

# Uterine artery embolisation for the treatment of fibroids

**Understanding NICE guidance –  
information for women considering the  
procedure, and for the public**

October 2004



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Copies of this booklet can be ordered from the NHS Response Line; telephone 0870 1555 455 and quote reference number N0718. A version in Welsh and English is also available, reference number N0719. Mae fersiwn yn Gymraeg ac yn Saesneg ar gael hefyd, rhif cyfeirnod N0719. The NICE interventional procedures guidance on which this information is based is available from the NICE website ([www.nice.org.uk](http://www.nice.org.uk)). Copies can also be obtained from the NHS Response Line, reference number N0717.

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## About this information

This information describes the guidance that the National Institute for Clinical Excellence (NICE) has issued to the NHS on a procedure called uterine artery embolisation for the treatment of fibroids. It is not a complete description of what is involved in the procedure – the patient’s healthcare team should describe it in detail.

NICE has looked at whether uterine artery embolisation is safe enough and works well enough for it to be used routinely for the treatment of fibroids.

To produce this guidance, NICE has:

- looked at the results of studies on the safety of uterine artery embolisation for the treatment of fibroids and how well it works
- asked experts for their opinions
- asked the views of the organisations that speak for the healthcare professionals and the patients and carers who will be affected by this guidance.

This guidance is part of NICE’s work on ‘interventional procedures’ (see ‘Further information’ on page 10).

## About uterine artery embolisation for the treatment of fibroids

Fibroids are non-cancerous growths. When they occur in the uterus, they can cause heavy bleeding and pressure and pain in the abdomen. They can also sometimes make it difficult for a woman to carry a pregnancy to term.

Uterine artery embolisation is done by an 'interventional radiologist', who is a doctor specialising in using X-rays and scans to guide treatment. It involves blocking the blood supply to the fibroids so that they shrink. Small particles are injected into the blood vessels that take blood to the uterus. The particles are injected through a narrow tube, which is passed into the blood vessel system at the groin. The woman is awake during the procedure, but is given a local anaesthetic and sometimes a sedative to help her relax. After the procedure, the woman usually stays in hospital for 24–36 hours and is then advised to rest for 1 or 2 weeks. If the symptoms have improved after the procedure, it means that the woman does not need to have her uterus removed (this may mean she is able to get pregnant in the future).

A more common treatment for fibroids is hysterectomy, which involves removing the woman's uterus in an operation carried out under general anaesthetic. A woman cannot get pregnant after she has had her uterus removed.

Uterine artery embolisation has been used for several years to help stop heavy bleeding (haemorrhage) during or after childbirth.

## How well it works

For this procedure, NICE undertook what is known as a 'systematic review'. This means that evidence from all available sources was looked at, whether it had been published or not. Experts' opinions may also be included in a systematic review.

## What the studies said

The results from the studies NICE looked at showed that, on average, fibroids were reduced in size ('volume') by between nearly half and three-quarters. However, these reductions didn't always lead to changes in symptoms. Symptoms improved for between 62% and 95% of women who received the treatment (62% is 62 women in 100, and 95% is 95 women in 100). After having the procedure, most patients were checked on for only 6 months.

The results also showed that, out of 604 women (from three studies put together), 24 got pregnant after having the procedure. It wasn't clear, though, how many of these women had wanted to get pregnant.

## Risks and possible problems

### What the studies said

Studies of the procedure's safety showed that some problems can occur after having uterine artery embolisation. The most common problems reported in the studies were passing of the fibroid through the vagina, and the need to have a hysterectomy after having the procedure. It was usual for the women to feel pain after having uterine artery embolisation, but some of the studies reported the pain to be a particular problem for some women.

Other problems that could occur included:

- infection
- fever
- irregular or missed periods
- stopped periods – this happened in nearly half the women who were over 50.

One woman died after having the procedure.

### What has NICE decided?

NICE has considered the evidence on uterine artery embolisation. It has decided that the procedure is safe enough and that most patients

have improved symptoms. However, more information is needed about how well it works, how long it works for, and how it affects a woman's ability to get pregnant.

If a doctor wants to carry out this procedure, he or she should make sure that the patient understands what is involved and that there are still uncertainties about how well the procedure works and for how long. There should be special arrangements in place so that the patient only agrees (consents) to the procedure after this discussion has taken place.

NICE has also decided that there should be special arrangements for monitoring what happens when a person has uterine artery embolisation. NICE is asking doctors to send information about every patient who has the operation and what happens to them afterwards to a central store of information at the British Society of Interventional Radiology ([www.bsir.org](http://www.bsir.org)), so that how well the procedure's benefits last and what effect the procedure has on fertility can be checked over time.

It is important that a specialist team decides which patients are suitable for this procedure. This should include a gynaecologist (a doctor expert in treating problems in women's reproductive systems) and an interventional radiologist.

NICE may look at the procedure again if more information becomes available.



## What the decision means for you

Your doctor may have offered you uterine artery embolisation for the treatment of fibroids. NICE has considered this procedure because it is relatively new. NICE has decided that there are uncertainties about the benefits of the procedure which you need to understand before you agree to it. Your doctor should discuss the benefits and risks of the procedure with you. Some of these may be described above.

NICE has also decided that more information is needed about uterine artery embolisation for the treatment of fibroids. So NICE has recommended that some details should be collected about every woman who has this procedure in England and Wales. These details will be held confidentially and will not include the women's names. The information will be used only to see how safe the procedure is and how well it works. If you decide to have uterine artery embolisation, you will be asked to agree to your details being entered into an electronic database for this purpose. A clinician looking after you will fully explain the purpose of collecting the data and what details will be held. You will be asked to sign a consent form. If you do not agree to the details being entered into an electronic database, you will still be allowed to have the procedure.

## Further information

You have the right to be fully informed and to share in decision-making about the treatment you receive. You may want to discuss this guidance with the doctors and nurses looking after you.

You can visit the NICE website ([www.nice.org.uk](http://www.nice.org.uk)) for further information about the National Institute for Clinical Excellence and the Interventional Procedures Programme. A copy of the full guidance on uterine artery embolisation for the treatment of fibroids is on the NICE website ([www.nice.org.uk/IPG094guidance](http://www.nice.org.uk/IPG094guidance)), or you can order a copy from the website or by telephoning the NHS Response Line on 0870 1555 455 and quoting reference number N0717. The evidence that NICE considered in developing this guidance is also available from the NICE website.

If you want more information on fibroids, a good starting point is NHS Direct (telephone 0845 4647) or NHS Direct Online ([www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)).

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