

INTRODUCTION

- Uterine fibroid embolization (UFE) has emerged as one of the most effective minimally invasive treatments and should be considered a treatment option for patients with symptomatic uterine fibroids.
- Since its introduction, strong evidence for safety and efficacy of UAE has been generated with low rates of complications compared to hysterectomy.

AIM & DESIGN

- To conduct a local audit on the efficacy and safety of UFE.
- To analyse the outcome of the procedure and patient-related satisfaction outcomes
- Retrospective review of 100 women who underwent UFE in the past 4 years.
- Based on the collaborative document between RCR and RCOG in 2013.
- Targets include having a pre-procedural MRI, pre-procedure appointment, routine documentation, high technical rates of success, short stay in hospital, and follow-up appointments.

RESULTS – PROCEDURAL ASPECTS

	Target	Actual	Target met
Pre-procedural MRI	100%	100%	Yes
Seen by radiologist in an OP setting	100%	100%	Yes
Documentation completed	100%	100%	Yes
Technical success	>90%	100%	Yes
Procedure time <90 minutes	>80%	100%	Yes
DAP <450 Gycm2	>80%	100%	Yes
Length of stay <24h	>85%	96%	Yes

Minor complications			
- Haematoma, thrombosis, dissection, pseudoaneurysm	<5%	0%	Yes
- Post-embolisation syndrome requiring readmission	<5%	0%	Yes
- Vaginal discharge	<16%	0%	Yes
- Fibroid expulsion	<10%	0%	Yes
- Endometritis	<5%	1%	Yes
Serious complications			
- Hysterectomy	<1%	*1%	Yes
Clinical or telephone follow-up	>90%	88%	No

PATIENT REPORTED OUTCOMES

- The UFS-QoL is a useful tool for detecting differences in symptom severity and health-related QOL among patients with uterine fibroids.

- It is a 37-point validated questionnaire.
- We distributed the first 8 questions pre- and post-embolisation to 50 of our patients. Wilcoxon-signed rank test was used for analysis.

During the previous three months, how distressed were you by:

	Not at all 1	A little bit 2	Somewhat 3	A great deal 4	A very great deal 5
1. Heavy bleeding during your menstrual period	☐	☐	☐	☐	☐
2. Passing blood clots during your menstrual period	☐	☐	☐	☐	☐
3. Fluctuation in the duration of your menstrual period	☐	☐	☐	☐	☐
4. Fluctuation in the length of your monthly cycle compared to your previous cycles	☐	☐	☐	☐	☐
5. Feeling tightness or pressure in your pelvic area	☐	☐	☐	☐	☐
6. Frequent urination during the daytime hours	☐	☐	☐	☐	☐
7. Frequent nighttime urination	☐	☐	☐	☐	☐
8. Feeling fatigued	☐	☐	☐	☐	☐

- There was sufficient evidence that there is a difference between pre- and post-UFE QOL in questions 1, 2, 4 and 5.

CONCLUSION

- In these past 4 years, we have had a total of 100 UFEs done with high technical success, low morbidity rates, and excellent patient-reported outcomes.
- Standards set by RCOG and RCR were all met despite being a relatively new service offered in our hospital.