

PROTOCOL FOR: Uterine Fibroid Embolization: Care of the Patient Undergoing

DESIRED PATIENT

- OUTCOMES:
1. The patient will receive appropriate medication(s), safely administered during the periprocedural period.
 2. The patient demonstrates and/or reports adequate pain control throughout the periprocedural period.
 3. The patient demonstrates knowledge of the expected responses to uterine fibroid embolization.
 4. The patient demonstrates knowledge of post-discharge pain management.

CLINICAL
ASSESSMENT
AND CARE:

1. Pre-procedure care per protocol and procedure-specific pre-printed orders. Reinforce teaching that this X-ray procedure is performed to treat uterine fibroids that can cause very heavy menstrual bleeding, clotting and pelvic pain, and lead many women to seek treatment.

Explain that a catheter is inserted through a small incision in the groin to access the femoral artery. Local anesthesia is used so the needle puncture is not painful. The catheter is guided through artery to the uterus while the Radiologist guides the process of the procedure using fluoroscopy. The interventional radiologist injects tiny plastic particles the size of grains of sand into the artery that is supplying blood to the fibroid tumor. This cuts off the blood flow and causes the tumor(s) to shrink. The artery on the other side of the uterus is then treated.

2. Intra-procedure per unit standard, or per HAM 08-013.
3. Post-procedure care per protocol and procedure-specific pre-printed orders. Notify the Radiologist if any of the following occur, and/ or instruct patient to do same:
 - a. enlargement of the incision / puncture site.
 - b. soaked dressing / frank bleeding.
 - c. fever 101° or greater.
 - d. inadequate pain management.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 4/93

REVISION DATE: 12/94, 1/98, 8/00, 10/03