

Spotlight on Women's Health: Alternative to Hysterectomy to Treat Uterine Fibroids

(NAPSA)—Approximately 25 million women in the United States suffer from uterine fibroids—noncancerous growths that cause serious complications such as heavy bleeding, pelvic pain, pressure and bloating and frequent urination. In fact, 30 to 50 percent of women over the age of 40 have some fibroid-related symptom and one in every three of these women experiences symptoms so debilitating that her everyday life is greatly impacted.

Uterine fibroids affect women of all ages and backgrounds, but especially those of childbearing age, African-American descent, and who are overweight or obese. Unfortunately, the most common treatment for fibroids is hysterectomy, the complete removal of the uterus, which requires general anesthesia, four days of hospitalization, and five to six weeks to recover. Hysterectomy is also associated with physical, emotional, and sexual complications and compromises any chance for future pregnancy. Approximately 600,000 women undergo a hysterectomy in the United States each year.

Although several other treatment options exist for women with fibroids, they are infrequently discussed with patients. One such option is uterine fibroid embolization (UFE), a nonsurgical procedure which is performed by an Interventional Radiologist, or IR. IRs are specially trained physicians who perform minimally invasive procedures which have replaced numerous more invasive



surgical methods. During UFE, the IR carefully injects tiny particles called Embosphere® Microspheres into blood vessels to block the blood supply to fibroids, causing them to shrink. The procedure is performed in about one to two hours and does not require general anesthesia or incisions. Patients stay in the hospital overnight and usually return to their normal level of activity after one week.

Studies have shown that 85 to 95 percent of women have marked improvement in their uterine fibroid symptoms three to six months after undergoing UFE. UFE is associated with fewer complications than surgery and has been successfully used to treat over 50,000 women worldwide.

Yet, a recent survey by the Yale University School of Medicine shows that only 38 percent of gynecologists offer UFE as a treatment option to their fibroid patients.

“Physicians should discuss all available options to treat fibroids with their patients,” said Dr. Neil Khilnani, an Interventional Radiologist with Cornell Vascular in New York. “These days, there are options other than hysterectomy, such as UFE, that offer effective relief from debilitating symptoms but have fewer side effects and shorter recovery periods.”

As the data in support of UFE continues to grow, more and more gynecologists are recognizing the value of this procedure. An article published in the August 2004 issue of “Obstetrics & Gynecology,” one of the premier scientific medical journals, recommends that UFE be included as an option in the course of developing a management plan for symptomatic fibroids and should be discussed with patients.

Unfortunately, actively seeking out alternatives to hysterectomies often still falls on women.

“When I was told that I needed a hysterectomy, I immediately started looking for other options because I did not want to undergo major surgery,” said Anne Marie Berger, UFE patient treated by Dr. Khilnani. “I underwent UFE and was able to return to work within a week and now have complete relief from my symptoms.”

“The best way for a woman with fibroids to determine if she is a candidate for UFE is to consult with an Interventional Radiologist,” explains Dr. Khilnani.

For more information about UFE, patients can visit www.Ask4UFE.com.