NHS
National Institute for Health and Clinical Excellence

Understanding NICE guidance

Information for people who use NHS services

Treating fibroids by blocking their blood supply

NICE 'interventional procedures guidance' advises the NHS on when and how new procedures can be used in clinical practice.

This leaflet is about when and how a procedure to block the blood supply to fibroids in the uterus can be used in the NHS. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence).

Interventional procedures guidance makes recommendations on the safety of a procedure and how well it works. An interventional procedure is a test, treatment or surgery that involves a cut or puncture of the skin, or an endoscope to look inside the body, or energy sources such as X-rays, heat or ultrasound. The guidance does not cover whether or not the NHS should fund a procedure. Decisions about funding are taken by local NHS bodies (primary care trusts and hospital trusts) after considering how well the procedure works and whether it represents value for money for the NHS.

This leaflet is written to help people who have been offered this procedure to decide whether to agree (consent) to it or not. It does not describe fibroids or the procedure in detail – a member of your healthcare team should also give you full information and advice about these. The leaflet includes some questions you may want to ask your doctor to help you reach a decision. Some sources of further information and support are on the back page.

Information about NICE interventional procedure guidance 367
Issue date: November 2010

What has NICE said?

This procedure can be offered routinely as a treatment option for women with fibroids provided that doctors are sure that:

- the patient understands what is involved and agrees to the treatment, and
- the results of the procedure are monitored.

During the consent process, patients should be informed that symptoms may not be relieved in some women, that symptoms may return and that further procedures may be needed. Patients contemplating pregnancy should also be informed that the effects of the procedure on fertility and pregnancy are uncertain.

The procedure should only be done by a healthcare team that includes a gynaecologist and an 'interventional radiologist', a doctor specialising in using X-rays and scans to perform treatments.

NICE has encouraged further research into this procedure.

This procedure may not be the only possible treatment for fibroids. Your healthcare team should talk to you about whether it is suitable for you and about any other treatment options available.

Treating fibroids by blocking their blood supply

The medical name for this procedure is 'Uterine artery embolisation for fibroids'.

The procedure is not described in detail here – please talk to your specialist for a full description.

Fibroids are non-cancerous growths that develop in the wall of the uterus. Some women with fibroids may not have any symptoms, while others may experience heavy bleeding, urinary incontinence, and pressure or pain in the abdomen. Fibroids can also sometimes make it difficult for a woman to conceive or carry a pregnancy to term.

Symptomatic fibroids are often treated with a hysterectomy, in which the whole uterus (womb) is removed, or with a myomectomy, in which just the fibroids are removed.

Uterine artery embolisation is a less invasive procedure and involves blocking the blood supply to the fibroids so that they shrink. The patient is awake during the procedure, but is given a local anaesthetic and a sedative. Using X-ray guidance, a thin tube called a catheter is inserted into an artery in the patient's groin, and is guided into the uterine arteries (the arteries that supply the uterus with blood). Small particles are injected through the catheter into the uterine arteries with the aim of blocking off the blood supply to the fibroids, causing them to stop growing or to shrink.

Summary of possible benefits and risks

Some of the benefits and risks seen in the studies considered by NICE are briefly described here. NICE looked at an analysis of 36 different papers and 18 separate studies on this procedure.

What does this mean for me?

NICE has said that this procedure is safe enough and works well enough for use in the NHS. If your doctor thinks it is a suitable treatment option for you, he or she should still make sure you understand the benefits and risks before asking you to agree to it. Your doctor should explain that your symptoms may not be relieved, that they may return and that further procedures may be needed. If you are contemplating pregnancy, your doctor should also explain that the effects of the procedure on fertility and pregnancy are uncertain.

You may want to ask the questions below

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the operation?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

How well does the procedure work?

In a study of 1387 women, 83% reported improved symptoms when their progress was checked 2 years after the procedure. Quality of life also improved, with average quality of life scores of 44/100 before the procedure increasing to 79/100 after it. A study of 2112 women also showed a significant improvement in symptoms after the procedure. However, a third study of 157 women compared this procedure with hysterectomy or myomectomy, and showed that although symptoms improved in both groups, the improvements were higher in the hysterectomy/myomectomy group.

You might decide to have this procedure, to have a different procedure, or not to have a procedure at all.

The study of 1387 women showed an average reduction in fibroid diameter of 2.2 cm.

In 2 studies looking at whether further procedures were needed, the first study of 2112 women reported that 15% went on to have further surgery within 3 years (13% had a hysterectomy or myomectomy) and the second study of 177 women (of whom 81 had this procedure) reported that 28% had a hysterectomy within 5 years.

In another study, 13 out of 26 women who tried to conceive after the procedure became pregnant compared with 31 out of 40 women who had myomectomy. The rate of early miscarriage was 64% in women who had the procedure compared with 23% of women who had myomectomy.

As well as looking at these studies, NICE also asked expert advisers for their views. These advisers are clinical specialists in this field of medicine. The advisers said that success factors are symptom improvement, quality of life and whether further treatment is needed.

Risks and possible problems

Infection (of the uterus) was reported in 28 out of 1387 women in 1 study. The same study reported that there were fewer infections if patients had a course of antibiotics after the procedure.

One patient died from septic shock and multiple organ failure in a study of 21. In a study of 1108 women (of whom 649 had the procedure), 17 developed a blood infection called septicaemia, which resulted in an emergency hysterectomy or myomectomy being performed.

In the study of 1387 women there were 5 reported arterial problems and 1 report of a bowel perforation (treated by open abdominal surgery).

As well as looking at these studies, NICE also asked expert advisers for their views. These advisers are clinical specialists in this field of medicine. The advisers said that damage to the uterus, bladder, vulva and ovaries are possible complications, as well as flu-like symptoms, pain, vaginal discharge and early menopause.

More information about fibroids

NHS Choices (**www.nhs.uk**) may be a good place to find out more. Your local patient advice and liaison service (usually known as PALS) may also be able to give you further information and support. For details of all NICE guidance on fibroids, visit our website at **www.nice.org.uk**

About NICE

NICE produces guidance (advice) for the NHS about preventing, diagnosing and treating different medical conditions. The guidance is written by independent experts including healthcare professionals and people representing patients and carers. They consider how well an interventional procedure works and how safe it is, and ask the opinions of expert advisers. Interventional procedures guidance applies to the whole of the NHS in England, Wales, Scotland and Northern Ireland. Staff working in the NHS are expected to follow this guidance.

To find out more about NICE, its work and how it reaches decisions, see **www.nice.org.uk/aboutguidance**

This leaflet is about 'Uterine artery embolisation for fibroids'. This leaflet and the full guidance aimed at healthcare professionals are available at **www.nice.org.uk/guidance/IPG367**

You can order printed copies of this leaflet from NICE publications (phone 0845 003 7783 or email publications@nice.org.uk and quote reference N2360). The NICE website has a screen reader service called Browsealoud, which allows you to listen to our guidance. Click on the Browsealoud logo on the NICE website to use this service.

We encourage voluntary organisations, NHS organisations and clinicians to use text from this booklet in their own information about this procedure.

National Institute for Health and Clinical Excellence
MidCity Place, 71 High Holborn, London, WC1V 6NA; **www.nice.org.uk**

ISBN 978-1-84936-412-6
N2360 1P Nov 10