UTERINE FIBROIDS EMBOLIZATION (UFE)

Uterine Fibroid Embolization is a safe, minimally invasive, image-guided procedure, to treat symptoms of Uterine Fibroids.

LOCATIONS:
Main:
Buffalo Vascular Care (BVC) – Outpatient Treatment Facility
6337 Transit Road, Lancaster, NY 14043
Satellite offices:
229 Summit Street, Suite 8, Batavia, NY 14020
3898 Vineyard Drive, Dunkirk, NY 14048

OUR MEDICAL PROVIDERS:
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Assistant Clinical Professor of Radiology, SUNY Buffalo

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Physician Assistant
Clinical Coordinator

OFFICE HOURS
Monday-Friday 8:00 am – 4:30 pm

SCHEDULING INQUIRIES
Contact your VIA by
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WHAT ARE UTERINE FIBROIDS?
Fibroid tumors are benign (noncancerous) growths of the uterine wall. Their size ranges from very tiny to very large. In some cases, they can cause the uterus to grow to the size of a five-month pregnancy or more.

WHAT ARE THE SYMPTOMS OF UTERINE FIBROIDS?
- Heavy, prolonged menstrual periods and unusual monthly bleeding, sometimes with clots
- Pelvic pain, pressure or heaviness
- Back pain
- Pain during sexual intercourse
- Bladder pressure and frequent urge to urinate
- Constipation and bloating
- Enlarged abdomen

PREVALENCE
Uterine fibroids are very common. 20 to 40 percent of women over the age of 35 have uterine fibroids of a significant size. African-American women are at higher risk for fibroids and as many as 50 percent have symptomatic fibroids.

DIAGNOSIS
Fibroids are usually diagnosed during a gynecologic examination. The presence of fibroids is then confirmed by an abdominal ultrasound. Magnetic resonance imaging (MRI) can be used to further assess the size, number and location of the fibroids.

HOW ARE THEY TREATED?

Medical Treatment
Many fibroids do not cause problems and do not need to be treated. When they do cause mild symptoms, birth-control pills and non-steroidal anti-inflammatory drugs, such as ibuprofen or naproxen can provide relief in symptoms.

Uterine artery (or fibroid) embolization (non-surgical procedure)
This is a minimally invasive procedure in which a small tube (catheter) is passed through a small puncture in the groin and advanced to the uterine arteries under X-ray. Tiny plastic particles are then released into the uterine arteries to block the blood flow to the fibroid. This results in shrinking of the fibroid.

Myomectomy (surgical procedure)
Myomectomy involves surgically removing fibroids from the wall of a uterus. In some women, the fibroids may grow back several years after myomectomy.

Hysterectomy (surgical procedure)
Hysterectomy involves removal of the uterus in an open surgical procedure under general anesthesia. It requires three to four days of hospitalization with recovery period of about four to six weeks.

UTERINE FIBROID EMBOLIZATION (UFE)
This procedure is performed by a vascular interventional radiologist, a physician who is specially trained to perform minimally invasive procedures from within the inside of blood vessels. During this procedure, a tiny puncture is made in the skin of the groin and a catheter (small tube) is inserted into an artery. The catheter is then guided through the artery to the uterus using a live X-ray (fluoroscopy). Tiny particles (the size of grains of sand) are released into the artery that is supplying blood to the fibroid, thus cutting off blood flow to the tumor. This results in eventual shrinkage of fibroids. The procedure is performed while the patient is conscious but sedated. Patient is released home the same day after a few hours of observation. Many women are able to return to normal activities within one week.

OUTCOME/EXPECTATIONS
Overwhelming majority of women who underwent the procedure had significant relief of heavy bleeding, pain, and other symptoms. Recurrence of treated fibroids is rare. Uterine fibroid embolization is considered very safe. UFE is approved by the FDA. Some women experience nausea and low-grade fever and most women will have moderate to severe pain and cramping in the first several hours following the procedure. These symptoms are well controlled with medications. There is a 1 percent chance of infection and injury to the uterus, potentially leading to hysterectomy. These complication rates are lower than those of hysterectomy and myomectomy.

FERTILITY
Although many women have gotten pregnant and carried full term pregnancy, the long-term effects of uterine fibroid embolization (UFE) on the ability of a woman to have children has not been fully determined. At this time, the procedure is not recommended for women desiring future pregnancy.

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