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Higher Rate of Major Complications for Surgical Removal of Uterine Fibroids Compared to Non-Surgical Treatment

Interventional Radiology's Uterine Fibroid Embolization Had Fewer Infections and Shorter Hospital Stay Than Surgical Alternatives

Toronto, Ontario (April 3, 2006) – Canadian research of 377 women shows that surgical treatments for symptomatic uterine fibroids, such as hysterectomy and myomectomy, have a higher rate of major complications, infection and pulmonary embolism compared to non-surgical uterine fibroid embolization. In the surgical group, there were 20 (6.3%) cases of major complications ranging from death to bowel injury and anemia. In the UFE group, there were no complications. There were three cases of pulmonary embolism in the surgical group, with none in the UFE group. In the surgical group, there were 27 cases of infection (10.5%) compared to none with UFE. The findings were presented today at the Society of Interventional Radiology's 31st Annual Scientific Meeting.

Of the 600,000 hysterectomies performed annually in the United States and of the 50,000 performed annually in Canada, one-third of these are due to fibroids—non-cancerous tumors in the uterus that may cause heavy, prolonged menstrual periods, pelvic pain, urinary frequency, constipation, and painful intercourse.

In the study, surgical treatments were compared to uterine fibroid embolization (UFE), also known as uterine artery embolization. UFE is performed by an interventional radiologist and does not require general anesthesia. The interventional radiologist makes a tiny nick in the skin in the groin and inserts a catheter into the femoral artery. Using real-time imaging, the physician guides the catheter through the artery and then releases tiny particles, the size of grains of sand, into the uterine arteries that supply blood to the fibroid. This blocks the blood flow to the tumor causing it to shrink and die.

"Our research shows uterine fibroid embolization had no major complications, no infections, and no incidence of pulmonary embolisms compared to the surgical treatments for uterine fibroids, plus two fewer days in the hospital," commented study author, interventional radiologist Sanjoy Kundu, M.D., of Scarborough General Hospital in Toronto, Ontario. "Non-surgical UFE offers less risk and less recovery time than surgery, and should be the first line of treatment offered to patients."

About the Study

From January 2003 to December 2004, 313 patients underwent surgery for symptomatic uterine fibroids: total abdominal hysterectomy 194, myomectomy 47, vaginal hysterectomy 30 and laproscopic assisted vaginal hysterectomy 42. The patient's mean age was 42. Over the same time, 65 patients underwent uterine fibroid embolization. The surgical patient's average length of hospital stay was 3.5 days, with a range of two to 25 days, compared to 1.2 days for the UFE patients. In the surgical group, there were 20 (6.3%) cases of major complications ranging from death to bowel injury and anemia. In the UFE group, there were no complications. There were three cases of pulmonary embolism in the surgical group, with none in the UFE group. In the surgical group, there were 27 cases of infection (10.5%) compared to none with UFE.

Abstract 146 can be found at www.SIRmeeting.org.

Other UFE Facts

Twenty to 40 percent of women age 35 and older have uterine fibroids of a significant size. African American women are at a higher risk for fibroids: as many as 50 percent have fibroids of a significant size. Uterine fibroids are the most frequent indication for hysterectomy in premenopausal women and, therefore, are a major public health issue. UFE is widely available in the United States and Canada.

About the Society of Interventional Radiology

Interventional radiologists are board-certified physicians who specialize in minimally invasive, targeted treatments. They use X-rays, MRI and other imaging to advance a catheter in the body, usually in an artery, to treat at the source of the disease non-surgically. They are certified in both Diagnostic Radiology and Vascular & Interventional Radiology. As the inventors of angioplasty and the catheter-delivered stent, interventional radiologists pioneered minimally invasive modern medicine, and provide treatments that offer less risk, less pain and less recovery time compared to open surgery. More information can be found at www.SIRweb.org.

Local interviews, medical illustrations and broadcast quality video footage are available by contacting SIR's Communications Department at Emily@SIRweb.org or (703) 691-1805.

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