

## Schedule your appointment with Charlotte Radiology

If you'd like to schedule a consultation, please call:  
704.333.3794 ext. 2243 or for Cabarrus County Consults,  
704.786.0052.

Appointments are scheduled Monday through Friday. In order to allow time for patient registration, we ask that you arrive 15 minutes prior to your scheduled exam time.

### For more information

If you have questions about any of our procedures or for directions, please visit our comprehensive website:

[www.charlotteradiology.com](http://www.charlotteradiology.com)

May we also suggest:

[www.sirweb.org](http://www.sirweb.org)  
[www.ask4ufe.com](http://www.ask4ufe.com)

The following locations offer UFE:

**Carolinas Medical Center (CMC)**  
1000 Blythe Boulevard  
Charlotte, NC 28203

**CMC-Mercy**  
2001 Vail Avenue  
Charlotte, NC 28207

**CMC-University**  
8800 North Tryon Street  
Charlotte, NC 28262

**CMC-Union**  
600 Hospital Drive  
Monroe, NC 28112

**Interventional Radiology Clinic**  
(for patients in Cabarrus County, procedures done at  
CMC-NorthEast)  
212 LePhillip Court, Suite 201  
Concord, NC 28025

[www.charlotteradiology.com](http://www.charlotteradiology.com)



**Uterine Fibroid Embolization**  
providing the perfect balance of health and spirit.

## Uterine Fibroid Embolization (UFE)

Uterine Fibroid Embolization (UFE) is a minimally invasive procedure used to treat fibroids, a noncancerous uterine tumor. **Fibroids are the most common uterine tumor in the female reproductive system.** These benign muscular tumors can sometimes cause symptoms such as pelvic pain, heavy menstrual bleeding, cramping, and pressure on pelvic organs such as the urinary bladder and intestines. Fibroids range in size from very tiny to the size of a cantaloupe or larger. In some cases, they can cause the uterus to grow and can be associated with significant bleeding and cramping.

### There are three primary types of uterine fibroids:

- Subserosal fibroids, which develop in the outer portion of the uterus and expand outward. They typically do not affect a woman's menstrual flow, but can become uncomfortable because of their size and the pressure they cause.
- Intramural fibroids, which develop within the uterine wall and expand, making the uterus feel larger than normal. These are the most common fibroids and can result in heavier menstrual flows and pelvic pain or pressure.
- Submucosal fibroids are deep within the uterus, just under the lining of the uterine cavity. These are the least common fibroids, but they often cause symptoms, including very heavy prolonged periods.

Until recently, fibroids were typically treated by performing a hysterectomy (removal of the uterus). Today, there are less invasive options.

## Who is likely to have uterine fibroids and what are the symptoms?

Uterine fibroids are very common, although often they are very small and cause no problems. They are found in 25-40% of all women ages 35 and older. African-American women are at higher risk for fibroids.

Symptoms may include:

- heavy, prolonged menstrual periods with unusual monthly bleeding
- pelvic pain, pressure or heaviness
- pain in the back or legs
- pain during sexual intercourse
- bladder pressure leading to constant urge to urinate
- pressure on the bowel, constipation and bloating
- abnormally enlarged abdomen

## Diagnosis and Treatment

Fibroids are usually diagnosed during a gynecologic internal exam. Determining whether you are an appropriate candidate for Uterine Fibroid Embolization requires careful consideration of all options by your physician. Most insurance companies pay for this treatment, but you may want to talk with your interventional radiologist about this before your procedure.

Uterine fibroids are treated by an interventional radiologist, a doctor who specializes in minimally invasive, targeted treatments performed using imaging guidance. They use their expertise in reading X-rays, ultrasound, MRI and other diagnostic imaging to guide tiny instruments through blood vessels or through the skin to treat diseases without surgery. In the case of UFE treatments, an interventional radiologist will guide a small catheter from the femoral artery to the uterine arteries. Small, inert particles (the size of a grain of sand) are injected to block the supply of blood to the uterine fibroids, causing them to shrink.

## Preparing for UFE

The procedure takes about two hours to complete, after which you will be admitted to the hospital overnight for observation. Generally, you will receive a full liquid diet the day of the procedure. The procedure itself is not painful and occurs while you are awake and comfortable with the use of intravenous sedation. On the morning following the procedure, you may eat a regular diet and oral medications are substituted for intravenous medications. Many women resume light activities in a few days and the majority of women are able to return to normal activities within one week. Six months after the procedure, you will be scheduled for a follow-up MRI scan to confirm the success.

## Procedure Success and Risks

The procedure has been performed on many thousands of women over the past 10 years with 90 percent of women who have the procedure experiencing significant or total relief. The procedure is also effective for multiple fibroids. Recurrence of treated fibroids is very rare.

Fibroid embolization is considered to be very safe, however, there are some associated risks, as there are with almost any medical procedure. These include:

- Moderate pain and cramping, as well as mild nausea and fever, are controlled with appropriate medication in the first several hours following the procedure.
- A small number of patients have experienced infection, which usually can be controlled by antibiotics.
- Studies have shown that some women have become pregnant following UFE with successful outcomes. However, there is no guarantee that a given patient would, or would not, become pregnant after the procedure.
- A small number of patients have entered menopause following the procedure. This is more likely to occur if the woman is in her mid-forties or older, and is already entering menopause.