

This instruction is intended for our patients who are in a care relationship

The Wellbeing Services County of South West Finland

Turku University Hospital

Treatment of benign uterine growth i.e. myoma embolization

You are coming for a myoma embolization. The procedure requires both preparation and aftercare and therefore a place is reserved for you in the ward as well.

What is myoma embolization and what is the purpose of this procedure?

The procedure is appropriate in symptomatic uterine myoma patients as an alternative to surgery, especially when hysterectomy is not possible.

Uterine myomas, or benign muscle tumors of the uterus, are the most common gynecological tumors. They are estimated to occur in up to half of women of childbearing age, and a third of these have associated symptoms. These can be e.g. menstrual disorders, pain, local pressure symptoms, frequent urination and pregnancy complications.

Most myomas do not require invasive treatment. In more severe cases, surgical treatment, either a more sparing myomectomy or a hysterectomy, may be needed. In addition to surgical treatment, embolization treatment based on occlusion of the uterine arteries has been developed in recent years.

How to prepare for the procedure?

- You will arrive at the hospital on the morning of the procedure.
- Blood tests will be taken for the procedure, following the department's instructions, before arriving at the hospital.
- Metformin medication for diabetes does not need to be stopped before the procedure. However, the medicine may be stopped after the test if kidney function so requires.
- The blood thinning medication (anticoagulant medicines) will be paused according to separate instructions that you will receive from the referring clinic or department. Patients with a heart valve prosthesis or another absolute reason should not pause their blood thinning medication.
- Medications that increase blood clotting (such as oestrogens or tranexamic acid) should also be stopped in advance. All other medicines you should take as before.

- The examination is usually done through the femoral artery. Due to the risk of infection, the skin around the groin fold area should not have inflammation or a rash. The examination is performed with the help of X-rays, therefore it must be confirmed that you are not pregnant before the examination. Known contrast allergies and kidney impairment should also be reported in advance.
- You must fast from the morning of the day of the procedure.
- The use of tobacco and other nicotine products is prohibited 24 hours before the procedure, because it causes the blood vessels to constrict and may lead to failure of the procedure!

How is the procedure done?

Through a thin catheter inserted through the femoral artery into the uterine artery, small occluding pieces are injected with the contrast mixture, under X-ray guidance, until the arterial blood flow stops. We aim to block both uterine arteries in the same session.

At the end of the procedure, the catheter is removed, and the injection site is closed. Bed rest after the procedure is 2–5 hours.

Myomas are most often completely dependent on the blood flow coming through the uterine artery, and after a successful procedure, their blood flow stops, and they gradually shrink. The uterus itself receives blood flow from many other branches of the artery and is usually well preserved in the procedure.

How long does the procedure take?

The procedure takes 1–2 hours.

There is pain in the lower abdomen associated with myoma infarction due to lack of blood, often during the procedure and almost without exception afterwards. Nausea is also common. Effective medication can significantly relieve symptoms. The pain is most intense on the day of the procedure and gradually resolves within a few days.

Mild fever, which is also associated with tissue damage, may occur, as well as mild bleeding. The risk of bacterial inflammation is somewhat increased several weeks after the procedure. If fever or lower abdominal pain reappears after the initial phase, it is advisable to seek examination and treatment.

The referring gynaecology unit takes care of follow-up examinations and tests according to its own practice.

The effect of the procedure on fertility has not yet been adequately studied, but numerous problem-free pregnancies that have ended in normal labour after embolization have been reported.

Instructions for arterial puncture post-treatment can be found <https://hoito-ohjeet.fi/OhjepankkiVSSHPEnglanti/Instructions%20for%20arterial%20puncture%20post-treatment.pdf>

Where do you get the results from the procedure?

The referring outpatient clinic or ward is responsible for communicating the results of the examination to you.