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MINIMALLY INVASIVE, NON-SURGICAL PROCEDURE SHRINKS UTERINE FIBROIDS

LOS ANGELES (August 6, 2009) – Los Angeles resident Christina Simon, 39, was happily pregnant with her second child, but her joy was tempered during her third trimester. An ultrasound by her obstetrician-gynecologist found that, in addition to the baby, something else was growing in her uterus: fibroid tumors, non-cancerous growths of muscle and connective tissue in the uterus. Although Christina was concerned, the doctor assured her that she would keep an eye on the benign tumors' growth, and the pregnancy proceeded without incident.

But within two years, Christina began experiencing troublesome symptoms such as menstrual periods that were uncommonly heavy, painful cramps and a frequent urge to urinate. She first associated her symptoms with motherhood and her age. "I chalked it up to having kids later in life. I thought I had a weak bladder but in fact, it was the fibroids, pushing down on my bladder," she says.

During a routine pelvic exam in 2006, Christina's doctor discovered a large fibroid and quickly ordered an ultrasound. "Even though the tumor was benign, it was as big as a baby's head, and I looked pregnant. My doctor said it was unsafe to have a mass that large," Christina recalls.

The cause of fibroid tumors is still unknown, but experts believe that estrogen stimulates their growth. Fibroids grow larger in pregnant women and in those taking birth control pills, and they tend to shrink after menopause, although they may continue to grow in women who receive hormone replacement therapy. Uterine fibroids occur in about 40 percent of women, and in as many as 50 percent of African-American women like Christina.

The most common symptom is heavy menstrual bleeding which can cause anemia. Fibroids can range in size from a walnut to larger than a cantaloupe. If they grow large enough, they can result in heavy and/or prolonged periods, pelvic pain, bloating, frequent urination or urinary incontinence and constipation.

When Christina asked her gynecologist about treatment options, the doctor suggested she consider myomectomy (which removes the fibroids from the uterus surgically) or a hysterectomy (which removes the entire uterus). The doctor also made passing reference to a technique called embolization, but said she didn't know much about it.

"I left her office wondering if surgery was my only option," Christina says. "But it was up to me to find an alternative."

Christina started her search on the Cedars-Sinai website. There she learned about [uterine fibroid embolization \(UFE\)](#), a minimally invasive, non-surgical procedure that starves uterine fibroids by depriving them of their blood supply. Unlike a hysterectomy, UFE leaves the uterus intact and does not require general anesthesia.

Christina immediately made an appointment to see [Marc L. Friedman, M.D.](#), an interventional radiologist and Chief of Vascular and Interventional Radiology at Cedars-Sinai Medical Center in order to get a second opinion on her treatment. Friedman, who is the director of the UFE Program at [Cedars-Sinai's S. Mark Taper Foundation Imaging Center](#), ordered an MRI to determine the location, size and number of Christina's tumors. "Luckily, I was a good candidate for UFE," she says. "We booked the procedure for the next month."

During UFE, Friedman carefully threaded a fine catheter through a tiny incision in the upper thigh and into the blood vessels leading to the fibroids. The catheter delivered tiny spheres (the size of a grain of sand) into the blood vessels, blocking blood flow to the main arteries that supply blood to the uterus. With their blood supply cut off, the fibroids died and began to shrink.

"Symptomatic uterine fibroids can have a significant effect on a patient's quality of life. The UFE procedure is becoming increasingly popular as more women are learning about it," Friedman said.

Post-procedure cramping and nausea were well-controlled with medication, and Christina felt better each day. "Within a week, I returned to work. In just two weeks, I was back to taking care of my family and playing tennis."

A follow-up MRI exam showed Christina's fibroids had shrunk dramatically. Best of all, her symptoms were gone.

UFE is not appropriate for every patient with uterine fibroids, but Christina urges any woman facing the prospect of hysterectomy and early menopause to find out if she is qualified for this outpatient, minimally invasive alternative.

"It's worth meeting with an interventional radiologist and asking about UFE," she says. "You'll get a lot more information, and you may be pleasantly surprised by your options."

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