



It's Time to Get Relief

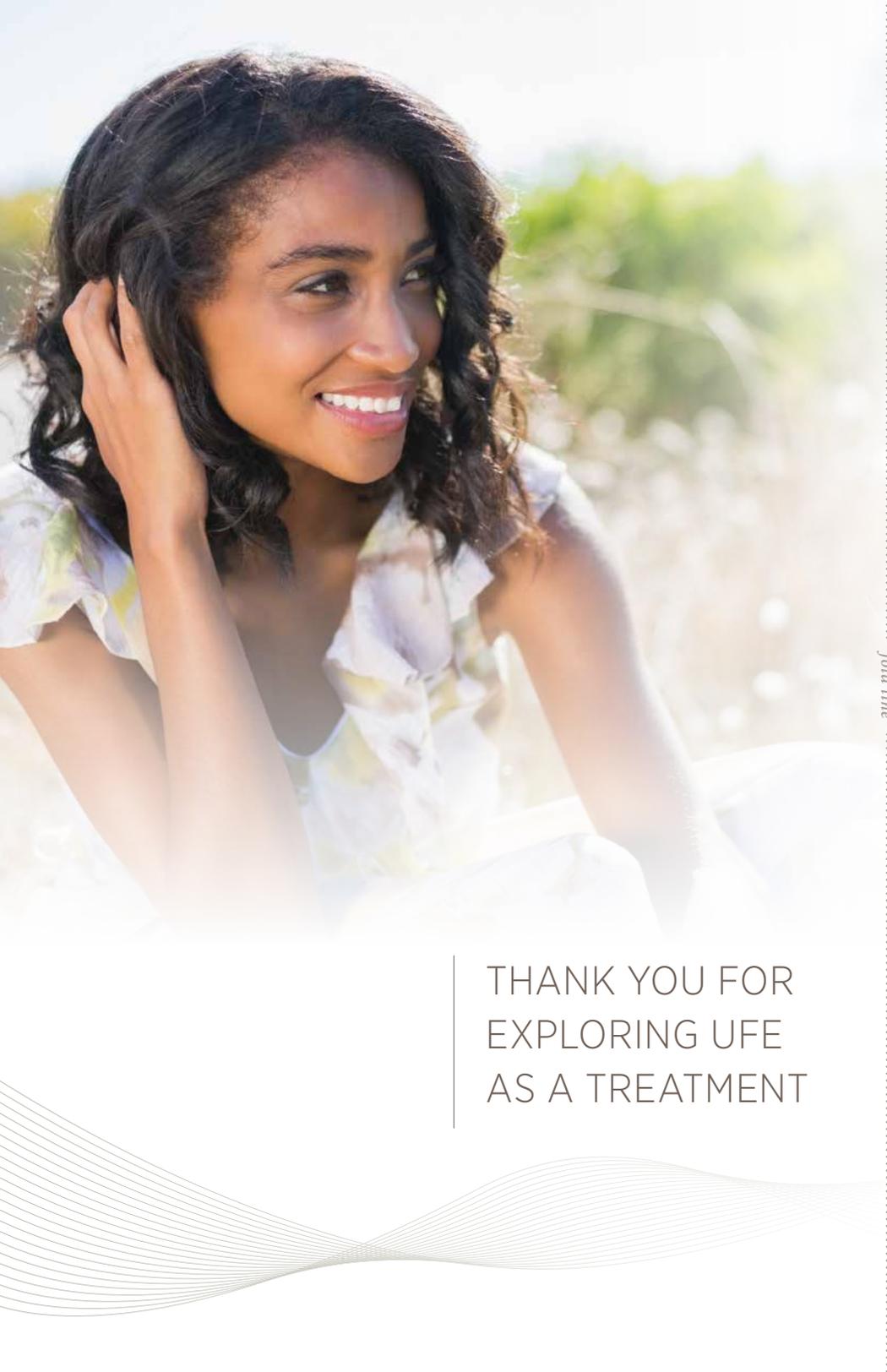
Is Uterine Fibroid Embolization Right for Me?

AN ALTERNATIVE TO HYSTERECTOMY FOR
RELIEF FROM UTERINE FIBROIDS



VascularCare

CENTER FOR DIAGNOSTIC IMAGING



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THANK YOU FOR
EXPLORING UFE
AS A TREATMENT

Uterine Fibroid Embolization

RELIEF FOR WOMEN SUFFERING FROM FIBROID-RELATED SYMPTOMS

Uterine fibroid embolization (UFE) is a minimally invasive, non-surgical procedure that shrinks fibroids by eliminating their blood supply. When the fibroid does not have blood for nourishment, it shrinks and begins to break down. UFE is performed in an outpatient setting and is non-surgical. That means no incisions, no general anesthesia and a much shorter recovery time than other treatments. The procedure is an alternative to surgical procedures and allows a woman to keep her uterus.

This booklet is your guide to deciding whether UFE is right for you. It includes information about the procedure, how it compares to alternatives and what to expect throughout the procedure and in the days and months that follow. If you have any questions as you consider this procedure, please reach out to our team.

We are happy to answer any questions you may have.

Call **952.738.4477** with any questions you may have or to schedule your UFE.

THERE ARE
MANY BENEFITS
TO KEEPING
YOUR UTERUS
EVEN AFTER
CHILDBEARING
YEARS.

Benefits of UFE include:

- ⇒ You get to keep your uterus
- ⇒ Non-surgical procedure
- ⇒ Shorter recovery time and lower complication rate than surgery
- ⇒ Simultaneous treatment of all fibroids
- ⇒ Preserves the pelvic floor

How do I know if UFE is right for me?

Most women exploring UFE have already been told they have fibroids by their gynecologist or family doctor. Often, you've discussed options that might help provide relief. UFE is a good option for many women as it allows them to get relief and also keep their uterus, which has multiple health benefits as well as cultural and religious significance for some women. The first step in determining if UFE is right for you is to schedule a consultation with one of the providers at CDI Vascular Care.

When you come in for your UFE consultation, we will take a detailed health history and talk about the symptoms you're experiencing from uterine fibroids. For many women, these include significant bleeding as well as symptoms related to the size of the fibroids such as pelvic pain and pressure, increased urination frequency, constipation, discomfort during sexual intercourse, bloating and backache or leg pain. If previous imaging exams are available, we will review those images as well.

If you have not had a pelvic magnetic resonance imaging (MRI) in the last six months, we will schedule one on the day of your consultation. This will allow us to confirm the size, number and location of your uterine fibroids and determine if you are a candidate for this procedure. After your MRI, we will contact you to discuss the results and your options.

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Frequently Asked Questions

HOW DOES UFE COMPARE TO OTHER OPTIONS?

The most commonly recommended fibroid treatment options are UFE, hysterectomy (the surgical removal of the uterus) and myomectomy (the surgical removal of the fibroid). Many benefits of this minimally invasive treatment compared to hysterectomy, including fewer complications and a much quicker recovery time. American Collage of Gynecology practice guidelines recognize UFE as an effective primary treatment for fibroid, and suggest UFE should be offered to all women with symptomatic fibroids.

IS UFE A SAFE PROCEDURE?

UFE has been performed safely in tens of thousands of women worldwide. While no procedure is without risk, fibroid embolization has been shown to have a lower major complication rate than traditional surgical treatment options such as myomectomy. The odds of a serious or life-threatening complication are extremely rare. Infections are very uncommon and can usually be treated with antibiotics. Rarely (much less than 1 percent), a severe infection can develop and may require the patient to undergo a hysterectomy.

WHAT ARE THE RISKS ASSOCIATED WITH UFE?

Although UFE complications are rare, any medical procedure carries some degree of risk. Despite the low risk factor, it is important to understand the potential complications associated with UFE. These include:

- Embolization of non-target organs (*bowel, bladder, nerves, and buttock*)
- Sexual dysfunction related to non-target embolization (*cervicovaginal branch*)
- Transient, intermittent or permanent amenorrhea
- Common short-term allergic reaction/rash
- Vaginal discharge/infection
- Possible fibroid passage (*transcervical passage of fibroid; can cause discharge, cramps and possible urinary retention*)
- Post-embolization syndrome (*post-procedure pain, fever, tiredness and elevated white blood cell count*)

Frequently Asked Questions,
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IS UFE PAINFUL?

UFE is a minimally invasive procedure, which means it is not surgical. During the procedure, pain is minimal. You will be given a local anesthetic shot at the puncture site near the wrist. This feels a lot like a shot you would get at the dentist's office. You will be given sedation for the procedure, which will keep you relaxed and comfortable.

Immediately following the procedure, a majority of patients develop pain as the fibroids shrink. This pain typically begins immediately after the procedure and may increase over the few days following the procedure. At CDI Vascular Care, we will provide a medication regiment to help you with this pain.

HOW SUCCESSFUL IS UFE IN CONTROLLING SYMPTOMS CAUSED BY FIBROIDS?

Studies have shown that nearly 90 percent of women who undergo UFE experience significant or complete resolution of their fibroid-related symptoms:

- Heavy menstrual bleeding is reduced for 85-95 percent of patients after UFE.
- Bulk related symptoms, such as pelvic pain, pelvic pressure, frequent urination, constipation, back pain and painful intercourse, are reduced in 80-95 percent of patients following UFE.

ARE THERE ANY TYPES OF FIBROIDS THAT CANNOT BE TREATED WITH UFE?

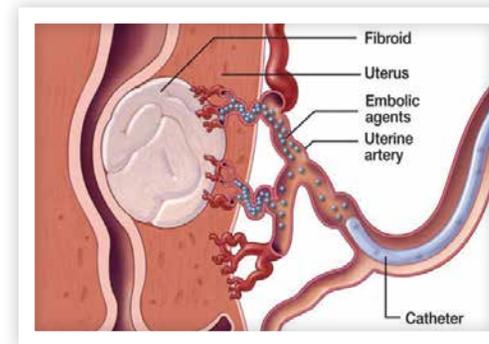
Most fibroids can be successfully treated using UFE. In rare instances, UFE would not be recommended. We will discuss your options with you following your thorough UFE consultation and MRI exam.

CAN UFE BE PERFORMED REGARDLESS OF THE NUMBER AND SIZE OF THE FIBROIDS?

UFE can be performed irrespective of the number and size of fibroids, there is no set limit involved.

HOW IS THE PROCEDURE PERFORMED

UFE begins with a tiny incision in the wrist. Some numbing medication will be injected into the skin over the artery where the catheter is inserted. Using a realtime form of x-ray called fluoroscopy for guidance, the catheter (small tube) will be guided to your uterine artery. Once in place, an FDA-approved material will be injected into the arteries that send blood to the fibroids. The embolic material remains permanently in the blood vessels at the fibroid site. Once the artery is completely blocked, the fibroid will no longer have a regular supply of blood. This will cause the fibroid to shrink over time, thus reducing or eliminating symptoms. Once the doctor has completed embolization of the uterine arteries, the catheter is gently removed.



HOW LONG DOES THE UFE PROCEDURE TAKE?

The fibroid embolization procedure takes approximately one hour to perform. During the procedure, you will be awake but given IV medication to make you sleepy.

What is an Interventional Radiologist (IR)?

Interventional Radiologists are specially trained doctors who use their expertise in reading X-rays, ultrasound and other medical images to guide small instruments through blood vessels and other pathways to treat disease. Most procedures performed by IRs are minimally invasive (that is they do not require an open surgical incision) and are performed using imaging guidance (X-ray, fluoroscopy, CT, ultrasound and/or MRI). IRs are certified by the American Board of Medical Specialties. While gynecologists are specially trained to performed surgical procedures such as hysterectomies, myomectomies and other procedures, most of them have not been formally trained and therefore do not possess the skills necessary to perform UFE.

WE RECOMMEND
THAT WOMEN
GIVE THEIR
BODIES TIME
TO RECOVER
FOR SEVEN TO
TEN DAYS.

🌿 WILL I HAVE TO FOLLOW A SPECIAL DIET AFTER UFE PROCEDURE?

You may resume your usual diet and medications immediately your UFE procedure. We recommend you drink plenty of liquids following the procedure.

🌿 HOW QUICKLY CAN I GO BACK TO WORK?

We recommend that women give their bodies time to recover for seven to ten days following UFE. Some women recover more quickly. While the recovery from UFE is substantially shorter than surgical alternatives, there is a recovery process. Generally, women return to most of their normal activities within this timeframe.

🌿 HOW SOON CAN I HAVE SEX AFTER THE PROCEDURE?

Patients may generally resume normal activities within seven to ten days following the procedure.

🌿 WILL I EXPERIENCE ANY HORMONAL CHANGES AFTER THE PROCEDURE?

Most women will not experience the hormonal changes that are common with hysterectomy/ removal of the ovaries, but most women do report feeling more emotional and having less energy in the days following the UFE procedure. Women near the age of menopause may be more likely to start menopause after UFE.

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On the Day of Your Procedure WHAT YOU NEED TO KNOW

From when you check in for the procedure to discharge later that day, the CDI Vascular team will be by your side. We will talk you through each step and stay with you following the procedure until you are ready to go home.

When you arrive, our nursing staff will get you prepped for the procedure and start your pain management medications. This includes starting pain management to alleviate discomfort following the procedure, giving you medication for the procedure itself and answering any last-minute questions you have.

For the procedure, you'll be in a conscious sedation. After the procedure, you'll be monitored for discomfort and provided with a pain medication to help ease any discomfort you may experience as your fibroids begin to shrink.

You will be able to drink fluids and have a family member or friend sit with you. When you are able to walk and use the restroom, you will be able to go home. Most women are ready to go home within a few hours following the UFE procedure. You'll need someone to drive you home due to the medications.

We recommend that women give their bodies time to recover for seven to ten days following UFE. Some women recover more quickly. While the recovery from UFE is substantially shorter than surgical alternatives, there is a recovery process. Generally, women return to most of their normal activities within this timeframe.

Following the Procedure

THE FIRST SEVERAL DAYS

After your UFE procedure, plan to relax at home for the rest of the day. Make sure to have a family member or friend help you as you recover from the medication. We recommend you have someone stay with you the first night and will give your care giver instructions to keep you safe.

For the first few days following the procedure, many women describe feeling flu-like symptoms – achy and tired – feeling more emotional and having less energy. The discomfort that you may experience represents the process of fibroid degeneration, which means the procedure is working to shrink the fibroids. We encourage you to take it easy for the first week – no heavy lifting or vigorous exercise. Some patients experience nausea or vomiting, low-grade fevers and lack of energy. These symptoms and other discomfort tends to be worse on days 2 and 3. We will provide you with prescriptions for a series of pain-management medications and instructions for how to take them in the days following your procedure. You may develop a vaginal discharge or pass small fragments of tissue for several days. You'll likely return to your usual activities in seven to ten days, if not sooner.

We work to keep you comfortable and informed.

This includes:

- Light sedation to help you relax during the procedure
- Providing your family member or friend with information to help you at home the first day
- Detailed pain-management plan to keep you comfortable as the fibroids begin to degenerate
- Being available by phone for any questions that come up during the first hours and days at home

Following the Procedure,
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Following the Procedure

WHAT TO EXPECT LONG TERM

The fibroid begins to shrink after the blood supply is reduced. Most women start to feel symptom relief within a few weeks. By the second period following the UFE, many women see a dramatic decrease in bleeding. Bulk-related symptoms should begin to improve six to eight weeks after the procedure, with continued shrinkage of the fibroids within the year.

- By the second or third period, most women have significantly less bleeding.
- Within 6 to 8 weeks, most bulk symptoms begin to improve. The fibroids will continue to shrink over the next year.
- How quickly your symptoms resolve depends largely upon the exact size, number and location and your fibroids.

WHAT HAPPENS TO THE NORMAL UTERINE TISSUE AFTER UTERINE FIBROID EMBOLIZATION?

After UFE, the fibroids shrink and die while the normal uterus and uterine tissue lives. It is thought that the normal uterine tissue survives due to its ability to recruit new blood supply from other areas of the pelvis, while the fibroids rely solely on blood supply from the uterine arteries.

DO FIBROIDS GROW BACK AFTER UFE

A successful UFE procedure treats all fibroids that are present on the day of the procedure, regardless of size, number or location. Once fibroids lose their blood supply and die off, they do not regrow. It is possible for women to develop new fibroids after a UFE procedure. Then, a second UFE procedure may be required. Once menopause is reached, fibroids no longer continue to grow.

WE AIM TO WORK
IN CONCERT
WITH YOUR
GYNECOLOGIST
TO OFFER
YOU THE BEST
OPTION TO
RELIEVE YOUR
SYMPTOMS.

WHAT AFFECT WILL UFE HAVE ON MY SEXUALITY?

Most patients report either no change or improvement in their sexual desire and response after UFE. Those women who experienced pain during intercourse that was caused by fibroids usually improve. If you have concerns about effects of UFE on sexuality, discuss these with our doctor or nurse practitioner prior to your procedure.

WHAT KIND OF FOLLOW-UP SHOULD I EXPECT?

About two weeks after your UFE, we will have you come in for a brief check-up to assess early response to the procedure.

By this point, most women are getting back to their normal routines.

Three months after your UFE, we will schedule an MRI to check the progress on how the fibroids are shrinking. Your fibroids will continue to shrink over the 12 months following the UFE, but you will not need to have another MRI unless your symptoms return. Routine gynecological follow-up is appropriate thereafter.

We aim to work in concert with your gynecologist to offer you the best option to relieve your symptoms. Following your UFE procedure and the two follow-up appointments, you will continue seeing your gynecologist or family doctor for all future routine healthcare screenings and care.

Have you decided that UFE is right for you?

We hope that you feel more informed about UFE as an alternative to hysterectomy. If you decide to have the procedure, the next steps are easy: call us with any questions and make an appointment for your UFE.

The UFE procedure is covered by health insurance plans. We will work with you to determine your exact out-of-pocket costs, depending on your insurance and where you are to date with your annual deductible.

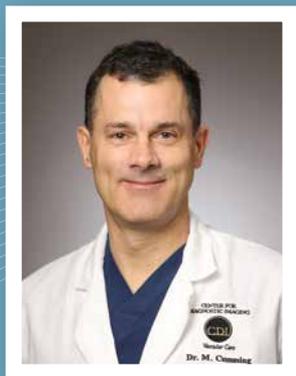
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Call **952.738.4477** with any additional questions you may have or to schedule your UFE.



Thank you for considering UFE at CDI Vascular Care.

On the behalf of our team, thank you for considering UFE.
If you have any questions as you consider whether UFE is right for you, please feel free to reach out to our team.



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