



#SIR2019: UFE safer than surgery for women



#SIR19ATX: Research shows uterine fibroid embolisation is a durable treatment that results in fewer complications

AUSTIN, TEXAS — **Uterine fibroid embolisation (UFE)** effectively treats uterine fibroids with fewer post-procedure complications compared to **myomectomy**, according to new research presented today at the [Society of Interventional Radiology](#)'s 2019 Annual Scientific Meeting. Women who received this minimally invasive treatment also had a slightly lower need for additional treatment than those who underwent surgery.

UFE is a **minimally invasive treatment for uterine fibroids** that is **less painful, preserves the uterus and allows women to get back to their lives sooner** than surgical options. However, past research suggests U.S. women, **a majority of whom will experience uterine fibroids by age 50, are largely unaware of UFE despite more than 30 years as an evidence-based treatment.**

"Women have options for treating their uterine fibroids. UFE and **myomectomy** are procedures with similar efficacy and durability for treating fibroids, but UFE has fewer complications and shorter hospital stays," said Jemianne Bautista-Jia, M.D., radiology resident at **Kaiser Permanente** and lead author of the study. "There are important factors women should consider when choosing between the procedures. These factors include risk of bleeding, possibility of infections, and recovery time."

In the retrospective cohort study, researchers analysed treatment outcomes of 950 uterine fibroid patients from Jan. 1, 2008 through Dec. 31, 2014. Half of the patients underwent UFE, a non-surgical treatment that eliminates the blood supply to fibroids, causing them to shrink or disappear. The other half were treated surgically through myomectomy, a procedure that removes existing fibroids.

After an average seven-year follow up, the study found that women who underwent myomectomy had a higher rate of **postprocedural** complications, including a 2.9 percent rate of blood transfusion, which was significantly higher than the 1.1 percent rate for those who were treated using UFE. Patients in both treatment groups demonstrated a significant increase in **hemoglobin** one year after the initial procedure due to reduced bleeding. The two methods were comparably effective based on the rate at which secondary interventions—including UFE, myomectomy, and hysterectomy—were needed. Second interventions were completed in 8.6 percent of women who received an initial UFE compared to 9.9 percent for women who initially underwent a myomectomy.

This study also showed similar rates of **miscarriage** for women who underwent either UFE or myomectomy. Future research should explore the impact of all uterine-sparing fibroid procedures on pregnancy, which remains still poorly understood.

A uterine fibroid (**leiomyoma**) is a noncancerous **tumour** that occurs in the muscle cells of the **uterus**. These growths do not spread to other regions of the body and are typically not dangerous. While some women do not experience symptoms, others have very heavy and prolonged **bleeding** that can be **debilitating**, as well as pelvic pain and abdominal enlargement.

Treatments for uterine fibroids can range from monitoring the fibroids or administering medications to relieve the symptoms, to more invasive approaches, such as **myomectomy** and **hysterectomy**. UFE falls in the middle of the spectrum of treatment options and is performed through a tiny incision. Using real-time imaging, an interventional radiologist guides a catheter into the uterine arteries and then releases tiny particles to block the blood flow to the **fibroid tumours**. Learn more about UFE and fibroids at sirweb.org/fibroidfix.

Source: [Society of Interventional Radiology](#)

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