Interventional radiology treatment for uterine fibroids: Safe, nonsurgical option (w/ Video)

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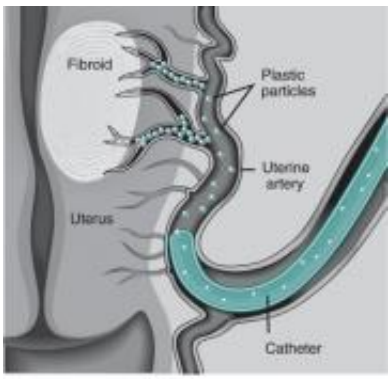


Tiny particles pass through the catheter and wedge in the small vessels, blocking the blood flow to the fibroid. Credit: Society of Interventional Radiology (C) 2005

Uterine fibroid embolization—a minimally invasive interventional radiology treatment for women that cuts off blood flow to painful fibroids to kill the tumors—is highlighted as an appropriate treatment for women in a Clinical Therapeutics article in the Aug. 13 issue of the

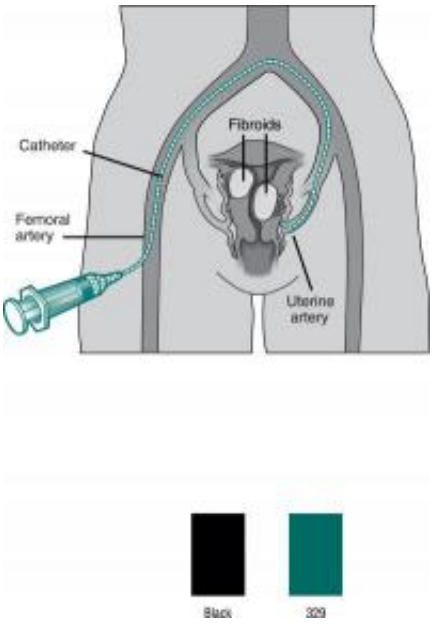
New England Journal of Medicine.

"UFE (also called uterine artery embolization or UAE) is a safe, effective and minimally invasive option for women to consider. This is especially significant news for the more than 300,000 women who have hysterectomies performed annually in the United States to treat symptomatic uterine fibroids. Many of these women can confidently choose UFE, and this could significantly decrease the hysterectomy rate in the United States," said Scott C. Goodwin, M.D., FSIR, an interventional radiologist who co-authored the journal article "Uterine Fibroid Embolization."

"Publishing this information in the New England Journal of Medicine will further prompt physicians to discuss all treatment options for symptomatic uterine fibroids—including UFE—if they are not already doing so," said Goodwin. "A woman seeking treatment for her fibroids should be aware of all of her treatment options. UFE may be one of those options, and the best way to determine this is for the patient and her gynecologist or primary care provider to consult with an interventional radiologist," added Goodwin, who is professor and chair of radiological sciences at the University of California at Irvine. Interventional radiologists use magnetic resonance imaging (or MRI) to determine if fibroids can be appropriately embolized, detect possible alternate causes for the symptoms, rule out misdiagnosis, identify which treatments are best suited for each patient and avoid ineffective treatments.

"Nonsurgical uterine fibroid embolization is truly a major advance in women's health," noted Society of Interventional Radiology President Brian F. Stainken, M.D., FSIR, who represents a national organization of nearly 4,500 doctors, scientists and allied health professionals dedicated to improving health care through minimally invasive treatments. "For true informed consent before surgery, patients should be aware of all of

their treatment options. Women considering surgical treatment should also get an opinion from a provider knowledgeable about UFE to determine if they are candidates for the interventional radiology treatment," said Stainken, an interventional radiologist who is also president of the Imaging Network of Rhode Island and chair of the diagnostic imaging department at Roger Williams Medical Center in Providence, R.I. "UFE is widely available, and SIR identifies interventional radiologists with expertise in this area in its online physician directory," he added.



A catheter is inserted through a nick in the skin into an artery and advanced to the uterus. Credit: Society of Interventional Radiology (C) 2005

Goodwin indicated in the journal article that the American College of Obstetricians and Gynecologists considers UFE a "safe and effective option for appropriately selected women." ACOG noted in one of its practice bulletins that women who want to choose UFE "should have a

thorough evaluation with an obstetrician-gynecologist to help facilitate optimal collaboration with the interventional radiologist and to ensure the appropriateness of therapy, taking into account the reproductive wishes of the patient." Goodwin added, "Women can and should be confident about uterine fibroid embolization as a treatment option. Interventional radiologists can provide a second opinion and assess whether UFE is a treatment option."

The journal feature—co-written with James B. Spies, M.D., M.P.H., FSIR, professor of radiology and chair of the radiology department at Georgetown University Medical Center in Washington, D.C.—begins with a case vignette that includes treatment recommendations. It includes a review of treatment benefit, major clinical studies, the clinical use of this treatment and potential adverse effects—ending with the co-authors' clinical recommendations. In this case, a gynecologist had recommended a hysterectomy for a 45-year-old African-American woman who had had an abnormally heavy and prolonged menstrual period and severe uterine pain during menstruation over the past 10 years. The woman did not want a hysterectomy and sought alternatives. She was referred to an interventional radiologist who ordered an MRI exam. Women typically undergo an ultrasound at their gynecologist's office as part of the evaluation process to determine the presence of uterine fibroids. An MRI offers additional benefits, explained Goodwin.

Uterine fibroids are benign tumors that can cause prolonged, heavy menstrual bleeding that can be severe enough to cause anemia or require transfusion; disabling pelvic pain and pressure; urinary frequency; pain during intercourse; and miscarriage. Twenty to 40 percent of women age 35 and older have uterine fibroids of a significant size; African-American women are at a higher risk for fibroids (as many as 50 percent have fibroids of a significant size).

Pioneered and performed by interventional radiologists, UFE blocks tiny

blood vessels that feed fibroids, causing the tumor(s) to die and symptoms to subside. An interventional radiologist uses imaging to guide a thin catheter to the uterine artery to treat the source of the disease internally, avoiding open surgery. The procedure offers less risk, less pain and a shorter recovery time compared to open surgery.

Source: Society of Interventional Radiology (news : web)