

# Uterine Fibroid Embolization (UFE)

## TYPICAL EXPERIENCE

UFE will be performed in the interventional suite while you are receiving sedation and opiate analgesia (“twilight anesthesia”). Most patients will not receive general anesthesia (no tube for breathing and no ventilator). The procedure is done through a very small hole and involves little pain. Most patients will have a bladder catheter placed temporarily.

After the procedure, the treated fibroids may start to cause pain or cramping, which will be relieved by strong pain medicines that you may deliver to yourself by a self-activated pump which automatically reduces risk of overdosage. By the next morning, the pump is stopped and pain pills are used to stay comfortable if needed. Most people are discharged by noon, once they are walking about and tolerating food and liquids.

Most people will take about 1 week off from work, although this varies. We like to see you back in 7-10 days for a check.

As with any major procedure, minor or major complications are possible. Above is simply a brief description of a typical experience, and a full explanation of the procedure and its risks will be provided when you visit your doctor before the procedure.

## HOW TO PREPARE

- Do not eat or drink anything after midnight the night before procedure, except for sips of water with your usual medications.
- Bring your medications and anything you need to stay overnight.
- Please take your usual medications except for blood thinners. If you are on blood thinners (e.g. aspirin, Plavix, Coumadin, lovenox, or others) please ask for instructions 1 week in advance of procedure.
- Report to Jonsson Admitting (first floor of Jonsson building at the Baylor University Medical Center) in the morning at the time given to you by our office.
- Plan to have somebody else drive you home the next day. Most patients leave at about noon but this may vary.
- If you are allergic to X-ray dye (contrast material), please inform our office days in advance and make certain you obtain and take the prescribed pre-medications (Methylprednisolone [prescription] and Benadryl [OTC]).



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