SURGICAL INTERVENTION POST UTERINE ARTERY EMBOLISATION FOR FIBROIDDS

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Entry through femoral artery
• Embolisation of uterine artery
• Accepted alternative to hysterectomy for treatment of symptomatic fibroids
• Need for secondary hysterectomy is a recognised possibility
UAE – OUR LOCAL EXPERIENCE

• Location: Barnet General Hospital, London, UK
• 50-60 per year
• Experienced a cluster of emergency hysterectomies post UAE
• Co-incidental cluster? Or indeed higher surgical intervention rate?

OUR STUDY:
• All UAEs over 4 years (Jan 2012 – Dec 2015)
• Further characterised all patients undergoing surgical treatment post UAE
UAE – PATIENT DEMOGRAPHICS (n=210)

AGE

FIBROID SIZE

Largest Fibroid Size

<30  30-34  35-39  40-44  45-49  50-54  55+

<5cm  5-10cm  >10cm
210 patients underwent UAE over 4 years
POST UAE – **SURGICAL INTERVENTION RATE**

15 patients subsequently underwent surgical intervention

**Patient Characteristics?**
- Presenting symptoms
- Site and size of fibroids
- Co-existing adenomyosis
- Reason for further intervention
- Time interval between UAE and surgery
SURGICAL INTERVENTION – TYPE (n=15)

[CATEGORY NAME] 1

[CATEGORY NAME] 1

[CATEGORY NAME] 13
SURGICAL INTERVENTION– TIMESCALE

Time post UAE until surgical re-intervention

- <1 month
- 1-3 months
- 3-12 months
- 12-24 months
- 24-36 months

Number of patients
Surgical Intervention – Indication

**Emergency**
- Intractable Pain 33%
- Suspected Infection 67%

N=3

**Elective**
- Persistent Menorrhagia 67%
- Persistent Vaginal Discharge 8%
- Subfertility 8%
- Pain 17%

N=12
1. Our rates of re-intervention (7%) compared favourably with the literature 14%³ – 30%⁴

2. Risk of requiring re-intervention post UAE is higher with larger fibroids

3. Adenomyosis did not increase this risk

4. Practical points:
   • Although UAE is safe, patient selection and counselling are paramount due to the risk of requiring further surgical intervention.
REFERENCES


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