Patient information and consent to Uterine artery embolisation

Key messages for patients

- Please read your admission letter carefully. It is important to follow the instructions we give you about not eating or drinking or we may have to postpone or cancel your operation.
- Please read this information carefully, you and your health professional will sign it to document your consent.
- It is important that you bring the consent form with you when you are admitted for surgery. You will have an opportunity to ask any questions from the surgeon or anaesthetist when you are admitted. You may sign the consent form either before you come or when you are admitted.
- Please bring with you all of your medications and its packaging (including inhalers, injections, creams, eye drops, patches, insulin and herbal remedies), a current repeat prescription from your GP, any cards about your treatment and any information that you have been given relevant to your care in hospital, such as x rays or test results.
- Laxatives and painkillers may be required after your hospital stay; please ensure you have appropriate supplies at home.
- Take your medications as normal on the day of the procedure unless you have been specifically told not to take a drug or drugs before or on the day by a member of your medical team. If you have diabetes please ask for specific individual advice to be given on your medication at your pre-operative assessment appointment.
- Please call the Radiology Administrator on telephone number 01223 348920 if you have any questions or concerns about this procedure or your appointment.

After the procedure we will file the consent form in your medical notes and you may take this information leaflet home with you.

Important things you need to know
Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent and the procedure has started (as long as it is safe and practical to do so). If you are having an anaesthetic you will have the opportunity to discuss this with the anaesthetist, unless the urgency of your treatment prevents this.

We will also only carry out the procedure on your consent form unless, in the opinion of the health professional responsible for your care, a further procedure is needed in order to save your life or prevent serious harm to your health. However, there may be Uterine artery embolisation, CF462, V2, February 2017
procedures you do not wish us to carry out and these can be recorded on the consent form. We are unable to guarantee that a particular person will perform the procedure. However the person undertaking the procedure will have the relevant experience.

All information we hold about you is stored according to the Data Protection Act 1998.

**About uterine artery embolisation**

Uterine fibroids are very common, affecting as many as 20 - 40% of women of reproductive age (RCOG 2009). For many women these do not cause any problems. However, depending on their size, position and number, they can cause heavy and/or painful periods, pressure symptoms, can impair fertility and complicate pregnancy. Uterine artery embolisation is a treatment that can shrink the fibroids, resulting in reducing/alleviating these symptoms.

The uterine arteries (blood vessels) supply most of the blood to fibroids (approximately 94%); if this blood supply is reduced/block the fibroids will shrink in size resulting in improvement of symptoms. During uterine artery embolisation, the uterine arteries are blocked with a fluid containing thousands of tiny particles, which is injected through an artery in the groin. Once the arteries are blocked, blood cannot flow to the fibroids. This offers a less invasive option for treatment of fibroids than surgery, with both preservation of the uterus and a faster recovery time.

**Intended benefits**

- Uterine artery embolisation is an effective treatment in reducing fibroid size and therefore decreases the symptoms of heavy and/or painful periods and pressure symptoms.
- Most women are pleased with the results of the procedure - 82 % of patients were satisfied with their outcome at 12 months.

**Who will perform my procedure?**

This procedure is performed by an interventional radiologist who is specially trained to perform this procedure. The radiologist is assisted by a radiographer and a nurse.

**Before your procedure**

Prior to embolisation you will undergo an MRI scan which is the most helpful in determining the size and site of the fibroid(s). In particular we would advise against embolisation if the fibroid is largely on the outside of the uterine wall (pedunculated) or largely in the cavity (submucous) as this is more likely to give rise to complications from embolisation.

Most patients will have a telephone consultation with a radiology nurse who will explain the procedure to you. This is a good opportunity for you to ask any questions about the procedure, but please feel free to discuss any concerns you might have at any time. You can contact us on the numbers listed below.

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We will ask if you take any tablets or use any other types of medication either prescribed by a doctor or bought over the counter in a pharmacy. Please bring all your medications and any packaging (if available) with you. Please tell the ward staff about all of the medicines you use. If you wish to take your medication yourself (self-medicate), please ask your nurse. Pharmacists visit the wards regularly and can help with any medicine queries.

You will be asked if you are taking any tablets or other types of medication – these might be ones prescribed by a doctor or bought over the counter in a pharmacy.

If you have an intrauterine contraceptive device (IUD) we ask that you attend your GP (General Practitioner) one week before your procedure to have this removed. If you are taking the oral contraceptive pill we ask you to stop this prior to the surgery. If you are due to have a further Zoladex injection we ask you not to do so; this should not be taken within two months of the procedure or preferably from when you are first listed for the procedure (NICE (National Institute of Clinical Excellence) 2007). You will need to make alternative contraceptive choices to avoid getting pregnant before the procedure.

This procedure involves the use of local anaesthesia. We explain this at the end of this leaflet. You will see an anaesthetist before your procedure.

Most people who have this type of procedure will need to stay in hospital overnight. Your doctor will discuss the length of stay with you.

You are allowed to eat a light breakfast/meal before you are admitted.

**On the day of the procedure**

You will be admitted to the ward on the day of your procedure under the care of your gynaecologist. Before you are taken for your procedure the staff on the ward will commence a morphine PCA (Patient Controlled Analgesia) pump though a plastic tube in one of the veins in your arm. This is to help you manage your pain during and after your procedure as it can be painful. If you require more information about a PCA, please ask the nursing staff who will be able to provide an information leaflet.

A pregnancy test will be performed. Embolisation should not happen in early pregnancy (RCOG (Royal College of Gynaecologists) & RCR (Royal College of Radiologists) 2009).

You must inform the doctor if you have any allergies, especially if you have previously reacted to intravenous contrast medium (the dye used for kidney x-rays and CT scans).

You will be given thromboembolic (TED) stockings to wear before the procedure. This is to prevent clot formation in the leg veins.
You will be taken from the ward to the radiology department, where a specially trained radiologist performs the procedure. The procedure usually takes approximately one hour, after which you are then taken back to the ward.

**During the procedure**

- You will be awake during the whole procedure. Local anaesthetic is applied to the area in your groin where a small incision is made to allow a narrow tube to be inserted into an artery. Through this tube, small particles are injected into the arteries which block smaller arteries, causing the fibroids to shrink.
- The procedure usually takes about one hour, although this can vary.

**After the procedure**

- You will be taken back to the ward where you will have to lie flat for four hours.
- The nursing staff will monitor you closely. They will monitor your heart rate, blood pressure and oxygen levels and will look at the puncture site in your groin and check for any vaginal bleeding/discharge.
- You may experience a cramp period-like pain in your lower abdomen (tummy). The morphine PCA pump will help with this. You may also feel sick and can vomit, please ask for anti-sickness medication if you need to.

If there is not a bed in the necessary unit on the day of your operation, your operation may be postponed as it is important that you have the correct level of care after major surgery.

**Eating and drinking.** After this procedure, you can start eating and drinking when you feel ready.

**Getting about after the procedure.** We will help you to become mobile as soon as possible after the procedure, which is usually after six hours. This helps improve your recovery and reduces the risk of certain complications. If you have any mobility problems, we can arrange nursing or physiotherapy help.

**Leaving hospital.** Generally most people who have had this operation will be able to leave hospital the day after. However, the actual time that you stay in hospital will depend on your general health, how quickly you are recovering from the procedure and your doctor's opinion.

**Resuming normal activities including work.** Usually you can resume normal activities after one to two weeks but you might need to wait a little longer before resuming more vigorous activity such as physical exercise. Your doctor will advise you on how quickly you can resume normal and more vigorous activity. When you will be ready to return to work will depend on your usual health, how fast you recover and what type of work you do. Please ask your doctor for his/her opinion and ask them to complete a 'fitness to work' certificate for you to take to your employer.
**Special measures after the procedure:**
At home you may experience cramp-like pain but you will be sent home with painkilling tablets to help with this. The pain should settle after a few days.

You may also experience some vaginal discharge but that will also settle down. A brownish / pink discharge is not uncommon for several weeks. Please wear sanitary towels and do not use tampons during this time. Avoid sexual intercourse whilst you have the bleeding discharge. These measures will help to prevent any infection. It may take between six to nine months to resume regular menstruation.

You should not drive until any discomfort has stopped.

You should keep the puncture site clean and dry. There may be some initial oozing at the site but this will settle. The site may be tender for a few days and a lump may appear which can last for up to six weeks.

If the fibroid dies as a result of the treatment it may be expelled by the uterus (womb). This can happen from between six weeks and three months after the procedure. This may cause you some abdominal discomfort.

If you feel the pain and/or vaginal discharge is severe and not improving with the painkillers and/or you have a temperature, you should ring your GP or contact us on the numbers below.

You should avoid strenuous exercise for about two weeks.

**Check-ups and results:** Before you leave hospital, you will be given details of if and when you need to return to the outpatient clinic. At this time, we can check your progress and discuss any further treatment with you.

**Significant, unavoidable or frequently occurring risks of this procedure**
If you have a pre-existing medical condition, are obese, or have had previous surgery the quoted risks for serious or frequent complications will be increased.

The table below is designed to help you understand the risks associated with this type of procedure (based on the RCOG Clinical Governance Advice, Presenting Information on Risk). This is further explained in the following patient information leaflet available from the RCOG: [Understanding how risk is discussed in healthcare. Information for you](#).
### Term

<table>
<thead>
<tr>
<th>Term</th>
<th>Equivalent numerical ratio</th>
<th>Colloquial equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very common</td>
<td>1/1 to 1/10</td>
<td>A person in family</td>
</tr>
<tr>
<td>Common</td>
<td>1/10 to 1/100</td>
<td>A person in street</td>
</tr>
<tr>
<td>Uncommon</td>
<td>1/100 to 1/1000</td>
<td>A person in village</td>
</tr>
<tr>
<td>Rare</td>
<td>1/1000 to 1/10 000</td>
<td>A person in small town</td>
</tr>
<tr>
<td>Very rare</td>
<td>Less than 1/10 000</td>
<td>A person in large town</td>
</tr>
</tbody>
</table>

**Please note:** Complications following uterine artery embolisation may not become apparent for up to four years post procedure.

### Serious risks:
- Post embolisation syndrome (nausea, vomiting and pyrexia (fever) following the procedure) (common).
- Passing the fibroid through the vagina (common – 6 in 100 patients).
- Stopped periods due to failure of the ovaries – premature menopause (common/uncommon depending on age – 1-5 in 100 patients over 40 years old).
- Failed improvement of your symptoms requiring subsequent hysterectomy (approximately 3-5 in 100 patients in the long-term).
- Infection leading to urgent hysterectomy (2-3 in 100 patients) and possible septicaemia (infection in the bloodstream) and multi-organ failure (rare).
- Successful pregnancy is possible but there is a higher risk of pregnancy complications especially a higher risk of miscarriage and early (preterm) labour in addition to an increased risk of requiring a caesarean section if pregnancy follows embolisation. However, this risk is not accurately defined.
- Death (very rare - one in approximately 15,000 patients treated).
- Leg pain (common).
- Deep vein thrombosis (rare).
- Arterial dissection or perforation (uncommon – 2 in 1387 patients).
- Femoral artery occlusion (stopping the blood flow) (rare – 1 in 1387 patients).
- Bowel perforation (rare - 1 in 1387 patients).

### Frequent risks
- Significant pain (very common).
- Nausea and vomiting.
- Slight fever – this is a good sign as it means the fibroid is breaking down (common).
- Infection (common - 1-6 in 100 patients).
- Urinary tract infection (UTI) (rare).
- Haematoma (bleeding under the skin) in the groin where the incision is made (up to 5 in 100 patients).
- Persistent vaginal discharge.
- Missed or irregular periods (common 1.5 – 7 in 100 patients).
- Change in sexual function (very common 12 in 100 patients).
Alternative procedures that are available

- Medication - usually hormone therapies. These have significant side effects, making it difficult to use them as a long term treatment.
- Hysterectomy (removal of the womb). This is a major operation with associated surgical health risks with an average recovery time of four to six weeks. This procedure does not preserve your fertility.
- Myomectomy (removal of the fibroids surgically). This is an operation which preserves your fertility but again has associated surgical health risks. If you are planning a pregnancy after treatment your consultant will help compare the advantages and disadvantages of embolisation and myomectomy as a treatment for your fibroids.
- If your fibroid is suitable you may be offered a hysteroscopic resection (removal of the fibroid using a telescope placed into the womb via the vagina) or an ablation (using heat to destroy the fibroid).

Information and support

You may be given some additional patient information before or after the procedure, such as leaflets that explain what to do after the procedure and what problems to look out for. If you have any questions or anxieties, please feel free to ask a member of staff.

If you have any concerns either before or following your procedure, please contact:

- **Clinic 24**  
  Emergency Gynaecology Unit / EPU  
  01223 217636  
  08:00 – 20:30 Monday to Friday  
  08:30 – 14:00 Weekends  
  Closed bank holidays

- **Daphne ward**  
  Inpatient gynaecology ward  
  01223 257206  
  All other times

- Reproductive Medicine Specialist Nurse: via switchboard
- Urogynaecology Specialist Nurse: bleep 157 952

Local Anaesthesia

In local anaesthesia the local anaesthetic drug is injected into the skin and tissues at the site of the operation. The area of numbness will be restricted and some sensation of pressure may be present, but there should be no pain. Local anaesthesia is used for minor operations such as stitching a cut, but may also be injected around the surgical site to help with pain relief. Usually a local anaesthetic will be given by the doctor doing the operation.

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Sedation

Sedation is the use of small amounts of anaesthetic or similar drugs to produce a ‘sleepy-like’ state. Sedation may be used as well as an anaesthetic. The anaesthesia prevents you from feeling pain, the sedation makes you drowsy. Sedation also makes you physically and mentally relaxed during an investigation or procedure which may be unpleasant or painful (such as an endoscopy) but where your co-operation is needed. You may remember a little about what happened but often you will remember nothing. Sedation may be used by other professionals as well as anaesthetists.
Information about important questions on the consent form

1 Creutzfeldt Jakob Disease (‘CJD’)
We must take special measures with hospital instruments if there is a possibility you have been at risk of CJD or variant CJD disease. We therefore ask all patients undergoing any surgical procedure if they have been told that they are at increased risk of either of these forms of CJD. This helps prevent the spread of CJD to the wider public. A positive answer will not stop your procedure taking place, but enables us to plan your operation to minimise any risk of transmission to other patients.

2 Photography, Audio or Visual Recordings
As a leading teaching hospital we take great pride in our research and staff training. We ask for your permission to use images and recordings for your diagnosis and treatment, they will form part of your medical record. We also ask for your permission to use these images for audit and in training medical and other healthcare staff and UK medical students; you do not have to agree and if you prefer not to, this will not affect the care and treatment we provide. We will ask for your separate written permission to use any images or recordings in publications or research.

3 Students in training
Training doctors and other health professionals is essential to the NHS. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a registered professional. You may, however, prefer not to take part in the formal training of medical and other students without this affecting your care and treatment.

4 Use of Tissue
As a leading bio-medical research centre and teaching hospital, we may be able to use tissue not needed for your treatment or diagnosis to carry out research, for quality control or to train medical staff for the future. Any such research, or storage or disposal of tissue, will be carried out in accordance with ethical, legal and professional standards. In order to carry out such research we need your consent. Any research will only be carried out if it has received ethical approval from a Research Ethics Committee. You do not have to agree and if you prefer not to, this will not in any way affect the care and treatment we provide. The leaflet ‘Donating tissue or cells for research’ gives more detailed information. Please ask for a copy.

If you wish to withdraw your consent on the use of tissue (including blood) for research, please contact our Patient Advice and Liaison Service (PALS), on 01223 216756.
Privacy & dignity

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history
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Uterine artery embolisation, CF462, V2, February 2017
Patient Information

Uterine artery embolisation

A Patient’s side  left / right or N/A

Consultant or other health professional responsible for your care

Name and job title:

☐ Any special needs of the patient (e.g. help with communication)?

Please use ‘Procedure completed’ stamp here on completion:

B Statement of health professional (details of treatment, risks and benefits)

1 I confirm I am a health professional with an appropriate knowledge of the proposed procedure, as specified in the hospital’s consent policy. I have explained the procedure to the patient. In particular, I have explained:

a) the intended benefits of the procedure (please state)

- Uterine artery embolisation is an effective treatment in reducing fibroid size. Therefore decreasing the symptoms of heavy and/or painful periods and pressure symptoms.

b) the possible risks involved. Addenbrooke’s always ensures any risks are minimised. However all procedures carry some risk and I have set out below any significant, unavoidable or frequently occurring risks including those specific to the patient

- Frequent risks: Significant pain; Nausea and vomiting; Slight fever; Infection; Urinary tract infection; Haematoma (bleeding under the skin) in the groin where incision is made; Persistent vaginal discharge; Missed or irregular periods; Change in sexual function.

- Serious risks: Post embolisation syndrome (nausea, vomiting and pyrexia); Passing the fibroid through the vagina; Premature menopause; Failed improvement of symptoms requiring subsequent hysterectomy; Infection leading to urgent hysterectomy, possible septicaemia and multi-organ failure; Higher risk of pregnancy complications; death; Leg pain; Deep vein thrombosis; Arterial dissection or perforation; Femoral artery occlusion; Bowel perforation.

C what the treatment or procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.
Consent Form

Uterine artery embolisation

1. Any extra procedures that might become necessary during the procedure such as:
   - [ ] Blood transfusion
   - [ ] Other procedure (please state)

2. The following information leaflet has been provided:
   - Uterine artery embolisation

   Version, reference and date: Version 2, CF462, February 2017
   or [ ] I have offered the patient information about the procedure but this has been declined.

3. This procedure will involve:
   - [ ] General and/or regional anaesthesia
   - [ ] Local anaesthesia
   - [ ] Sedation
   - [ ] None

Signed (Health professional): __________________________ Date: ____________
Name (PRINT): __________________________ Time (24hr): ____________
Designation: __________________________ Contact/bleep no: __________________________

C  Consent of patient / person with parental responsibility

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.

Important: please read the patient information about this procedure and then put a tick in the relevant boxes for the following questions:

1. Creutzfeldt Jakob disease (CJD)
   Have you ever been notified that you are at risk of CJD or variant CJD for public health purposes? If yes, please inform your health professional.
   - [ ] Yes
   - [ ] No

2. Photography, Audio or Visual Recording
   a) I agree to the use of any of the above type of recordings for the purpose of diagnosis and treatment.
   - [ ] Yes
   - [ ] No
   b) I agree to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting.
   - [ ] Yes
   - [ ] No

3. Students in training
   I agree to the involvement of medical and other students as part of their formal training.
   - [ ] Yes
   - [ ] No

Patient safety – at the heart of all we do

Addenbrooke's Hospital | Rosie Hospital
File in the procedures and consents section of the casenotes

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4 Use of Tissue
a) I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used and stored for ethically approved research which may include ethically approved genetic research. □ Yes □ No

b) Where additional clinical information is needed for the purposes of ethically approved research, I agree that relevant sections of my medical record may be looked at by researchers or by relevant regulatory authorities. I give permission for these individuals to have access to my records. □ Yes □ No

I have listed below any procedures that I do not wish to be carried out without further discussion.


I have read and understood the Patient Information about this procedure and the above additional information. I agree to the procedure or treatment.

Signed (Patient): ................................................................. Date: D.D./M.M./Y.Y.Y.Y.
Name of patient (PRINT): .................................................................

If signing for a child or young person; delete if not applicable.
I confirm I am a person with parental responsibility for the patient named on this form.

Signed: ................................................................. Date: D.D./M.M./Y.Y.Y.Y.
Relationship to patient: .................................................................

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.

Signed (Witness): ................................................................. Date: D.D./M.M./Y.Y.Y.Y.
Name of witness (PRINT): .................................................................
Address: .................................................................
Consent Form

Uterine artery embolisation

D  Confirmation of consent

Confirmation of consent (where the treatment/procedure has been discussed in advance)
On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

Signed (Health professional): .............................................. Date: __/__/____

Name (PRINT): ............................................................... Job title: ...............................................................

Please initial to confirm all sections have been completed: .................................................................

E  Interpreter’s statement (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe the patient can understand:

Signed (Interpreter): ........................................................ Date: __/__/____

Name (PRINT): ...............................................................

Or, please note the language line reference ID number: .................................................................

F  Withdrawal of patient consent

☐ The patient has withdrawn consent (ask patient to sign and date here)

Signed (Patient): .............................................................. Date: __/__/____

Signed (Health professional): .............................................. Date: __/__/____

Name (PRINT): ............................................................... Job title: ...............................................................