Uterine Artery Embolization for Fibroids – PROTOCOL

Clinic Consultation

MRI

LABS: CBC
CHEM 7
PT/PTT/INR

FLOEY Catheter Placed prior to procedure

Abdominal Angiogram – place catheter above renal arteries to determine if Ovarian arteries will opacify

Pelvic Angiogram – identify anatomy

I like to use pigtail catheter to select contralateral external iliac artery. I use the Roberts Catheter and form it in the external iliac artery and distal abdominal aorta. (You cannot form this catheter using the internal iliac artery without risking avulsing the origin of the internal iliac artery!)

Some uterine arteries can be selected and embolized safely with the 5F Roberts catheter. Others require a Microcatheter – I like the Renegade Hi Flow.

Prior to Embolization
Levaquin 500mg IV
Torodol 30mg IV
Phenergan or Compazine

Embolize using 500-700 micron Embospheres
(NOT Embo Gold – appears to cause intense inflammatory response)
or
300-500 PVA particles
or
500-700 Contour PVA particles – these are the new particles by Boston Scientific – they have a more uniform shape and size compared with PVA

Do Not use gelfoam – it is a temporary agent and will recanalize
Embolization is complete once stasis is achieved. I usually inject a small amount of contrast and watch it under fluoro – if the contrast stays in the artery for 3-4 cardiac beats – you are finished. Go embolize the other side.

ADMISSION:
Overnight for pain control.
PCA Pump
  MSO4 – basal rate usually between 0.5-1mg per hour
  - lockout Q 20 min with 0.5-1mg

Discontinue PCA pump around 4am the following morning and switch patient to oral meds
  Vicodin 1-2 tabs Q4 hrs prn
  Vioxx 50mg po QD
  Compazine 10mg po Q6hrs prn

DISCHARGE:
  Levoquin 500mg po BID x 7 days
  Vicodin 1-2 tabs po Q6pm
  Vioxx 50mg po QD x 7 days
  Ibuprophen 600mg po TID x 7days then prn

Patient instructed to call if Temperature >101 F
  Foul smelling discharge