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call **704.FIBROID (704-342-7643)** or visit
www.704fibroid.com. UFE is performed at facilities
in Cabarrus, Mecklenburg and Union counties.

For more information

If you have questions about any of our procedures or for
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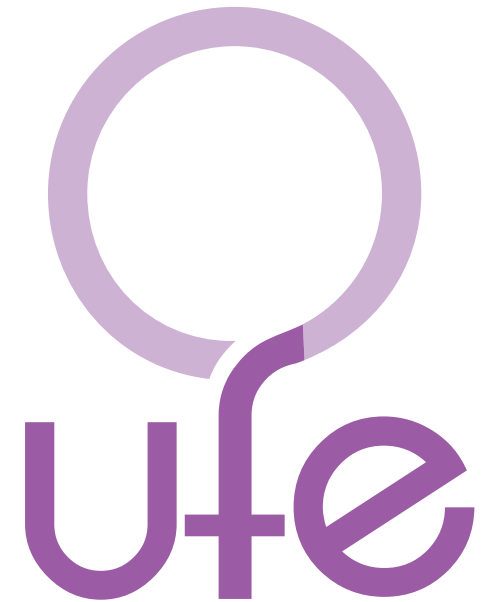
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UTERINE FIBROID EMBOLIZATION
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UTERINE FIBROID EMBOLIZATION
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Don't let fibroids take over your life.



UTERINE FIBROID EMBOLIZATION
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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 small to very large and are primarily 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 fibroids often cause symptoms, including very heavy, prolonged periods.

Until recently, fibroids were typically treated by performing a hysterectomy, removal of the uterus, or myomectomy (surgical removal of fibroids while preserving 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, found in 25-40% of all women. African American women are at a higher risk for fibroids, with up to 50% of women between the ages of 35 and 45 diagnosed.

Symptoms may include:

- heavy, prolonged, painful menstrual periods
- pelvic pain, pressure or heaviness
- pain in the back or legs
- pain during sexual intercourse
- bladder pressure
- frequent urination
- 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 treatment options. Most insurance companies pay for this treatment, but you may want to talk with your interventional radiologist about this before your procedure.

Fibroids can be treated by a physician, without surgery, through a procedure called Uterine Fibroid Embolization. During this procedure, the physician will guide a small catheter into the uterine arteries. There the physician will inject small particles, no bigger than a grain of sand that will cause the fibroids to shrink and symptoms to fade.

Preparing for UFE

UFE is not painful and takes only one to two hours to perform. Women are awake and comfortable with IV sedation. After UFE, patients typically spend one night in the hospital and resume light activities within the next few days. The majority of patients are able to resume their normal routine within one week. Six months after the procedure, patients are scheduled for an MRI scan to confirm success.

Procedure Success and Risks

Uterine Fibroid Embolization is a successful treatment for thousands of women, with at least 90% reporting significant or total relief from fibroids. UFE is effective at treating multiple fibroids, without harming the uterus.

