

Uterine artery embolisation for treating adenomyosis

Information for the public

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What has NICE said?

This procedure is safe enough and works well enough for use in the NHS.

What does this mean for me?

Your health professional should fully explain what is involved in having this procedure and discuss the possible benefits and risks with you. In particular, you should be told that your symptoms may not go away, or they may come back, that further procedures might be needed, and that the effects on fertility are uncertain. You should also be told how to find more information about the procedure. All of this should happen before you decide whether you want to have this procedure or not.

Your health professional may ask you if details of your procedure can be collected.

Other comments from NICE

NICE said that most patients having the procedure said they had good symptom relief. Some patients had menopausal symptoms after the procedure.

Your healthcare team

A healthcare team that includes a [gynaecologist](#) and an [interventional radiologist](#) should decide which patients should be offered this procedure.

The condition

Adenomyosis is a condition where the tissue that normally lines the uterus (the endometrium) grows into its outer muscular layer. This can cause heavy and painful menstrual periods.

Treatments can include anti-inflammatory drugs, hormones, and destroying the endometrium (using, for example, heated fluid, microwaves or an electrical current). For severe symptom, removing the uterus (hysterectomy) is also an option.

NICE has looked at using uterine artery embolisation as another treatment option. Click on to the next page to find out more.

The procedure

The patient is given a sedative and a local anaesthetic. The procedure involves an injection in the groin to allow a thin tube to be passed through arteries in the groin into the blood vessels that take blood to the uterus. Small particles are then injected through the tube. The aim is for the particles to block the blood supply to the [adenomyosis](#) so that it shrinks. This may relieve the symptoms.

Benefits and risks

When NICE looked at the evidence, it decided that the procedure is effective in the short and medium term for most patients, and is safe. The 8 studies and 1 report that NICE

looked at involved a total of 234 patients.

Generally, they showed the following benefits:

- between a quarter and 3 quarters of patients had improved symptoms of abnormally heavy or painful periods
- in 1 study, around a third of the patients who had symptoms caused by the size of the uterus (such as pressure in the abdomen or frequent urination) had improvements in these symptoms
- improved quality of life (such as improvements in the ability to perform day to day activities and socialise outside the home, improved energy levels, less pain or cramping during menstruation, and less pain during sexual intercourse).

There were no studies specifically looking at the effects on fertility, but one study showed 5 out of 54 patients became pregnant after the procedure.

About half of the patients in one study had other treatments after the procedure, either because it didn't work, or because their symptoms came back between 9 and 27 months after the procedure.

The studies showed that the risks of uterine artery embolisation included:

- severe cramping 4 days after the procedure
- worsening of symptoms
- periods stopping straight away after the procedure
- temporary increased vaginal discharge.

NICE was also told about some other possible risks: post-embolisation syndrome (which can include pain and cramping, nausea and vomiting, fever and tiredness), and the embolisation particles passing into the circulation and affecting organs other than the uterus (such as the ovaries).

NICE said that the risks of uterine artery embolisation for adenomyosis were likely to be the same as for [treating fibroids](#), for which there is much more evidence.

If you want to know more about the studies see the [guidance](#). Ask your health professional

to explain anything you don't understand.

Questions to ask your health professional

- 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 procedure?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

Medical terms explained

Fertility

The ability to become pregnant in women of childbearing age.

Gynaecologist

A doctor who specialises in women's reproductive organs.

Interventional radiologist

A specialist who uses imaging (such as X-rays, ultrasound and MRI scans) to investigate, diagnose and treat disease.

About this information

NICE [interventional procedures guidance](#) advises the NHS on the safety of a procedure and how well it works. This information applies to people who use the NHS in England,

Wales, Scotland and Northern Ireland.

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Accreditation

