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UTERINE FIBROID EMBOLIZATION DOESN'T HURT, MAY HELP WOMEN'S SEX LIVES

AT A GLANCE

- Uterine fibroid embolization (UFE) doesn't appear to be detrimental to and may actually help improve patients' sex lives, according to Yale and Georgetown studies.
- 43 percent of patients in a Yale study reported increased sexual desire after UFE.

Fairfax, VA, February 19, 2001 — Women's sex lives remain intact and often improve after having uterine fibroid embolization (UFE), a minimally invasive treatment for benign fibroid tumors, according to preliminary Yale and Georgetown University studies presented at the 26th Annual Scientific Meeting of the Society of Cardiovascular & Interventional Radiology (SCVIR).

"For the majority of patients, the frequency and strength of orgasm either didn't change or improved after UFE," said Jackeline Gomez-Jorge, M.D., assistant professor of vascular and interventional radiology at the University of Miami School of Medicine, Fla. "This is a preliminary study and needs to be confirmed with a larger prospective trial, but results so far look good." Dr. Gomez-Jorge conducted the Georgetown research project when she was at that institution.

Fibroids can cause pelvic pain, frequency of urination, heavy bleeding and a feeling of fullness that can make sexual relations unpleasant. Removing them without removing the uterus, as with UFE, may help improve sexual relations.

More than a third of the more than 600,000 hysterectomies performed annually in the United States are due to fibroids, and it is the most common treatment for the problem. Studies are divided regarding whether hysterectomy leads to a decrease in sexual function.

"Many women said they didn't have a great desire for sex before UFE because they felt bloated and had bleeding or pain during intercourse," said Michael G. Wysoki, M.D., clinical assistant professor of radiology, section of interventional radiology, Yale University School of Medicine, New Haven, Conn. "As we continue to gather information, we are seeing improvement in sexual function after UFE."

Georgetown University Study

In the Georgetown study, a 9-question written survey was filled out by 115 patients after having UFE: 7 (6 percent) experienced stronger orgasms; 74 (64 percent) experienced no change in orgasms; 8 (7 percent) experienced weaker orgasms; 7 (6 percent) did not experience orgasm; and 20 (17 percent) were not sexually active. Regarding frequency of sexual desire, 15 (13 percent) reported an increase, 55 (48 percent) reported no change, 20 (17 percent) reported a decrease and 26 (23 percent) reported no sexual desire. Ninety two (80 percent) reported frequency of sexual desire more than once a week, while 9 (8 percent) were disinterested in sex. Sixty four (56 percent) reported internal orgasm with uterine contraction; 45 (39 percent) described their orgasms as strong. Twenty two (19 percent) did not experience internal orgasm. Thirty nine (34 percent) had sexual encounters more than 5 times in the previous month.

"In general, the women felt a lot better after UFE, especially after a few weeks," said Dr. Gomez-Jorge. "When you feel better, you're more energetic and more likely to desire sex."

Yale University Study

In the Yale study, 21 women completed a telephone survey after undergoing UFE: 9 of 21 women (43 percent) reported increased sexual desire; 6 of the 15 women (40 percent) who were sexually active reported an increase in frequency of sexual relations; 9 (60 percent) reported decreased pain during intercourse; 4 (27 percent) reported increased frequency of orgasms. There was no change

in the strength of the orgasms before and after the procedure. Four (27 percent) reported less vaginal dryness after the procedure.

"All of the patients who were sexually active reported either no change or improvement in sexual relations after UFE," said Dr. Wysoki. "None reported a deterioration in sexual function."

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.

Dr. Gomez-Jorge's co-authors of a paper on the topic being presented at SCVIR are: A.M. Ammann, M.D.; and J.B. Spies, M.D.

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