
oroscopic and angiographic monitoring is carried out during injection of the particles until blood flow into the fibroids either stops or slows significantly. The procedure takes approximately one hour.

The patient has a single-night stay in order to manage short-term pain and then is switched to oral pain medications and discharged the following morning. If untreated, post-procedural pain tends to peak at six to nine hours but can persist for as long as seven days. Pain is usually crampy in nature and can be intense if not properly medicated. We have had excellent success with epidural anesthesia during the first 18 hours after the procedure, prescribing oral analgesics for the patient on discharge. Others have had success with a patient-controlled, analgesic-narcotic infusion in lieu of the

epidural catheter. All our patients have been discharged the next day and have been managed with oral anti-inflammatory agents for another three to seven days.

Potential complications include infection, which has been reported to be about 1 percent; most cases apparently were due to pre-existing infection from unrecognized chronic pelvic inflammatory disease. Another potential complication is embolization to non-target structures such as the bladder and skin. Embolization to such structures is minimized by careful angiographic technique and the rich anastomotic nature of pelvic vascularity. There is some question whether UAE hastens the onset of menopause by provoking a premature primary ovarian failure — a difficult issue to study, because most women who have the procedure are in

their late 40s or early 50s and near menopause anyway.

Results

The technical success rate for uterine artery embolization is approximately 98 percent. According to J.B. Spies and others, writing in 1999 in the *Journal of Vascular and Interventional Radiology*, the clinical success rate is between 85 percent and 89 percent. Success has been defined as resolution of the primary symptoms of the fibroids, such as pain, bleeding or bulk factor.

Currently, our follow-up starts with the patient visiting the nurse practitioner at one month. An MR scan and follow-up at six months is for evaluating symptoms and anatomic regression of the fibroids. Although pregnancies have been reported following the procedure, the UAE's effect on fertility is a difficult issue to study because most women do

not desire pregnancy following the procedure. The full impact on fertility may never be known, and we attempt to make that clear to our patients.

Our results have mirrored the published reports. Our first 18 patients have had significant relief of symptoms, with no major complications. Because the success rate is high and the complication rate appears to be low, demand for the minimally invasive procedure has grown. People also appreciate that UAE does not preclude other therapeutic interventions and that time off from work is minimized. We anticipate continued demand. ■

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