

Risk Factors

Twenty to 40 percent of woman 35 and older have uterine fibroids. African American women develop fibroids more often than other women with as many as 50 percent having the condition. Women with a family history also are more likely to develop fibroids. Fibroids can dramatically increase in size during pregnancy and typically improve after menopause unless hormone replacement therapy is being taken.

Symptoms

Depending on the size, location and number of fibroids, you may experience one or more of the following symptoms:

- Heavy, prolonged menstrual periods, sometimes with clots
- Pelvic pain and pressure
- Pain in the back and legs
- Pain during sexual intercourse
- Frequent need to urinate
- Constipation and bloating
- Abnormally enlarged abdomen

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Innovators in Health Care

For over twenty years, the Cardiovascular and Interventional Associates of AAR have set the standard for clinical and academic excellence. We are proud of our leadership role in the Washington Metropolitan area, having been the first to develop a dedicated interventional radiology practice.

Our board-certified physicians are at the forefront of technology, being among the first in the area to perform procedures such as abdominal aortic stent-grafts, uterine fibroid embolization and vein ablation for the treatment of varicose veins. These minimally invasive treatments often replace open surgery and generally involve less risk, less pain and shorter recovery times.

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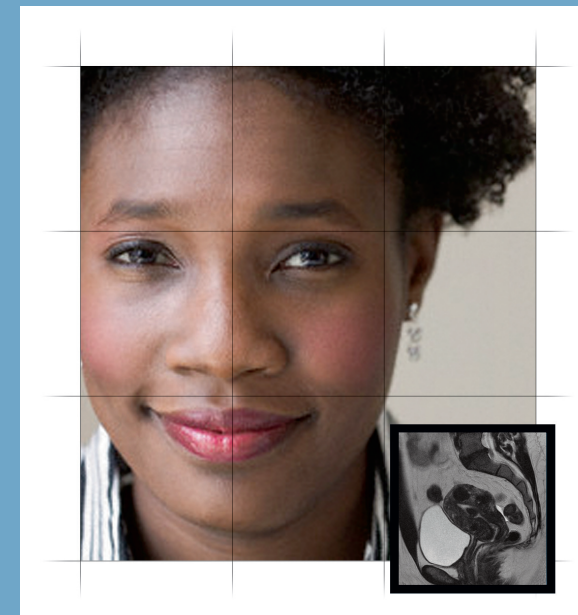
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UTERINE FIBROID EMBOLIZATION

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Understanding Uterine Fibroids

Uterine fibroids are non-cancerous tumors that develop within the uterus. They are most common among women of childbearing age and are the cause of more than 200,000 hysterectomies every year. While fibroids do not always cause symptoms, their size, location or type can lead to problems for some women, including pain and heavy menstrual bleeding.

Diagnosing Uterine Fibroids

Unless you start to have symptoms, you may not realize that you have uterine fibroids. A routine gynecologic exam, description of symptoms, and specific radiology imaging studies can lead to an accurate diagnosis. If uterine fibroids are suspected, non-invasive radiology exams, such as ultrasound, magnetic resonance (MRI) or computed tomography (CT) can confirm their location and size.

Your Options for Treatment

After you have been diagnosed with uterine fibroids, your physician will review your medical history, the location and size of your fibroids as well as the severity of your symptoms and help you decide on a treatment option. Your options may include surgical procedures, such as myomectomy or hysterectomy, or uterine fibroid embolization, a non-surgical alternative.

Experienced Physicians

Association of Alexandria Radiologists (AAR) is proud to be a leader in the field of interventional radiology. Our board-certified physicians were the first in Northern Virginia to treat uterine fibroids without surgery. They were contributors to the UFE Fibroid Registry, a national database established to assess the durability of the procedure and its impact on quality of life, where one of our physicians served as Principal Investigator. Our nationally recognized physicians serve their specialty and the community, conducting investigational research, hosting lectures, and serving as medical school faculty.

Resources For Additional Information

- **Society of Interventional Radiology**
www.SIRweb.org
- **BioSphere™ Medical, Inc.**
www.ask4ufe.com
- **National Institutes of Health**
www.nichd.nih.gov

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Uterine Fibroid Embolization (UFE)

Uterine Fibroid Embolization (UFE), also known as uterine artery embolization, is a non-surgical alternative that preserves the uterus. The procedure is minimally invasive and generally results in less pain, less risk and less recovery time than surgical alternatives.

During the procedure, your interventional radiologist will insert a small tube called a catheter into an artery through a tiny incision at the top of the thigh. Using X-ray imaging for guidance the catheter will be directed into the uterine artery.

Then, tiny round particles (the size of grains of sand) will be injected through the catheter into the blood vessels leading to the fibroids. These particles block blood supply to the fibroids causing them to shrink. The particles remain permanently in the blood vessels at the fibroid sites and cannot travel to other parts of the body. The procedure typically takes less than an hour to complete.

After the Procedure

After your procedure, you will remain in the hospital overnight for observation. The most common side effects are nausea or abdominal cramping. Most patients may resume light activity within a few days and will fully recover in seven to 10 days.

Approximately 90 percent of women who undergo fibroid embolization experience significant or total relief of heavy bleeding, pain and other symptoms. Recurrence of treated fibroids is rare.

A Faster and Easier Recovery

Because UFE is a minimally invasive procedure you will experience reduced risk and recovery time. The amount of time spent in the hospital is significantly reduced – an average of just one night compared to five for surgical alternatives, such as myomectomy or hysterectomy. And according to a 2007 study in the New England Journal of Medicine, most women can resume normal activities and return to work within two weeks, more than a month sooner than surgical patients.

Insurance Coverage

AAR accepts a wide range of insurance carriers. Most insurance companies cover the uterine fibroid embolization procedure as well as its post-procedure follow-up care. However, prior to the procedure, you should check with your individual insurance company regarding your specific coverage.

