

who either didn't know about embolisation, or who didn't understand why women would prefer this treatment to hysterectomy. Some women who have not had children go through a very painful grieving process after hysterectomy; embolisation does not normally interfere with fertility and so avoids this risk.

### **MRI scans**

Before embolisation you will have to undergo an MRI scan. This will reveal whether or not your fibroids are of a type that will respond to the embolisation procedure. Some women are concerned about going into the MRI scanner. If you think that this might be a problem for you, please tell your Consultant Radiologist so that you can be given extra support. You are allowed to take someone into the room with you when you have the scan. The Churchill Hospital has a helpful leaflet on MRI scans.

### **What happens on the day?**

Many of us found the experience of keyhole treatment under local anaesthetic to be absolutely fascinating. Most of us were less happy about the pain (resembling period or labour pain) and nausea that descended upon us after the treatment and for the next 24 - 36 hours. One woman in our group reported no nausea and almost no pain: maybe you will be lucky too!!

### **The benefits we have experienced from embolisation**

We have all experienced most of these benefits from the procedure;

- ◆ Short hospital stay
- ◆ Quick recovery
- ◆ Avoiding invasive surgery (e.g. Hysterectomy)
- ◆ No general anaesthetic
- ◆ Avoiding hormonal disturbance
- ◆ No serious long term side effects
- ◆ Retained fertility

**Please make sure that you get a copy of our other leaflet: Information for Patients who have just had Embolisation Treatment**

### **Patient support**

You will find a lot more helpful information on our website;

<http://www.femisa.org.uk>

If you would like support or further information, either before or after the embolisation procedure, please contact us on:

[help@femisa.org.uk](mailto:help@femisa.org.uk)



*Problems with fibroids ?  
Don't want a hysterectomy ?  
Read about Uterine Embolisation,  
a less invasive treatment option*



### **Information about fibroids and fibroid embolisation treatment.**

This information has been collected by a group of women who underwent fibroid embolisation treatment at The Churchill Hospital, Oxford.

We have felt overwhelming relief that we have not had to go through the ordeal of having a hysterectomy. We have found Fibroid Embolisation to be a much less invasive procedure and we are all delighted with the results.

We wanted to share our experience with other women, because we are aware that there is not much information available about this treatment, that is written by patients for patients.

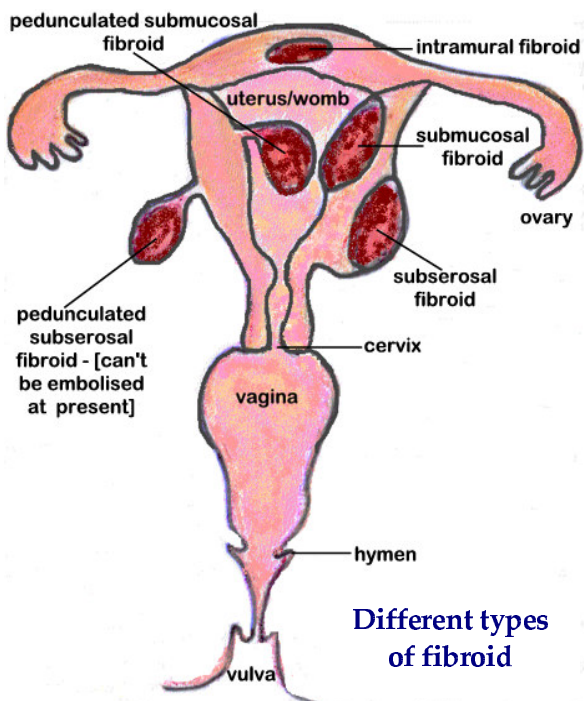
### **Introduction**

Many women have fibroids. They usually develop in women who are in their thirties and forties, but they can

develop earlier. They are particularly prevalent in women from the Afro-Caribbean community.

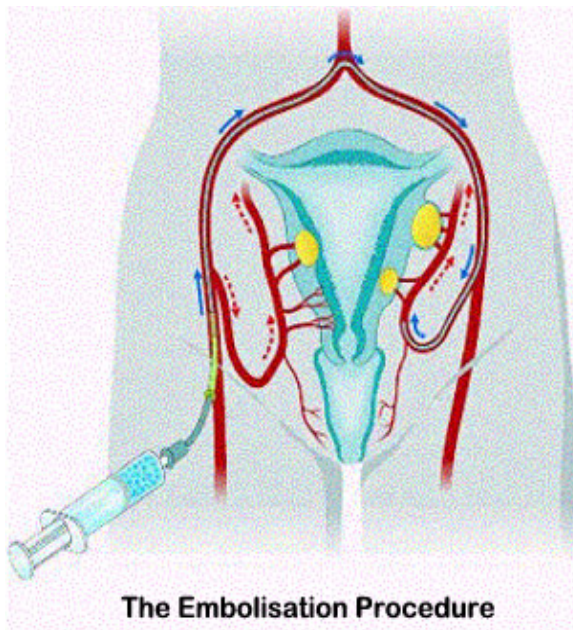
### What are fibroids?

Fibroids are benign tumours (bundles of muscle): it is extremely rare for a fibroid to be cancerous. Most fibroids do not need treatment; they are harmless, they do not cause any symptoms, and, most shrink during the menopause. If you don't have any medical symptoms there is probably no need for embolisation or any other medical treatment. You may like to consider some alternative therapies and alterations to your diet.



### What is fibroid embolisation treatment?

The treatment involves tiny particles being injected into the arteries which feed the fibroids. Once this is done, the fibroids normally shrink and die because their blood supply has been cut off. Most symptoms then cease over the next few months.



### Significant Symptoms (most women only suffer one or two of these symptoms):

- ◆ pressure on the bladder, urgency, incontinence, severe pain
- ◆ pressure on the bowel, constipation
- ◆ back pain, sciatica
- ◆ very heavy (often very painful and

prolonged) periods, flooding continuous bleeding leading to anaemia

- ◆ pressure on the kidneys making them enlarged
- ◆ severely enlarged abdomen (giving the appearance of pregnancy)
- ◆ inability to bend over
- ◆ painful sex
- ◆ pains in the legs
- ◆ some of the women in our group reported that the physical symptoms of fibroids meant that they had to drastically cut back on their normal activities
- ◆ depression
- ◆ there may well be other symptoms that were not experienced by women in this particular group.

### Would you like to have a hysterectomy?

Most of us had been offered hysterectomies by gynaecologists, but had refused them because we felt that hysterectomy was an unnecessarily invasive treatment for fibroids: we wanted to keep our wombs, treat our fibroids in the most focused and appropriate way, and, get back to normal life as soon as possible.

Many of us had difficulties dealing with General Practitioners or Gynaecologists