Uterine Fibroid Embolisation (UFE)
Interventional Radiology

This leaflet provides information about the procedure, what to expect on the day, the potential risks and important information for afterwards.

Prior to the procedure, you will have a telephone consultation, where you will have the opportunity to ask further questions.

Please note that this leaflet is not meant to replace discussion between you and your doctor. You should raise any questions you may have with the doctor who has referred you or with the doctor who will be performing the procedure.

What is Uterine Fibroid Embolisation (UFE)?

Uterine fibroid embolisation (UFE), also known as uterine artery embolisation, is a minimally invasive procedure used to treat fibroids (non-cancerous growths in the uterus).

The procedure works by reducing the blood supply to the fibroids. Tiny particles are injected into the arteries supplying the fibroids, causing them to shrink over time. This can help improve symptoms such as heavy bleeding and pelvic pressure.

UFE is performed using X-ray guidance and usually requires a short hospital stay. Compared with surgery, recovery is typically faster.

Why do I need an UFE?

You may be offered UFE if fibroids are causing symptoms that affect your quality of life.

These may include:

- Heavy or prolonged menstrual bleeding
- Pelvic pain or pressure
- Bloating or abdominal swelling
- Frequent urination
- Anaemia (low blood count) due to heavy bleeding

UFE is an alternative to surgical treatments such as myomectomy or hysterectomy and may be suitable for patients who wish to avoid surgery.

Tel: 01932 723470 **Email:** asp-tr.ir-referrals@nhs.net

How do I prepare for a UFE?

You will have a pre-assessment telephone consultation with a nurse before your admission and may be asked to have blood tests before the procedure.

You should stop eating 6 hours prior the procedure, however you can drink 1 cup of clear water per hour until the procedure starts.

As it's an **overnight procedure**, you need to arrange for an adult to collect you from the department the following day.

The procedure will take place in the Interventional Radiology (IR), within the Radiology Department at St. Peter's Hospital. When you arrive, you will be given a hospital gown to change into, and a nurse will insert an IV cannula.

The doctor will discuss the procedure with you; answer any questions you may have and ask you to sign a consent form if you are happy to proceed.

The procedure will likely be performed under local anaesthetic. Intravenous pain relief and light sedation may also be given, to ensure you are as comfortable as possible.

If you are feeling unwell closer to the day of the procedure, please let the team know.

How is UFE performed?

The procedure is usually performed via a small artery in the groin or wrist.

The skin is cleaned and numbed with local anaesthetic. A small tube (catheter) is inserted into the artery using ultrasound guidance. X-ray contrast dye is used to identify the arteries supplying the uterus.

A fine catheter is guided into each uterine artery. Tiny particles are injected to block the blood flow to the fibroids. This is then repeated on the other side.

The procedure usually takes 1 to 2 hours.

At the end of the procedure, the catheter is removed and the artery is sealed using pressure or a closure device.

What are the potential risks / complications of UFE?

UFE is a commonly performed and generally safe procedure. However, as with all medical procedures, there are some risks:

Pain and post-embolisation syndrome

- Occurs in up to 40-60% of patients
- Symptoms include pelvic pain, cramping, nausea, fatigue, and low-grade fever
- Usually lasts a few days to one week and is managed with medication

Bruising or haematoma

- Occurs at the access site in up to 5-10% of patients
- Usually mild and resolves without treatment

Vaginal discharge or passage of fibroid tissue

- Can occur in up to 10-20% of patients
- May last several weeks
- Occasionally requires further treatment

Infection

- Occurs in approximately 1-3% of patients
- Usually treated with antibiotics
- Severe infection requiring hospital treatment or surgery is rare (<1%)

Temporary or permanent changes to menstrual cycle

- Periods may become irregular or stop
- Permanent menopause occurs in approximately 1-5% of patients (higher in women over 45)

Ovarian function impairment

- Reduced ovarian function can occur in a small number of patients (<5%)

Non-target embolisation

- Unintentional blockage of nearby vessels is rare (<1%)
- Usually mild but can occasionally affect surrounding organs

Arterial injury or spasm

- Occurs in less than 1-2% of cases
- Usually managed during the procedure

Failure of treatment or incomplete symptom relief

- Around 15-25% of patients may have persistent or recurrent symptoms
- Further treatment may be required

Radiation exposure

- The procedure uses X-ray guidance
- Radiation dose is kept as low as reasonably achievable

Hysterectomy

- Required in a very small number of cases due to complications (<1%)

What happens afterwards?

After the procedure, you will be monitored in a recovery area or ward.

- Your blood pressure, pulse and comfort will be monitored
- You will receive pain relief, anti-inflammatory and anti-sickness medication
- Most patients stay in hospital overnight and go home the following day

You should:

- Rest for a few days after the procedure
- Avoid strenuous activity or heavy lifting for 1-2 weeks
- Avoid sexual intercourse for approximately 4 weeks or as advised
- Take prescribed medications as directed

It is common to experience pelvic pain, fatigue and vaginal discharge for several days to weeks.

Seek urgent medical advice if you experience:

- Fever or chills
- Severe or worsening abdominal pain
- Heavy vaginal bleeding
- Foul-smelling vaginal discharge
- Redness, swelling, or bleeding at the access site

Follow-up will be arranged with the interventional radiology and gynaecology team. Symptom improvement usually occurs gradually over weeks to months.

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

Author: Cathie Tenreiro – IR Clinical Specialist Nurse **Department:** Imaging
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St Peter's Hospital

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You can use Text Relay to turn telephone communications into text. Use the Relay UK app on your phone, tablet or PC. You can also use Relay UK via Minicom or Uniphone.

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اگر آپ اس کا اردو زبان میں ترجمہ چاہتے ہیں، تو براہ کرم اس فون نمبر 01932 723553 پر رابطہ کریں

Se precisa de uma tradução por favor contacte: 01932 723553

আপনার অনুবাদের দরকার হলে এখানে যোগাযোগ করুন : 01932 723553

यदि आपको अनुवाद की ज़रूरत है तो कृपया इस नंबर पर फोन करें: 01932 723553

Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

Ashford Hospital London Road, Ashford, Middlesex, TW15 3AA Tel: **01784 884488**
St. Peter's Hospital Guildford Road, Chertsey, Surrey, KT16 0PZ Tel: **01932 872000**
Website: **www.ashfordstpeters.nhs.uk**