



Interventional radiologists are board-certified physicians who deliver minimally invasive treatments with less risk, less pain and less recovery time than traditional surgery. Most interventional radiology (IR) procedures are delivered via catheters through a tiny nick in the skin and use different types of radiology imaging guidance, including x-ray, CT scanning and ultrasound, to deliver precise treatment. For many of the therapies, patients receive medicine in their veins through an IV that helps them relax (sedation) or in some cases, patients receive anesthesia. Many treatments are performed on an outpatient basis or with a short overnight stay. Learn more or find an interventional radiologist near you at sirweb.org.

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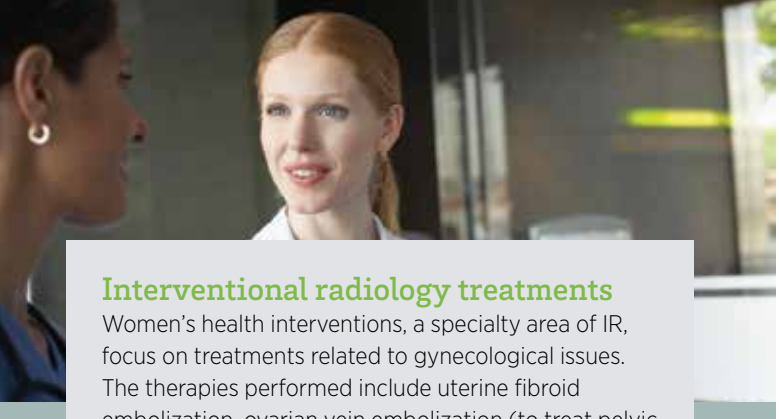
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For more information on how interventional radiology can help you, the Society of Interventional Radiology's website, sirweb.org, provides easy-to-use tools to find a local interventional radiologist. He or she will be able to answer any additional questions you may have.

Interventional
radiology and
women's health

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Interventional radiology treatments

Women's health interventions, a specialty area of IR, focus on treatments related to gynecological issues. The therapies performed include uterine fibroid embolization, ovarian vein embolization (to treat pelvic pain and congestion) and fallopian tube recanalization.

Uterine fibroid embolization (UFE)

Do you suffer from difficult periods, with symptoms including:

- An increased amount or duration of bleeding
- Severe cramps
- A bloated feeling
- An urge to urinate frequently
- Pain down the back of one or both legs

If you have experienced any of these symptoms, you may suffer from uterine fibroids—benign growths in the uterus that can alter a woman's period in many different ways. An interventional radiologist can determine whether an IR therapy called uterine fibroid embolization (UFE) could help.

A UFE is performed with x-ray guidance and sedation. Your interventional radiologist will make a small incision in your groin or wrist and guide a very thin catheter into the incision and through your blood vessels to the specific artery supplying blood to the uterine fibroid.

Once the catheter is in place, the interventional radiologist injects small particles through the catheter into the artery to stop (or "embolize") blood flow to the fibroid. If needed, the interventional radiologist then positions the catheter in other arteries feeding the uterine fibroid and repeats the process.

When embolization is completed, your interventional radiologist removes the catheter and applies pressure to the small incision to allow it to temporarily heal. You will then lie flat on your back for several hours. Many times, you will be observed overnight and discharged in the morning.

Ovarian vein embolization (OVE)

Determining the cause of pelvic pain can be complicated, because there are many possibilities:

- Pelvic congestion syndrome
- Uterine fibroids
- Kidney stones
- Infected appendix
- Endometriosis
- Ovarian cysts
- Other causes

After taking your history and conducting a physical exam, an interventional radiologist can determine if your symptoms are related to pelvic congestion syndrome, which is chronic pain in the lower part of the torso caused by a buildup of blood in vessels in the pelvis.

Pelvic congestion syndrome is treated with ovarian vein embolization (OVE) by an interventional radiologist using x-ray guidance and sedation. Through a small incision in your groin or neck, your interventional radiologist passes a catheter through veins to reach the veins in your pelvis responsible for the congestion. They will be closed off by the interventional radiologist, who will then remove the catheter and apply pressure to the vein. After treatment, patients can return to normal activities immediately.

Many times, you will be able to go home the same day as the procedure.

Fallopian tube recanalization (FTR)

Infertility has many causes, including prior infection and prior surgery. Sometimes there is a blockage of the pathway from the ovary, which produces the eggs, to the uterus, where the pregnancy occurs.

In a fallopian tube recanalization therapy, the interventional radiologist performs the procedure using x-ray guidance and sedation. Similar to an exam in your gynecologist's office, a speculum is first placed in the vagina. Through the speculum, the interventional radiologist passes a catheter into the uterus and to determine what is causing the blockage is determined and, if possible, to open the blockage.

Once the procedure is completed, the interventional radiologist will remove the catheter and speculum and give you guidance on posttreatment care. Most often you will be able to go home the same day.

For more information on these and other IR therapies for women's health, please consult with an interventional radiologist.

Recovery

Due to the minimally invasive nature of the treatments performed by an interventional radiologist, the recovery time is very short.

Follow-up

Your interventional radiologist is part of your clinical care team and will work closely with your other physicians to ensure that you receive the best possible care. This includes follow-up during your hospital stay and after you are discharged. During your follow-up appointment, your IR physician will evaluate your progress and address any remaining issues or symptoms.

