

Uterine Fibroid Embolization: Fibroid Relief Doesn't Have to Mean a Hysterectomy

Uterine fibroid embolization (UFE) is a proven, non-surgical alternative to hysterectomy and myomectomy (for the treatment of fibroids). A UFE procedure takes about one hour to complete, provides symptom control comparable to surgery, and has a significantly shorter recovery time as little as one week.

Many women are unaware of less invasive fibroid treatment options, such as UFE, and continue to accept hysterectomy as the treatment of choice. Hysterectomy involves surgical removal of the uterus, and many times the ovaries, and can have a profound impact on a woman's life.

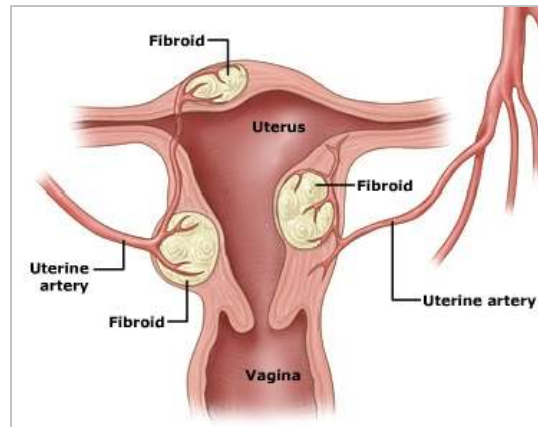
The Procedure

Uterine fibroid embolization, also known as uterine artery embolization, is clinically proven to reduce the major symptoms of all types of fibroids, including pain, excessive and prolonged bleeding, and frequent urination. It is often performed as an out-patient procedure that lasts about an hour, plus some time to recover from sedation. Compared to a larger surgical incision, the access for UFE is a small incision into a blood vessel on the top of the patient's leg.

UFE is performed by an interventional radiologist (IR), a doctor who uses X-rays and other imaging techniques to see inside the body and treat conditions without surgery.

During UFE, a patient is given a mild sedative to make her feel relaxed, but conscious. The IR inserts a catheter (thin tube) into the artery at the top of the leg, then uses X-ray imaging to guide the tube to the uterine artery.

Tiny round particles called Embosphere[®] Microspheres are delivered through a catheter and into the blood vessels that lead to the fibroids. Delivered to the fibroids, Embosphere Microspheres block the blood flow, causing the fibroids to shrink.



Proven Clinical History

UFE was first performed in 1994 and has an extensive clinical history and. To date, more than 100,000 women worldwide have been treated with the procedure. Embosphere[®] Microspheres were the first embolic material to receive clearance from the FDA for use in UFE procedures on November 22, 2002.

Clinical studies have shown that UFE provides substantial improvement in major symptoms, including pain, pelvic discomfort and urinary problems. One-year data from the Fibroid Registry Outcomes Data (FIBROID), the largest registry on any procedure for benign uterine fibroids, indicates that more than 85 percent of women experience significant improvement in symptoms after undergoing UFE.

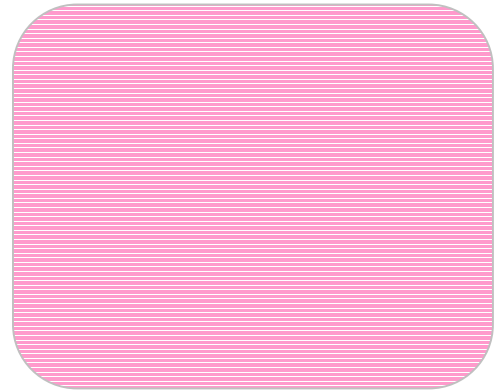
Proven Clinical History (cont.)

A five-year study shows that UFE provides long-term symptom improvement in more than 70 percent of women treated. The study also shows that patients are able to achieve excellent clinical improvement in symptoms like excessive bleeding and pelvic pain while requiring only about a one to two week recovery time. More invasive methods, such as hysterectomy or myomectomy, require six-to-eight weeks of recovery.

Deciding on UFE

UFE may be a good option for women who need treatment for fibroid symptoms, but want to avoid surgery. Patients who are ideal for UFE include women who:

- Have symptomatic fibroids
- Want to keep their uterus
- Do not want surgery
- Want to minimize in-hospital recovery time
- May not be good candidates for surgery
- Do not intend to get pregnant in the future



UFE and Fertility

It is currently advised that women who want to maintain fertility should not have UFE. However, a 2005 study of 555 women between the ages of 27 and 42 showed that the majority of women actively trying to become pregnant were able to achieve pregnancy after UFE. Most resulted in term deliveries and newborns of typical size.ⁱ

Risks Associated with Hysterectomy

Hysterectomy has been associated with numerous long-term physical and physiological effects including incontinence, loss of sexual pleasure and depression. The most common complications associated with hysterectomy are vaginitis, drug reactions, and urinary tract infections, with some more serious complications reported after 30 days including pneumonia, bowel injury, vaginal cuff herniation, and recurrent bleeding from the vaginal stumpⁱⁱ.

Risks Associated with UFE

UFE is a proven, safe procedure for treating symptomatic fibroids with minimal risk. Infrequent complications have been reported following UFE. Complications associated with UFE include, but are not limited to the following: short-term allergic reaction/rash, fibroid passage, recurrent/prolonged pain and groin hematomaⁱⁱⁱ.

Finding a Doctor Who Performs UFE

UFE is performed by an interventional radiologist. At Windham Hospital, our Interventional Radiologists are part of Jefferson Radiology. For more information, call 860.456.6772.

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ⁱ Pregnancy after uterine artery embolization for leiomyomata: The Ontario multicenter trial; Pron G et al; *Obstetrics & Gynecology*; 1 January 2005; Vol. 105, No. 1

ⁱⁱ Complications After Uterine Artery Embolization for Leiomyomas; Spies JB et al; *Obstetrics & Gynecology*, Vol. 100, No. 5, Part 1

ⁱⁱⁱ Ibid.