

IS UTERINE FIBROID EMBOLIZATION RIGHT FOR YOU?

ASK YOURSELF

PREGNANCY	Do i want to have children in the future	●
MENOPAUSE	Do i want to avoid taking hormones or going through early menopause?	●
COMPLICATIONS	Am i worried about complications from surgery such as pain or infection?	●
SURGERY	Would i prefer to undergo a minimally invasive treatment over major surgery?	●
RECOVERY	Would a shorter recovery time be preferable for my lifestyle	●

What Do Embolization Patients say ?

Kike

41 years old
at time of UFE

"I could not believe the change in my symptoms after UFE. After just 2 weeks, I had so much more energy and was back to my old self-walking, working out and getting back to normal activities. I am so glad I elected to do UFE, and I'm thankful that my doctor said there was another option other than surgery. My OB-Gyn encouraged me to look into other forms of treatment. It made me feel empowered, knowledgeable and proud that I was taking responsibility for my well-being. UFE was the best thing that ever happened to me, and because of it, I feel like a new person."

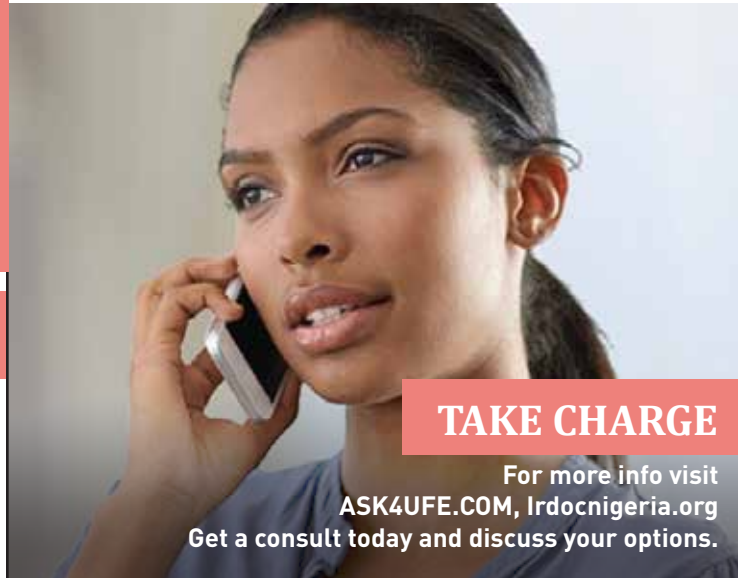
Simi

35 years old
at time of UFE

"I suffered from uterine fibroids for almost 5yrs before I found relief. Every year the bleeding and pain got worse to the point I was on my cycle for 3 weeks and only off for one week. My doctor put me on a hormone to build up the lining of the uterus, but that only worked for short time. I became anemic and had to start taking iron supplements. My hair started falling out, and, at times, I doubled over in pain. It was painful to have intercourse. The worst symptoms were the non-stop bleeding and how weak and tired that made me. It got to the point where I was so embarrassed of having to run to the restroom every 10 minutes that I couldn't leave the house. It was a disaster. I was desperate for help. My OB-Gyn told me the only treatment option was hysterectomy, which would be removing my entire uterus, and sending me into early menopause. Desperate for another solution, I researched myself and found out about UFE; and I'm so glad that I did. Ever since my UFE treatment, my symptoms have disappeared, and it's like I never had fibroids. UFE has changed my life completely."

UTERINE FIBRIOD EMBOLIZATION (UFE)

THE LEAST INVASIVE CHOICE



TAKE CHARGE

For more info visit
ASK4UFE.COM, Irdocnigeria.org
Get a consult today and discuss your options.

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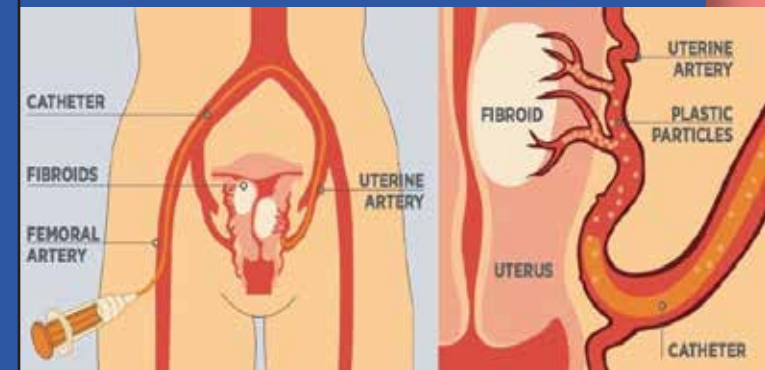
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UTERINE FIBRIODS

THEIR SYMPTOMS AND TREATMENT

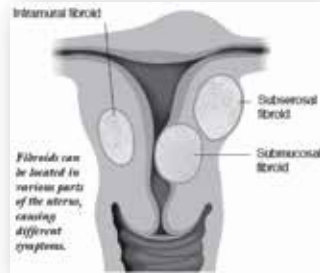


UTERINE FIBRIOD EMBOLIZATION (UFE)

A minimally invasive non-surgical option for
the treatment of symptomatic fibroids

Q. What are uterine fibroids?

A. Fibroid tumors are noncancerous (benign) growths that develop in the muscular wall of the uterus. While fibroids do not always cause symptoms, their size and location can lead to problems for some women, including pain and heavy bleeding. They typically improve after menopause when the level of estrogen, the female hormone that circulates in the blood, decreases dramatically. However, menopausal women who are taking supplemental estrogen (hormone replacement therapy) may not experience relief of symptoms.



Fibroids range in size from very tiny to very large. In some cases, they can cause the uterus to grow to the size of a five-month pregnancy or more. Fibroids may be located in various parts of the uterus. There are three primary types of uterine fibroids:

- Subserosal fibroids, which develop in the outer portion of the uterus and expand outward. They typically do not affect a woman's menstrual flow, but can become uncomfortable because of their size and the pressure they cause.
- Intramural fibroids, which develop within the uterine wall and expand, making the uterus feel larger than normal. These are the most common fibroids. This can result in heavier menstrual flows and pelvic pain or pressure.
- Submucosal fibroids are deep within the uterus, just under the lining of the uterine cavity. These are the least common fibroids, but they often cause symptoms, including very heavy and prolonged periods.

Q. What are typical symptoms?

A. Depending on location, size and number of fibroids, they may cause:

- Heavy, prolonged menstrual periods and unusual monthly bleeding, sometimes with clots. This often leads to anemia.
- Pelvic pain

- Pelvic pressure or heaviness
- Pain in the back or legs
- Pain during sexual intercourse
- Bladder pressure leading to a constant urge to urinate
- Pressure on the bowel, leading to constipation and bloating
- Abnormally enlarged abdomen

Q. Who is most likely to have uterine fibroids?

A. Uterine fibroids are very common, although often they are very small and cause no problems. From 20 to 40 percent of women age 35 and older have uterine fibroids of a significant size. Black women are at higher risk for fibroids: as many as 50 percent have fibroids of a significant size.

Q. How are uterine fibroids diagnosed?

A. Fibroids are usually diagnosed during a gynecologic internal examination. Your doctor will conduct a pelvic exam to feel if your uterus is enlarged. The presence of fibroids is most often confirmed by an abdominal ultrasound. Fibroids also can be confirmed using MRI and CT imaging techniques. Ultrasound, MR and CT are painless diagnostic tests. Appropriate treatment depends on the size and location of the fibroids, as well as the severity of symptoms.

Q. How are uterine fibroids treated?

A. Most fibroids do not cause symptoms and are not treated. When they do cause symptoms, drug therapy often is the first step in the treatment. This might include a prescription for birth-control pills or the use of non-steroidal anti-inflammatory drugs, such as ibuprofen. In many patients, symptoms are controlled with these treatments and no other therapy is required. Some hormone therapies do have side effects and other risks when used long-term so they are generally used temporarily. Fibroids often grow back after therapy is discontinued.

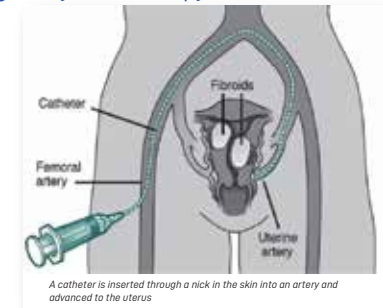
The next step is to try more invasive therapy.

The most common treatment options include:

Myomectomy. Myomectomy is a surgical procedure that removes visible fibroids from the uterine wall. Myomectomy, like UFE, leaves the uterus in place and may, therefore, preserve the woman's ability to have children. This is performed under General Anesthesia.

Hysterectomy. In a hysterectomy, the uterus is removed completely in an open surgical procedure. This operation is considered major surgery and is performed while the patient is under general anesthesia. It requires three to four days of hospitalization and the average recovery period is about six weeks.

Uterine artery (or fibroid) Embolization(UFE): it is a minimally invasive procedure, which means it requires only a tiny nick in the skin. It is performed while the patient is conscious but sedated (drowsy and feeling no pain.). Fibroid embolization is performed by an interventional radiologist, a physician who is specially trained to perform this and other minimally invasive procedures. The interventional radiologist makes a small nick in the skin in the groin or wrist and inserts a catheter into an artery. The catheter is guided through the artery to the uterus while the interventional radiologist guides the progress of the procedure using a moving X-ray (fluoroscopy).



interventional radiologist injects embolic material (small spheres) into the artery that is supplying blood to the fibroid tumor. This cuts off the blood flow/oxygen supply to the fibroid tumors and causes them to shrink. The artery on the other side of the uterus is then treated.



Fibroid embolization usually requires a hospital stay of one night. Pain-killing medications and drugs that control swelling typically are prescribed following the procedure to treat cramping and pain. Fever sometimes occurs after embolization and is usually treated with acetaminophen. Many women resume light activities in a few days and the majority of women are able to return to normal activities within one week.