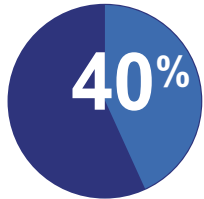


UTERINE FIBROID EMBOLIZATION: An effective alternative to hysterectomy

UTERINE FIBROIDS ARE COMMON



UP TO 40%
OF WOMEN
OVER 35 HAVE
UTERINE FIBROIDS.

THIS INCREASES
TO **70-80%**
AFTER AGE 50

African American
Women are

**3X MORE
LIKELY**

to develop uterine
fibroids than other
ethnicities¹



40%

OF ALL U.S. WOMEN HAVE
A HYSTERECTOMY BY
AGE 60²



Hysterectomy is the most
prescribed treatment for
uterine fibroids



UP TO
600,000 HYSTERECTOMIES
ARE PERFORMED IN THE U.S. EACH YEAR



75%
OF HYSTERECTOMIES
ARE CONSIDERED
UNNECESSARY³

HYSTERECTOMY COMES WITH SIGNIFICANT RISKS



17-23%
COMPLICATION
RATE^{12,13}

WOMEN WHO HAVE
HYSTERECTOMIES HAVE A

60% INCREASED RISK
OF INCONTINENCE BY AGE 60²



10-20% OF WOMEN
REPORT DETERIORATED
SEXUAL FUNCTION AFTER
HYSTERECTOMY⁷

WOMEN WHO HAVE OVARY-SPARING
HYSTERECTOMY CAN EXPECT:⁴

- **4.6X GREATER RISK**
of congestive heart failure
- **2.5X GREATER RISK**
for coronary artery disease
- **INCREASED RISK** of lung cancer⁶
- **MENOPAUSE** approximately
2 YEARS SOONER⁵



ADDITIONAL COMPLICATIONS
ASSOCIATED WITH
HYSTERECTOMY INCLUDE:

- INFECTION
- FEVER
- HEMORRHAGE
- BOWEL AND BLADDER DAMAGE
- DEATH (< 1% OF CASES)




NG Vascular & Vein Center

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UTERINE FIBROID EMBOLIZATION

UFE A VIABLE ALTERNATIVE

Uterine Fibroid Embolization (UFE) is recommended by the American College of Obstetrics and Gynecology as a non-surgical alternative to hysterectomy.

>90%  Women who undergo UFE have demonstrated a **HIGH LEVEL of SATISFACTION** and a significant **IMPROVEMENT in QUALITY OF LIFE**, even over the long term.^{8,9}

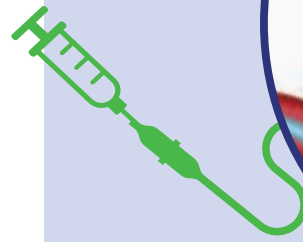
In a study of four randomized clinical trials comparing UFE to surgical interventions, UFE was associated with



- LESS BLOOD LOSS,
- SHORTER HOSPITAL STAY
- FASTER RETURN TO WORK,¹⁰
- LOWER COMPLICATIONS

UFE has a rate of 1.25%¹¹ Compared to 17-23% with hysterectomy^{12,13}

Re-occurrence of fibroids after UFE is also extremely low, compared with the up to 33% of myomectomy patients who require further surgery^{14,15}



THE UFE PROCEDURE

During the UFE procedure, a specially trained physician (known as an interventional radiologist) makes a small incision in the skin and inserts a catheter into the femoral artery, which extends from near the abdomen and down each leg. Using imaging guidance, the catheter is guided into the blood vessels feeding the fibroid(s) in the uterus. Tiny particles called microspheres are injected into the blood vessel, and this blocks the flow of blood into the uterine fibroid, causing it to shrink. As the fibroid shrinks, the symptoms disappear.

Dr. Nazar Golewale is board-certified in vascular & interventional radiology.

Interested in learning more about UFE or consulting with him about a patient?

**PLEASE CALL
219-208-6218**



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