You will be asked to arrive 2 hours prior to your scheduled procedure time for preparation and registration.

## The procedure

The procedure is performed in an angiography suite



under sterile conditions and usually takes about 1-2 hours. You will be given intravenous (IV) medications for relief of pain and anxiety during your procedure.

## After the procedure

Patients are admitted to the hospital overnight for pain medication and observation and most patients are discharged the following morning. Significant pelvic pain or cramping for 12-18 hours can be expected as the fibroids begin to shrink and die. The pain can be controlled with IV medications. Most patients can be discharged comfortably with oral pain medication the following morning. Detailed instructions on what to expect the first several days will be given. The Summit Radiology Interventional Clinic will be in contact with you to check your progress and to schedule an appropriate follow-up appointment. An earlier appointment can be scheduled if unusual symptoms are experienced.