DR TARR. INTERVENTIONAL RADIOLOGY · BRISBANE & IPSWICH

PATIENT FACTSHEET

WOMEN'S HEALTH · UTERINE ARTERY EMBOLISATION

Fibroid & Adenomyosis Embolisation (UAE)

Uterine artery embolisation shrinks fibroids and treats adenomyosis by blocking their blood supply. No surgery, no hysterectomy, and most women are back to normal life within one to two weeks.

AT A GLANCE

Anaesthesia **Sedation, no GA**	**Hospital stay** **Usually one night**	**Procedure time** **About 60 to 90 min**
Back to normal **1 to 2 weeks for most**	**Uterus** **Preserved, no scars**	**Cost** **Usually no gap on fee***

The problem: fibroids and adenomyosis

Fibroids are non-cancerous growths of the uterus and are extremely common. For many women they cause nothing; for others they cause heavy or prolonged periods, flooding, anaemia and fatigue, pelvic pressure, bloating, frequent urination and pain. Adenomyosis, where the uterine lining grows into the muscle wall, causes similar heavy, painful periods and is often found alongside fibroids. For decades the standard answer was surgery: hysterectomy, or myomectomy to cut out individual fibroids. Embolisation offers a different path.

How embolisation works

Fibroids survive on a rich blood supply. UAE blocks that supply at its source. Through a pinhole in the wrist or groin, a fine catheter is guided into the arteries feeding the uterus, and tiny particles block the vessels feeding the fibroids. Starved of blood, fibroids shrink and soften over the following months while the normal uterus keeps its supply. The same approach reduces the abnormal blood flow that drives adenomyosis symptoms.

Who it suits

- Heavy menstrual bleeding, flooding or anaemia from fibroids
- Pressure symptoms, bloating, urinary frequency, a feeling of fullness
- Painful periods from adenomyosis
- Women who want to keep their uterus or avoid major surgery
- Women unsuitable for, or who haven't responded to, hormonal treatment
- Recurrent fibroids after previous myomectomy

What to expect

1. **Consultation and MRI.** A detailed discussion of symptoms and goals, with a pelvic MRI to map the fibroids and confirm embolisation is likely to work for you.

2. **The procedure (about an hour).** Under sedation, awake but comfortable, no general anaesthetic. Both uterine arteries are treated through a single pinhole. No cuts, no stitches.
3. **One night in hospital.** Cramping for the first day or two is expected and well controlled with pain relief. Most women go home the next morning.
4. **Recovery and results.** Most women return to work within one to two weeks. Bleeding typically improves within the first couple of cycles; bulk symptoms ease as fibroids shrink over three to six months.

Results and risks, honestly

Around nine in ten women experience significant improvement in bleeding and pressure symptoms after UAE, and satisfaction in published series is high. The uterus is preserved and there are no abdominal scars. Expected after-effects include cramping, fatigue and a flu-like feeling for a few days (post-embolisation syndrome), and sometimes a vaginal discharge as fibroids break down. Uncommon risks include passing fibroid tissue, infection requiring treatment, and, mainly in women over 45, earlier menopause. A small proportion need further treatment in later years. All of this is discussed openly before you decide anything.

Common questions

Will I still be able to have children? Pregnancy after UAE is well documented, but if future fertility is your top priority, myomectomy may be recommended first depending on your fibroids. Dr Tarr gives a straight answer for your specific situation and works alongside gynaecologists when a combined approach is best.

How does UAE compare with hysterectomy? Hysterectomy removes the uterus and is definitive, but it is major surgery with a typical recovery of around six weeks. UAE treats the symptoms while keeping your uterus, through a pinhole, with recovery measured in days. If UAE doesn't deliver the result you need, surgery remains fully available afterwards.

Does it work for adenomyosis? Yes. Embolisation is one of the few uterus-preserving treatments for adenomyosis, and most women experience meaningful improvement in pain and bleeding. Response rates are somewhat lower than for fibroids alone, which is part of the honest pre-procedure discussion.

APPOINTMENTS & REFERRALS
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For GPs: refer by naming **Dr Gregory Tarr** (Medical Objects: "Dr Gregory Tarr"). Every consultation covers all of the patient's options, not just this one.

*For privately insured patients, most procedures involve no gap on Dr Tarr's fee; hospital or anaesthetic costs may still apply. Your individual costs are confirmed in writing before booking.

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