

Guide to

Uterine Fibroids



Virginia Interventional & Vascular Associates



“That’s normal.”

You’ve lost count of all the times you’ve been told your symptoms are not unusual. You call in sick again. Leaving the house is a struggle, and when you do, you know where all the public restrooms are (and keep a change of clothes on hand). The heavy bleeding, irregular periods, stabbing pain, exhaustion, bloating that doesn’t go away, the rollercoaster struggle with infertility...the list goes on for your “normal” symptoms.

Could you be the **one of four women** who suffer from uterine fibroids?

Most American women will develop fibroids at some point in their lives. 70 percent of Caucasians and 80 percent of African Americans have fibroids by age 50, according to the National Institute of Health. Many women do not experience any symptoms and may be unaware they have them. For those who experience fibroid symptoms, the two most common treatment options are myomectomy

(surgical removal of fibroids) and/or hysterectomy (surgical removal of uterus).

According to the National Institute of Health (NIH), over 200,000 women in the U.S. undergo hysterectomies to remove uterine fibroids each year.

For women who are planning to get pregnant, hysterectomies can be devastating. The surgery is also significantly life-altering for women who are not ready for the significant hormonal shift that comes with a pre-menopausal hysterectomy.

Removing your uterus isn’t the only option to consider. There’s another treatment you should know about: uterine fibroid embolization (UFE). This minimally invasive procedure has led to relief of symptoms and a faster recovery time and avoids the negative side effects that can come with surgical treatment.

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What are Uterine Fibroids?

Uterine fibroids (leiomyomas) are non-cancerous tumors that grow within the smooth muscular tissue of the uterus. The tumors are typically not dangerous and do not spread within the body, but some women experience several negative side effects, including heavy bleeding, pelvic and/or back pain, and fullness in the abdomen.



Fibroid Symptoms Checklist

If you suffer from uterine fibroids, you know that your symptoms are more than an inconvenience. At least **5-10% of premenopausal women** with uterine fibroids experience one or more of the following symptoms:

Risk Factors for Uterine Fibroids

Some women are at increased risk for developing uterine fibroids. Women who are in their early to mid 40's are at the most common age.

Increased risk factors include:

- Obesity
- High blood pressure
- Women who have never had children
- Family history of fibroids
- Women who are of African American descent

- Swelling or bloating in your abdomen that does not subside after your period.
- Periods that last beyond the average 3-5 days.
- Abnormal bleeding that occurs before or after your period.
- Heavy menstrual bleeding requiring multiple tampons and/or pads an hour.
- Menstrual bleeding characterized by large clots.
- Unexplained pain or pressure in your abdomen.
- Back pain that is unrelated to muscular use.
- Vaginal or abdominal pain during intercourse.
- Increased frequency in urination during the daytime.
- Constipation that is unrelated to diet.
- Overall feeling of exhaustion and fatigue.
- Concern or frustration over soiling clothing, bed linens, etc.
- Interference with your daily routine and/or social life.
- Decrease in physical activity.
- Anxiety over traveling and/or leaving the house.
- Frustration with the unpredictability of the length or onset of your period.

Treatment Options for Uterine Fibroids

Treatment for fibroids is important, but the options aren't always clear. Surgical removal remains the most common uterine fibroid treatment; but, as with all surgery, there are serious complications and risk factors to consider.

Uterine fibroid embolization (UFE) is an effective and less invasive form of treatment that leaves the uterus intact.

Most women have never heard of UFE and many women who have been diagnosed with uterine fibroids are unaware of this treatment option.

*44 percent of women who are diagnosed with fibroids have not heard of UFE.**

Some women choose to forego treatment; however, there are some potential harmful side effects of not removing fibroids.

- Continued growth of fibroids can cause pelvic pain and worsen abnormal bleeding.
- Fibroids can negatively affect fertility. Fibroids can block a fertilized egg from implanting in the uterus which can also lead to ectopic pregnancies.
- Pregnant women with fibroids are at increased risk for premature delivery.

What is Uterine Fibroid Embolization (UFE)?

If you're experiencing the daily discomfort and disruption caused by uterine fibroids, you may benefit from uterine fibroid embolization (UFE). UFE is a revolutionary treatment in the management of uterine fibroids. This highly successful, minimally invasive procedure has offered relief without the invasive surgeries prescribed in the past. The process of shrinking fibroids through Interventional Radiology has made it possible to treat fibroids without surgery.

Five facts you need to know about UFE:

Minimally invasive way to treat uterine fibroids.

Patients have experienced relief of symptoms.

Recovery time is shorter than surgical options.

Risk of complications reduced.

Saves uterus from being removed.

Cindy's Story

"Being a Nurse Practitioner in Radiology, I saw many women go through this procedure with great success. When I developed symptoms, I knew that this would be the procedure that I would choose over any other treatment.

Prior to the procedure, I experienced heavy menstrual periods with severe abdominal cramping. I was also going to the bathroom every hour due to frequent urination. The heavy bleeding led to feelings of embarrassment, and I often did not want to leave the house in fear I would soil my clothes. The pain was so intense, I had to take ibuprofen on a regular basis.

Since the procedure, my menstrual flow has significantly decreased, I am able to leave my home with more confidence and I no longer need ibuprofen during my period. The procedure has definitely increased my quality of life."



Cindy Greenwood, NP-C with Virginia Interventional and Vascular Associates

Is UFE Right for You?

If you're wondering if UFE is right for you, you may want to complete this checklist and bring it to your gynecologist. You can also call VIVA directly to schedule a consultation with a member of the Interventional Radiology team.

Questions to ask yourself while considering UFE:

- Pregnancy:** Am I considering pregnancy in the future?
- Menopause:** Is avoiding early menopause important to me? Would I like to go through menopause naturally or with hormone therapy?
- Complications:** Do I have concerns about the risks of surgical treatment?
- Surgery:** Would I prefer a minimally invasive treatment over surgery?
- Recovery:** Is a shorter recovery more conducive to my lifestyle?

If you've checked three boxes or more, you should ask your OB-GYN or primary care physician about uterine fibroid embolization as a nonsurgical treatment option. Remember to bring the uterine fibroid symptoms checklist to your next appointment.

Frequently Asked Questions

How is uterine fibroid embolization (UFE) performed?

Uterine fibroid embolization is performed through a tiny incision in the skin, usually less than a quarter inch at the groin, compared to the 5 to 7 inch incision of a traditional hysterectomy. The Interventional Radiologist guides a tiny catheter into the uterine arteries and releases tiny particles to block the blood flow into the uterine fibroids. Once the blood supply is cut off, the fibroids are starved of oxygen and nutrients, causing them to shrink.

What are the side effects of uterine fibroid embolization?

There are very few complications associated with uterine fibroid embolization. In fact, more than 90% of our patients experience relief from excessive bleeding within the first or second menstrual cycle. Following the procedure, some women have an overnight stay in the hospital for pain management but many are discharged the same day. In the first 24 hours after your procedure, you may experience uterine cramping, nausea, fatigue, or a low-grade fever. Symptoms typically subside within one to three days. When you go home after your UFE procedure, you will be able to resume all normal daily activities as tolerated.

How long after a UFE procedure does it take for fibroids to go away?

Most patients begin to experience relief of their symptoms within one to three days following UFE procedure. Over the next three to six months, the fibroids will continue to shrink.

What can I expect after the UFE procedure?

You may have some spotting or vaginal discharge for a few weeks after the procedure. During this time, you may expel pieces of tissue. Some patients notice improvement in their first period after the procedure and this continues to improve over the next few months. The bulk symptoms will begin to subside as the fibroids shrink over 3-6 months' time.

Will my insurance cover UFE?

UFE is most often paid for by insurance. Patients may have some obligation depending on their individual policy terms.

Where can I find uterine fibroid embolization in Fredericksburg?

The Board Certified and Fellowship Trained Interventional Radiologists at Virginia Interventional and Vascular Associates (VIVA) have been pleased to offer UFE to our patients in the Fredericksburg community for over 20 years. The expertise you'll find at VIVA will help you decide if uterine fibroid embolization is right for you.

What is Virginia Interventional and Vascular Associates (VIVA)?

Virginia Interventional and Vascular Associates (VIVA) is an AAAHC and IAC accredited Interventional Radiology and Vascular Surgery office located in Fredericksburg and Stafford, Virginia. We can perform same-day procedures in our office, without requiring a hospital stay and have admitting and procedural privileges at Mary Washington and Stafford Hospitals to provide continuity of care when an acute care environment is necessary. All of our doctors are Board Certified and Fellowship Trained in their specialty. They are supported by caring staff who are committed to the comfort and well-being of our patients.

What are Interventional Radiologists (IRs)?

Interventional Radiologists are doctors who use their skills in reading medical images to guide treatments exactly where they are needed inside the body. IRs invented the use of angioplasty and stents to open blocked arteries. They also specialize in many other minimally invasive procedures to diagnose and treat diseases in nearly every major organ system. IRs are able to perform major surgical procedures from the inside out.

***If you think you may have uterine fibroids,
ask your OB-GYN if UFE is right for you.***



For more information about VIVA,
or to schedule a consultation for uterine
fibroid embolization, please call
540.654.9118.