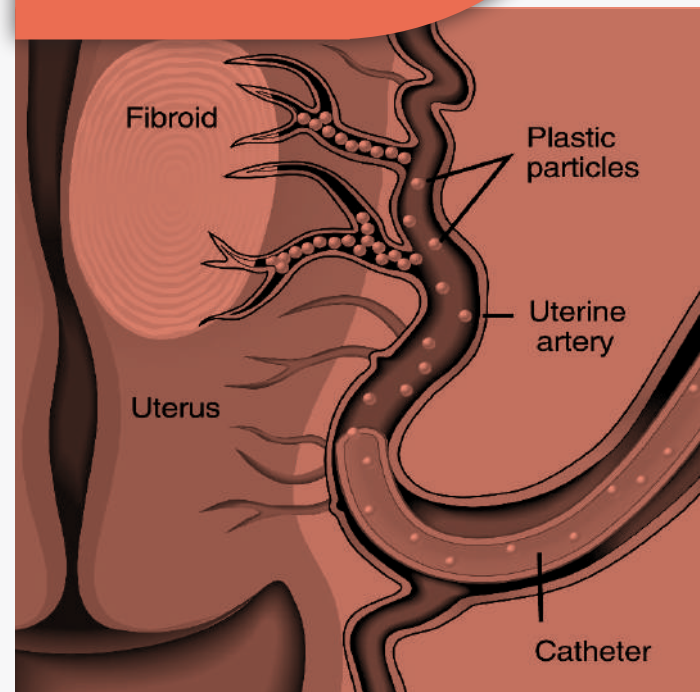
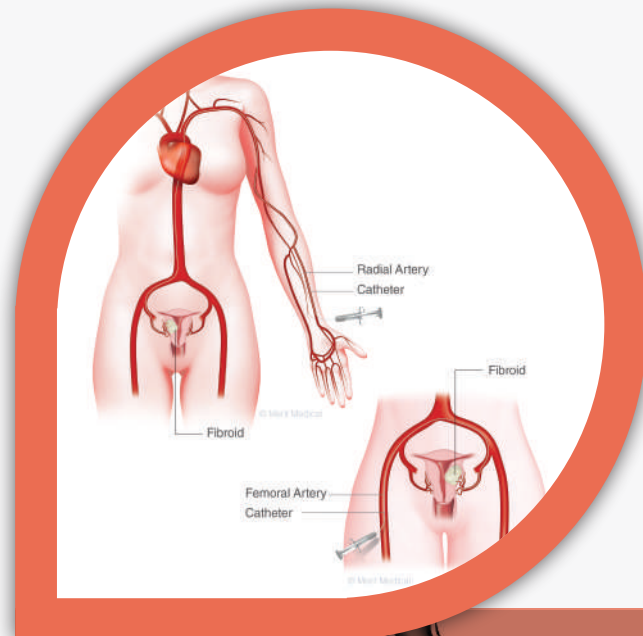


UTERINE ARTERY EMBOLIZATION (UAE)

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



LOCATIONS:

Main:

Buffalo Vascular Care (BVC) – Outpatient Treatment Facility
6337 Transit Road, Depew, NY 14043

Satellite offices:

190 Washington Avenue, Batavia, NY 14020

6934 Williams Road, Suite 400, Niagara Falls, NY 14304

Azher Iqbal, MD

Medical Director, BVC

Board Certified Vascular Interventional Radiology

Assistant Clinical Professor of Radiology, SUNY Buffalo

OFFICE HOURS

Monday-Friday 8:00 am – 4:30 pm

SCHEDULING INQUIRIES

Contact BVC by calling 716-852-1977

buffalovascularcare.com



UTERINE ARTERY EMBOLIZATION FOR UTERINE FIBROIDS & ADENOMYOSIS



Buffalo
Vascular Care

716.852.1977

BuffaloVascularCare.com



UTERINE FIBROIDS

WHAT ARE UTERINE FIBROIDS?

Fibroid tumors are benign (noncancerous) growths of the uterine muscle. 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.

ADENOMYOSIS

WHAT IS ADENOMYOSIS?

Adenomyosis occurs when the glandular tissue that normally lines the uterus (endometrial tissue) grows into the muscular wall of the uterus. The cause of adenomyosis remains unknown, but the disease usually resolves after menopause.

WHAT ARE THE SYMPTOMS OF ADENOMYOSIS?

- Heavy or prolonged menstrual bleeding
- Severe cramping or sharp, knifelike pelvic pain during menstruation (dysmenorrhea)
- Chronic pelvic pain

PREVALENCE

Most cases of adenomyosis are found in women in their 40s and 50s.

DIAGNOSIS

Fibroids and adenomyosis are usually diagnosed during a gynecologic examination. The presence of fibroids/adenomyosis is then confirmed by an abdominal ultrasound and Magnetic resonance imaging (MRI).

HOW ARE FIBROIDS AND ADENOMYOSIS TREATED?

Medical Treatment

When these conditions cause mild symptoms, birth-control pills and non-steroidal anti-inflammatory drugs, such as ibuprofen or naproxen can provide relief in symptoms.

Uterine artery 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 or wrist 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 or adenomyosis. This results in shrinking of the fibroid or adenomyosis.

Myomectomy for Fibroids (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 for Fibroids or Adenomyosis (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 ARTERY EMBOLIZATION (UAE)

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 wrist or 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 tiny grains of sand) are released into the artery that is supplying blood to the desired area, thus cutting off blood flow to the tissue. This results in eventual shrinkage of fibroids or adenomyosis. 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. Uterine artery embolization is considered very safe. UAE 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 significantly 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 artery embolization (UAE) on the ability of a woman to have children has not been fully determined. At this time, in general, the procedure is not recommended for women desiring future pregnancy.

All contents of this brochure were created for informational purposes only. The content is not intended to be a substitute for professional medical advice.