

Radiology Associates of Hartford

Uterine Fibroid Embolization (UFE) is provided as a service of Saint Francis Hospital and Medical Center and Radiology Associates of Hartford. Interventional radiologists who perform UFE have undergone additional, specialized training in image guided procedures.

RAH's premier radiology team, comprised of more than 20 board certified radiologists, is dedicated to providing the most advanced minimally invasive treatments, the highest quality imaging interpretations and the best possible care for patients.

For more information visit rahxray.com/ufe



SAINT FRANCIS
Hospital and Medical Center



Interventional Radiology
Saint Francis Hospital and Medical Center
114 Woodland Street
Hartford, CT 06105

*To schedule a consultation for a UFE,
please call 860-969-6400.*

¹ Jeanette S Brown et al. Hysterectomy and urinary incontinence: a systematic review. The Lancet, 12 August 2000

² Journal Menopause [Mayo Clinic Study] Jan 3, 2018

³ Association of Ovary-Sparing Hysterectomy With Ovarian Reserve. Trabuco, Emanuel C. MD, MS; Moorman, Patricia G. PhD; Algeciras-Schimmich, Alicia PhD; Weaver, Amy L. MS; Cilby, William A. MD. Obstetrics & Gynecology: May 2016 - Volume 127 - Issue 5 - p 819-827

⁴ Obstet Gynecol. 2009 May;113(5):1027-37. doi: 10.1097/AOG.0b013e3181a11c64. Ovarian conservation at the time of hysterectomy and long-term health outcomes in the nurses' health study. Parker WH1, Broder MS, Chang E, Feskanich D, Farquhar C, Liu Z, Shoupe D, Berek JS, Hankinson S, Manson JE.

⁵ Risa Lonnée-Hoffmannimage001.gif and Ingrid Pinas Effects of Hysterectomy on Sexual Function. Curr Sex Health Rep. 2014; 6(4): 244-251. Published online 2014 Sep 14. doi: 10.1007/s11930-014-0029-3

⁶ Smith WJ, Upton E, Shuster EJ, Klein AJ, Schwartz ML. Patient satisfaction and disease specific quality of life after uterine artery embolization. Am J Obstet Gynecol. 2004;190(6):1697-1703.

⁷ Scheurig-Muenkler C, Koesters C, Powerski MJ, Grieser C, Froeling V, Kroencke TJ. Clinical long-term outcome after uterine artery embolization: sustained symptom control and improvement of quality of life. J Vasc Interv Radiol. 2013;24(6):765-771

⁸ Laughlin SK, Schroeder JC, Baird DD. New directions in the epidemiology of uterine fibroids. Semin Reprod Med. 2010;28(3):204-217

⁹ Source: ABC News <http://abcnews.go.com/2020/story?id=124229&page=1>

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UFE

A less invasive way to treat
uterine fibroids

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WHAT ARE UTERINE FIBROIDS?



Uterine fibroids are benign (non-cancerous) tumors that grow from the uterus. They can range in size from as small as a grape to as large as a cantaloupe. Approximately 20-40% of women over age 35 have fibroids, and African-American women are at a greater risk for developing them.

Fibroids can result in pelvic pain or discomfort, urinary incontinence, frequent urination and heavy menstrual bleeding. The location and size of uterine fibroids can affect the severity of these symptoms and impact your quality of life. Fibroids are also hormonally sensitive, so the symptoms can be cyclical, just like with menstruation.

Traditional Treatment Options

If your fibroids are not causing pain or other symptoms, treatment may not be necessary. Your OB/GYN might wish to monitor their growth during annual examinations. Hormone treatment medication is an option to relieve symptoms such as heavy menstrual bleeding and pelvic pressure, although medication cannot eliminate fibroids and often has side effects, such as weight gain, vaginal dryness and infertility.

Surgery, in the form of hysterectomy (removal of the entire uterus) or myomectomy (removal of fibroids from within the uterus) are options that are used today. However, surgery is expensive, requires a six-week and sometimes painful recovery and can result in scarring. What's more, new research has demonstrated significant long-term health risks associated with hysterectomy. These include a significantly higher risk of heart disease, as well as increased risk of certain cancers, incontinence, weight gain, early menopause (even without ovary removal), depression and sexual dysfunction.^{1,2,3,4,5}

Myomectomy is the preferred treatment for women who wish to become pregnant, and/or to improve their chances for becoming pregnant. However, fibroids often return within a few years of having this procedure.



Uterine Fibroid Embolization (UFE)

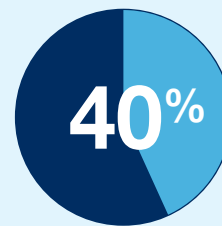
UFE is a less invasive, FDA-approved and highly effective approach for treating fibroids. It is performed by a specialized doctor called an interventional radiologist, who uses X-ray imaging to guide a catheter through the femoral artery in the groin to the uterine arteries. The radiologist embolizes or "blocks" the blood vessels that feed the fibroid, depriving it of oxygenated blood. The fibroid then shrinks and the symptoms gradually disappear.

UFE is performed on an outpatient basis. It takes less than an hour, and the patient may return home within 24 hours after the procedure.

Women who undergo UFE have experienced a high level of satisfaction and a significant improvement to their quality of life, even over the long term.^{6,7} In a recent study of four randomized clinical trials comparing UFE to surgical interventions, UFE was associated with less blood loss, a shorter hospital stay and a faster return to work.⁸



75%
**OF HYSTERECTOMIES
ARE CONSIDERED
UNNECESSARY⁹**



**40% OF WOMEN
DEVELOP UTERINE
FIBROIDS BY
AGE 35**

**THIS INCREASES
TO 70-80%
AFTER AGE 50**

Is UFE right for me?

You may be a candidate for uterine fibroid embolization if you:

- Are experiencing the symptoms of uterine fibroids
- Are not or no longer wish to become pregnant
- Are seeking an alternative to hysterectomy (removal of the uterus)
- Wish to avoid surgery or are a poor candidate for surgery

The long term effects that UFE has on a woman's ability to become pregnant are unknown. If you decide on UFE, becoming pregnant in the future can be difficult; although some women have had successful pregnancies after UFE. As with all medical procedures, talk to your doctor if you have questions, and to help determine if UFE is right for you.

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