

WOMEN WOULD RATHER SWITCH THAN FIGHT WITH GYNECOLOGIST OVER UTERINE FIBROID EMBOLIZATION

AT A GLANCE

- ✍ A Yale study found 89 percent of women who had uterine fibroid embolization (UFE) switched gynecologists if they opposed the procedure.
- ✍ While 76 percent of gynecologists initially opposed UFE, 43 percent changed their minds after their patients underwent the procedure.
- ✍ Ninety percent of patients initiated discussion of UFE with their gynecologists; only 5 percent of the doctors suggested it on their own as an alternative to hysterectomy.

Fairfax, VA, February 19, 2001 — Women seeking treatment for uterine fibroids are switching gynecologists if their doctors don't support their decision to have uterine fibroid embolization (UFE), a minimally invasive procedure that is an alternative to hysterectomy. Women also are the ones raising the possibility of the non-surgical alternative rather than being advised about it by their gynecologists, according to a Yale University study released at the 26th Annual Scientific Meeting of the Society of Cardiovascular & Interventional Radiology (SCVIR).

“We’re finding that women are really taking charge of their

own destinies and are not totally depending on their gynecologists’ opinion,” said Michael G. Wysoki, M.D., clinical assistant professor of radiology, section of interventional radiology, Yale University School of Medicine, New Haven, Conn. “The Internet has made the greatest difference, with women doing quite a bit of research online as they explore alternative treatments for fibroids.”

Yale researchers surveyed 21 women who had UFE and found 8 of 9 women (89 percent) whose gynecologists remained opposed to the procedure even after it was performed are now seeing other gynecologists. Nineteen of 21 women (90 percent) said they initiated discussion of UFE with their gynecologists. All of the gynecologists initially recommended hysterectomy, a procedure they generally

perform. One-third of the more than 600,000 hysterectomies performed each year are for uterine fibroids. After the women asked about alternatives to hysterectomy, 1 gynecologist (5 percent) offered UFE. Although exact numbers were not recorded, some of the gynecologists in the study suggested their patients have myomectomy, a less invasive surgical alternative to hysterectomy for fibroids, with about 35,000 performed each year. Myomectomy also generally is performed by gynecologists.

Only 5 of 21 gynecologists (24 percent) had an initial favorable opinion of UFE, and 16 (76 percent) were opposed or strongly opposed to the procedure. Of those opposed, 7 (44 percent) changed their minds and were indifferent or favorable after the patient had UFE.

“Some of the women described their gynecologists as ‘belligerent’ or ‘angry and unreasonable’ when asked about UFE,” said Dr. Wysoki. “Most of our patients are self-referred. It’s a shame that more gynecologists either aren’t aware of UFE or are unfamiliar with its merits. Studies have shown symptoms significantly improve in up to 90 percent of patients who have UFE and it is now commonly performed, with more than 8,600 procedures in the U.S. alone.”

UFE is a nonsurgical procedure in which an interventional radiologist makes a small nick (less than ¼ inch) in the skin of the groin, places a catheter in the femoral artery and guides it to the uterus while watching the progress of the procedure via a moving X-ray (fluoroscopy). The interventional radiologist then injects small plastic and/or gelatin sponge particles into the vessels supplying blood to the fibroid to cut off the blood flow, or embolize it. The right and left uterine arteries generally are embolized during the procedure.

UFE and Fibroid Facts:

- ✍ Fibroids are benign (noncancerous) growths in the uterus that can enlarge and cause pain, heavy bleeding and pressure in the abdomen. Fibroids range in size from very tiny to the size of a cantaloupe or larger and can be located in various parts of the uterus.

- ✍ From 20 percent to 40 percent of women age 35 and older — and as many as 50 percent of African-American women — have uterine fibroids of a significant size.
- ✍ More than 10,500 UFE procedures have been performed worldwide, 8,600 of them in the United States since it was introduced here in 1997.
- ✍ In clinical UFE studies, as many as 90 percent of patients have experienced improvements in symptoms following the procedure, with very few side effects.
- ✍ Early research suggests UFE may not adversely affect fertility in women younger than 45, although a small percentage of women 45 or older stop menstruating after the procedure. A number of women who have had the procedure have become pregnant. Long-term studies on the pregnancy rate after UFE have not been completed, however, and myomectomy is the standard-of-care for women desiring to become pregnant after fibroid treatment.
- ✍ The Fibroid Registry for Outcomes Data (FIBROID) has been established to collect information on the safety and effectiveness of UFE. The registry is open to all women having UFE, and the goal is to collect information from approximately 4,000 patients per year, with long-term follow up on a quarter of them. The registry will assess the procedure's impact on fertility and quality of life, as well as long-term results. The goal of the registry is to provide ongoing information to physicians and the public.

Co-authors of a paper on the topic being presented by Dr. Wysoki are B.P. Byrd, M.D.; K. Onze, R.T.; M. Rosenblatt, M.D.; J. Pollak, M.D.; and C. Burdge, C.N.P.

An estimated 5,000 people are attending the SCVIR Annual Scientific Meeting. The Society, based in Fairfax, Va., is the professional association for physicians who specialize in minimally invasive interventional radiology procedures.

An interventional radiologist is a physician who has special training to diagnose and treat conditions using miniature tools and imaging guidance. Typically, the interventional radiologist performs procedures through a very small nick in the skin, about the size of a pencil tip. Interventional radiology treatments are generally easier for the patient than surgery because most involve no surgical incisions, less pain and shorter hospital stays.

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Editor's note: Study numbers are current as of February 19, and may change upon presentation at the SCVIR annual meeting.

General consumer information on interventional radiology is available online at www.scvir.org.