

# 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

Toradol 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 Q6prn  
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