

Uterine Fibroid Embolization (UFE)

A Patient's Guide to a Minimally Invasive Fibroid Treatment



ask4UFE.com
877-ASK4UFE
www.treatmentok.com

UFE is performed by an interventional radiologist (IR), a doctor who uses X-rays and other imaging techniques to see inside the body and treat conditions without surgery. During UFE, you are given sedation medication but remain awake. The IR inserts a thin tube into an artery at the top of your thigh, then uses X-ray imaging to guide the tube to the uterine artery. Tiny round particles called Embosphere® Microspheres are injected into the blood vessels that lead to the fibroids. They block blood flow, causing the fibroids to shrink. Embosphere Microspheres remain permanently at the fibroid site. The process is repeated in your other uterine artery for complete blockage of blood flow to the fibroid.

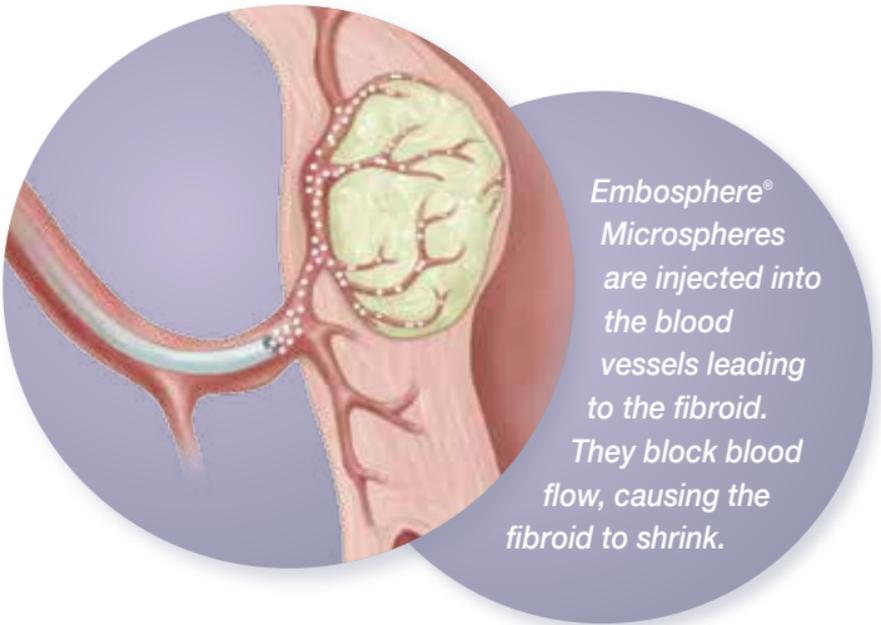
Benefits of UFE¹

UFE	Hysterectomy
Hospital stay time	
less than one day	2.3 days
Days until returning to work	
10.7 days	32.5 days
Experienced Complications (after 30 days)	
12.7%	32%

¹Spies J, et al. Outcome of Uterine Embolization and Hysterectomy for Leiomyomas: Results of a Multicenter Study. American Journal of Obstetrics & Gynecology July 2004;191:1

Patients who are ideal for UFE include women who:

- Have symptomatic fibroids
- Do not intend to get pregnant in the future
- Want to keep their uterus
- Do not want surgery
- Want an overnight or outpatient hospital stay
- May not be good candidates for surgery



*Embosphere®
Microspheres
are injected into
the blood
vessels leading
to the fibroid.
They block blood
flow, causing the
fibroid to shrink.*

Deciding on UFE

If you need treatment for fibroid symptoms but want to avoid surgery, UFE may be right for you. Your gynecologist can provide a referral to an interventional radiologist who can help you decide based on your medical history and the size and location of your fibroids. You should not have this procedure if you are pregnant or want to become pregnant. The effects of UFE on the ability to become pregnant and carry a fetus to term, and on the development of the fetus, have not been determined.

While there are reports of women becoming pregnant after uterine fibroid embolization (UFE), and having successful pregnancies, there are no scientific study results establishing the safety of UFE on fertility and pregnancy. As with any medical intervention, you should discuss the most current clinical data before deciding on the fibroid treatment option that is right for you.

Health Insurance Coverage for UFE

Most insurance companies cover UFE as a treatment for symptomatic fibroids. Discuss your coverage with your doctor or insurance provider before the procedure.

Risks Associated with UFE

Overall, UFE is a safe procedure for treating symptomatic fibroids with minimal risk. Infrequent complications have been reported following UFE. The most reported risk factors and complications associated with UFE are transient amenorrhea, common short-term allergic reaction/rash, vaginal discharge/infection, non-targeted embolization, possible fibroid passage, and post-embolization syndrome. The most common complications associated with hysterectomy are vaginitis, drug reactions, and urinary tract infections, with some more serious complications reported after 30 days including pneumonia, bowel injury, vaginal cuff herniation, and recurrent bleeding from the vaginal stump.

You should talk with your doctor about the risks associated with UFE. Visit www.ask4UFE.com for detailed information.

Uterine Fibroids and Their Symptoms

Fibroids are benign, non-cancerous growths in or on the walls of the uterus, or womb. They can range from less than an inch to more than six inches in diameter. African-American women and those with a family history are more likely to develop fibroids.

Most fibroids cause no symptoms, and are only discovered when a woman has a routine pelvic examination. If you do experience fibroid symptoms, they may include:

- Heavy, prolonged monthly periods, sometimes with clots
- Anemia (fatigue due to low red blood count)
- Pain or pressure between the hip bones or in the back of the legs
- Pain during sexual intercourse
- Frequent need to urinate
- Constipation or bloating
- An enlarged belly

Fibroid Treatment Options

If you do not have symptoms, treatment is probably unnecessary. Your doctor may want to continue to monitor your fibroids. If you do have symptoms, several options are available.

Medical Treatments

Birth control pills can often decrease heavy bleeding. Other hormone treatments can shrink fibroids, but these treatments may cause menopause-like side effects such as hot flashes and bone loss. Fibroid symptoms usually return when medical treatment stops.

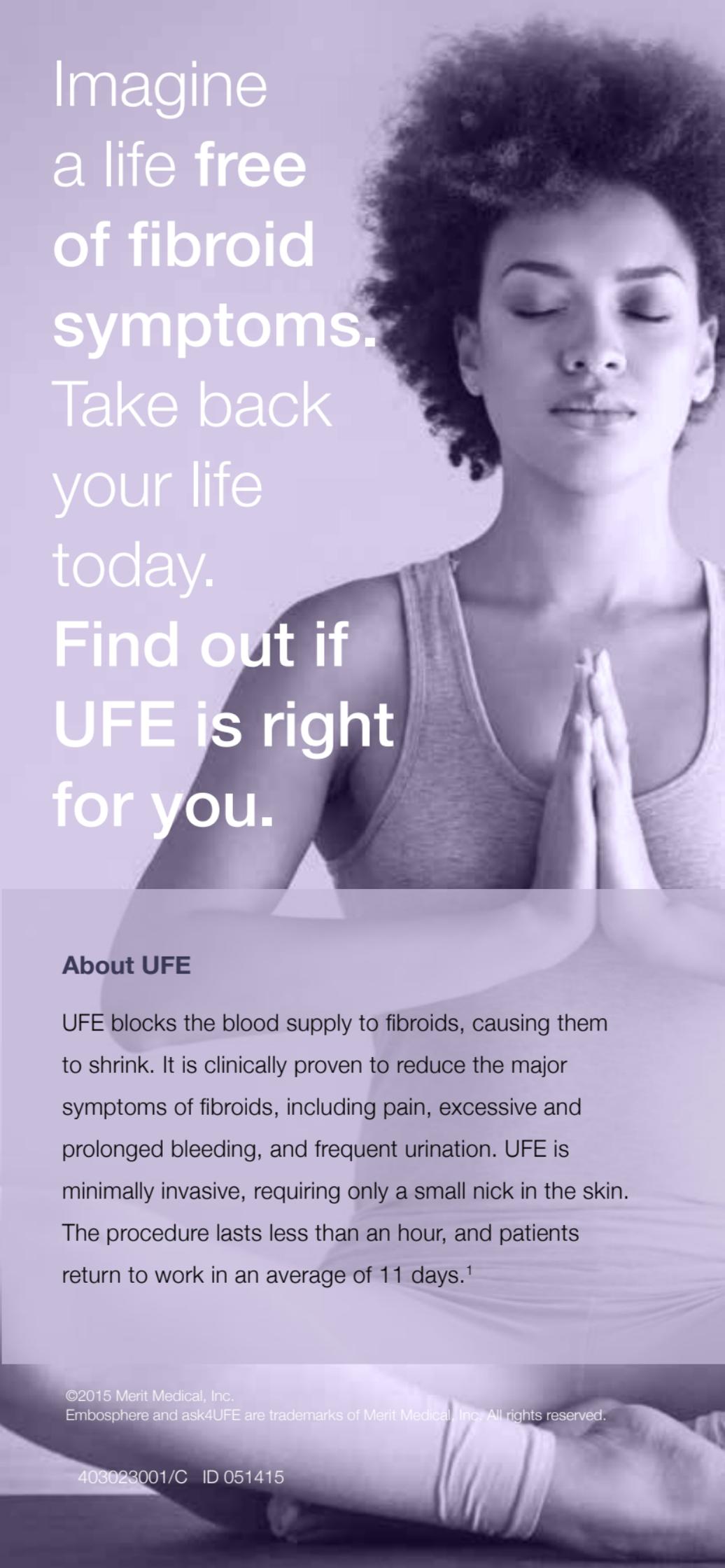
Uterine Fibroid Embolization

Uterine fibroid embolization, or UFE, is a minimally invasive option that preserves the uterus and greatly reduces recovery times compared to surgical procedures.

Surgical Treatments

Surgical treatment options include hysterectomy, which is the removal of the uterus, and myomectomy, the removal of just the fibroids. While these options are generally effective, they require anesthesia and lengthy recovery times and carry a risk of surgical complications. Many women are not candidates for myomectomy because of the size, number, or location of their fibroids. Endometrial ablation is sometimes suggested by physicians, which may cause confusion as it sounds similar to “fibroid embolization” (or UFE). Endometrial ablation only treats the endometrial lining and not specifically fibroids. Endometrial ablation is best performed for women who do not have fibroids, but are suffering with heavy bleeding for other reasons and do not desire future fertility.

If you suspect you have fibroids, your doctor should conduct an ultrasound or other imaging tests to be certain.



Imagine
a life free
of fibroid
symptoms.

Take back
your life
today.

Find out if
UFE is right
for you.

About UFE

UFE blocks the blood supply to fibroids, causing them to shrink. It is clinically proven to reduce the major symptoms of fibroids, including pain, excessive and prolonged bleeding, and frequent urination. UFE is minimally invasive, requiring only a small nick in the skin. The procedure lasts less than an hour, and patients return to work in an average of 11 days.¹

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