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## RSNA Press Release

### Less Invasive Procedure Replaces Fibroid Surgery

Released: June 19, 2003

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NEW YORK - Symptomatic fibroid tumors may be treated with uterine fibroid embolization (UFE), a safe, effective, minimally invasive procedure that may eventually reduce the number of uterine surgeries, according to Robert L. Vogelzang, M.D., professor and chief of vascular and interventional radiology at Northwestern University Medical School in Chicago.

Uterine fibroid tumors are benign muscular growths in or around the uterus, which are nourished by blood from the uterine arteries or other arteries within the pelvis. Fibroids may cause a host of problems including back pain, excessive bleeding leading to anemia, frequent urination, painful intercourse, pelvic pain and severe cramping. Uterine fibroids affect an estimated 10 to 40 percent of women older than 35 and are responsible for 250,000 annual hysterectomies, and many more uterine surgeries. African-American women are diagnosed with fibroids twice as often as Caucasian women and have nearly double the number of fibroid-related hysterectomies.

"UFE is one of the most beneficial procedures interventional radiology has yet achieved. It provides nonsurgical symptom relief and a relatively short recovery period, while preserving the uterus," said Dr. Vogelzang, who spoke on the procedure today at a Radiological Society of North America (RSNA) media briefing on image-guided therapies. "Between 85 percent and 90 percent of UFE patients report reduced or completely alleviated symptoms and are happy with the procedure and its results," Dr. Vogelzang said.

The most common procedures currently used to treat fibroid tumors are invasive surgeries, such as hysterectomy, in which the entire uterus is surgically removed, and myomectomy, in which only the fibroids are removed.

UFE offers a minimally invasive alternative to hysterectomy and myomectomy. The interventional radiologist injects small, specially engineered particles into the uterine

#### At A Glance

- Uterine fibroid embolization (UFE) is a safe, effective, minimally invasive way to treat fibroids.
- Uterine fibroids account for 250,000 annual hysterectomies.
- African-American women are diagnosed with fibroids twice as often as Caucasian women.
- Eighty-five to 90 percent of UFE patients report reduced or completely alleviated symptoms.

arteries that supply blood to the fibroid. Once the particles stop the blood flow to the fibroid, the tumor shrinks and symptoms are relieved. Typically, the fibroid shrinks to half its original size within the first three months following UFE. It is unusual for tumor regrowth to occur or for additional fibroids to develop, because embolization is a permanent treatment that affects all fibroids, including growing fibroids too small to be diagnosed.

"As more people become aware of fibroid embolization, I predict that most women with symptomatic fibroids will opt for this method of treatment," Dr. Vogelzang said.

Dr. Vogelzang noted that no procedure is without complications. Early menopause and decreased fertility following UFE are legitimate concerns. Early menopause has been predominately reported in women older than 45. He believes that the closer a patient is to menopause, the more likely the patient will become menopausal following UFE.

However, UFE may prove an effective method of treating women with fibroid-related infertility. "Anecdotally, it appears that many women who have been treated with UFE can subsequently have babies," Dr. Vogelzang said. "Four of my UFE patients have delivered normal full-term babies."

The findings of a recent multicenter study presented in March at the annual scientific meeting of the Society of Interventional Radiology also indicated that successful pregnancies can occur after UFE.

However, Dr. Vogelzang pointed out that long-term studies are needed to determine if UFE is uniformly safe for women who wish to become pregnant. "We do not fully know all of the effects of uterine fibroid embolization on future pregnancy," he said. "Most interventional radiologists strongly believe that women who might wish to become pregnant should consider UFE only after extensive consultation and consideration of other options."

Since the mid 1990s, UFE has become a common procedure, although interventional radiologists have been performing it for more than 20 years. "Uterine fibroid embolization should be a treatment option alongside hysterectomy and myomectomy," Dr. Vogelzang said. "Women should ask their gynecologists about nonsurgical options or seek advice from a local interventional radiologist."

Patients with excessively large fibroids, fibroids outside the uterus, or active infections are not good UFE candidates.

### **Embolization Overview**

In the 1960s, interventional radiologists pioneered the use of minimally invasive, image-guided therapy and have been continuously refining and innovating since that time. They soon found that the same catheter used for diagnosis could also be used for treatment.

"Virtually all the innovations that we now associate with minimally invasive, image-guided therapy were pioneered by interventional radiologists," Dr. Vogelzang said, "beginning with the invention of angiography of the heart and peripheral vessels to look at cardiovascular diseases." He pointed out that interventional radiologists also invented angioplasty and the stent, one of the most widely used devices ever. Embolization for the treatment of gastrointestinal bleeding, intracranial aneurysms and liver malignancies was also devised and refined by this small group of innovative physicians, he said.

"All these procedures have led to advances in medicine and improved patients' lives," Dr. Vogelzang said. "They have decreased morbidity and hospitalization and improved patient care."

The RSNA is an association of more than 33,000 radiologists, radiation oncologists and related scientists committed to promoting excellence through education and by fostering research, with the ultimate goal of improving patient care. The Society's headquarters are located at 820 Jorie Boulevard, Oak Brook, Ill. 60523-2251. (<http://www.rsna.org>)

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