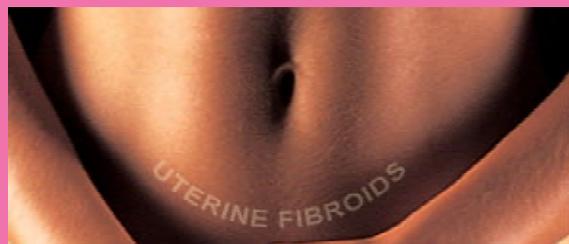


What is Uterine Fibroid Embolisation?

Uterine Fibroid Embolisation is a minimally invasive treatment for uterine fibroids.

Uterine fibroids are very common non-cancerous (benign) growths that develop in the muscular wall of the uterus. They can range in size from very tiny (a quarter of an inch) to larger than a grapefruit.

Occasionally, they can cause the uterus to grow to the size of a five-month pregnancy. In most cases, there is more than one fibroid in the uterus.



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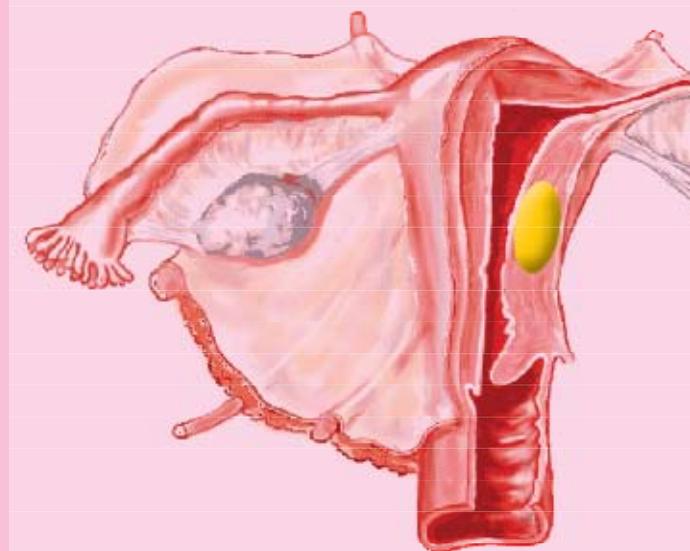
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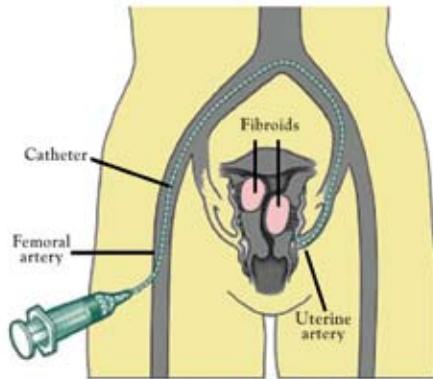
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Uterine Fibroid Embolisation



Prevalence

20% to 40% of women age 35 and older have uterine fibroids of a significant size. Uterine fibroids are the most frequent indication for hysterectomy in premenopausal women and, therefore, are a major public health issue. Of the 600,000 hysterectomies performed annually in the United States, 1/3 of these are due to fibroids.^{1,4,10}



About the procedure

Uterine Fibroid Embolisation (UFE), also known as uterine artery embolisation, is performed by an interventional radiologist, a doctor who is trained to perform this and other types of embolisation and minimally invasive procedures. It is performed while the patient is conscious, but sedated and feeling no pain. It does not require general anaesthesia.

The interventional radiologist makes a tiny nick in the skin, less than 0.5cm, in the groin and inserts a catheter into the femoral artery. Using real-time imaging, the radiologist guides the catheter through the artery and then releases tiny particles, the size of grains of sand, into the uterine arteries that supply blood to the fibroid tumor. This blocks the blood flow to the fibroid tumor and causes it to shrink.

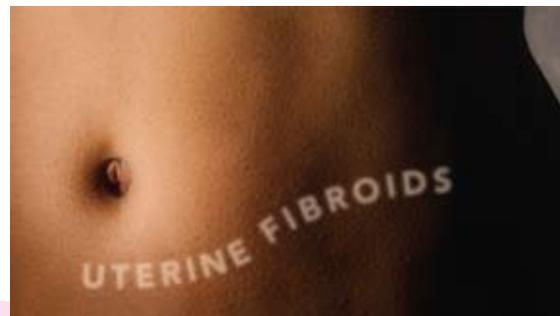
Efficacy

- On average, 90% of women who had the procedure experience significant or total relief of heavy bleeding and other symptoms.²
- The procedure is effective for multiple fibroids.^{2,16,17}
- Recurrence of treated fibroids is very rare. Short and mid-term data show UFE to be very effective with a very low rate of recurrence.^{7,11,12} Long-term (10 years) data is ongoing and not yet available, but in one study in which patients were followed for six years, no fibroid that had been embolised re-grew.¹⁰

Uterine fibroids

Most fibroids don't cause symptoms - only 10% to 20% of women who have fibroids require treatment. Depending on size, location and number of fibroids, they may cause:

- Heavy, prolonged menstrual periods and unusual monthly bleeding, sometimes with clots. This can lead to anaemia.
- Pelvic pain and pressure
- Pain in the back and legs
- Pain during sexual intercourse
- Bladder pressure leading to a frequent urge to urinate
- Pressure on the bowel, leading to constipation and bloating
- Abnormally enlarged abdomen



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

With advances in interventional radiology, women now have an option that's far less invasive than hysterectomy or other surgery. Using their expertise in managing to deliver treatment directly to the fibroid, Interventional Radiologists block the flow of blood to the tumour, causing it to shrink. This minimally invasive, targeted treatment called uterine fibroid embolisation (UFE), offers less risk, less pain and less recovery time than surgery. Patients who are anaemic do not need blood transfusion before the procedure. 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.

