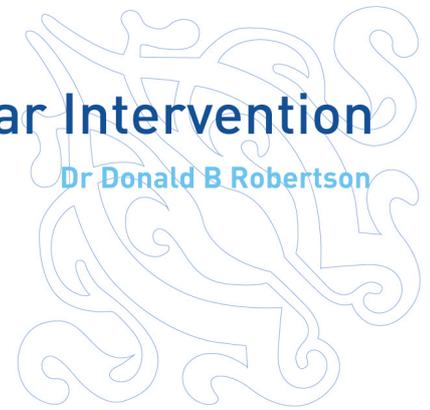


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Re: Uterine Artery (Fibroid) Embolization (UAE/UFE)

Thank-you for downloading **Uterine Artery Embolization** for the treatment of symptomatic fibroids.

The overwhelming consensus is that fibroids are a benign tumour of the muscle of the uterine wall, which in themselves are not 'life threatening', but may have a very marked effect on the 'quality of life'.

Fibroids are very common and for most women are an incidental finding. However,

- for some women the size of their fibroid uterus is such that it produces pressure symptoms in the pelvis,
- for others very heavy periods (menorrhagia) may be quite incapacitating both socially and health-wise leading to chronic anaemia.

It is women with these symptoms who are helped by **UAE**, the menorrhagia being markedly reduced to 'normal' periods in the short term and the size of the fibroid mass being reduced by up to about 50% over twelve months

The first reports of stopping the blood flow in the uterine arteries for the treatment of symptomatic fibroids are to be found in "*The Lancet*" in the 1890s. Nearly a century later embolizing the uterine arteries to achieve the same effect was developed in France.

UAE - a minimally invasive therapy - as a treatment for symptomatic fibroids has found international acceptance over at least the last two decades. As the prestigious *New England Journal of Medicine* suggested in a lead article in 2007 – if 80-90% of women with symptomatic fibroids need no other treatment than **UAE** Why would one not at least start with this form of therapy?

Vascular Intervention

Dr Donald B Robertson

This minimally invasive treatment has now become widespread and considered 'mainstream' in Europe, the UK and the US, although there is still some entrenched resistance found in some gynaecological circles worldwide as the procedure is undertaken by Interventional/Vascular Radiologists and not Gynaecologists.

However, the situation is changing gradually with enlightened and younger, patient oriented, Gynaecologists realizing that being able to offer this form of therapy, albeit by a collegiate Vascular/Interventional Radiologist, as an alternative to hysterectomy, enhances the choices for their patients and ensures that their patient is not denied the latest beneficial treatment options.

The American College of Obstetricians and Gynaecologists in an August 2008 'Practice Recommendation' said that **Uterine Artery Embolization** (uterine fibroid embolization) is safe and effective based on good, consistent Level A scientific evidence and should be offered to patients as a treatment choice.

A very reader friendly article from the '*Australian Family Physician*' which gives a balanced and helpful overview of **UAE** should answer many of your questions and allay your anxiety. (www.racgp.org.au/afp/200605/5829)

The treatment is performed in an Angiography Suite at a private hospital in Geelong. It involves an overnight stay but you should be able to go home the next day.

Recovery time is only a few days allowing women to return to their usual lives almost immediately.

You will need a referral to me from a Gynaecologist for a **UAE** to be Medicare reimbursable.

So you will have to do the hard work yourself, be aware of possible lack of knowledge and pushback, and discuss **UAE** with your Family Practitioner and favourite Gynaecologist.

Good fortune in pursuit of a solution to your troublesome fibroid uterus.

Regards,