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HORIZON VASCULAR SPECIALISTS?

- ✓ State-of-the-art equipment and facilities run by an expert medical team
- ✓ Industry-leading vascular surgeons
- ✓ Board-certified in the treatment of vascular disorders, ranging from simple to the most complex cases
- ✓ Comprehensive services, from diagnostic testing to treatment to recovery, that save patients time and money
- ✓ Personalized care and attention



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UTERINE FIBROIDS



Your guide for understanding the diagnosis and treatment of Uterine Fibroids

OUR PHILOSOPHY

Care: At Horizon, we understand our first and foremost responsibility is to our patients and their families. We strive to meet their needs and concerns with the utmost care and compassion.

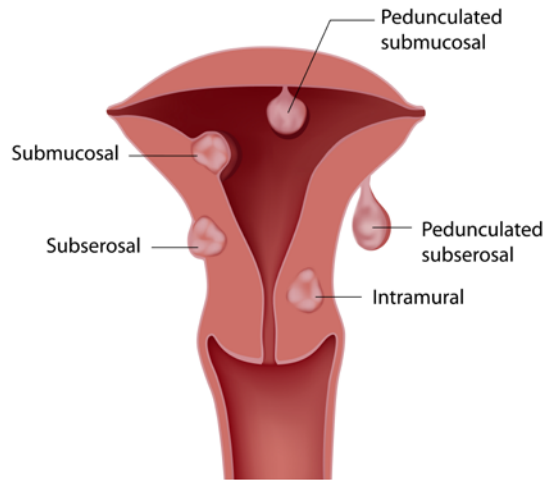
Commitment: We have been dedicated to serving the DC-MD-VA area since 1974. Our commitment to our patients drives our mission to provide the best care and patient experience possible.

Expertise: We provide exceptional levels of medical expertise and patient education, incorporating minimally invasive techniques with superior outcomes. We integrate our highly specialized staff and comprehensive suite of services to deliver effective diagnosis, treatment and recovery to our patient community.

WHAT ARE UTERINE FIBROIDS?

Uterine fibroids are very common non-cancerous growths that develop in the muscular wall of the uterus. You might hear them referred to as "fibroids" or by several other names, including leiomyoma, leiomyomata, myoma and fibromyoma.

Uterine fibroids



Uterine fibroids can range in size from as small as a quarter to larger than a cantaloupe. In most cases, there is more than one fibroid in the uterus. While fibroids do not always cause symptoms, their size and location can lead to problems for some women, including pain and heavy bleeding.

Of the 600,000 hysterectomies performed annually within the United States, one third are due to symptomatic fibroids. Now there is a proven, non-surgical alternative to hysterectomy for the treatment of symptomatic uterine fibroids, uterine fibroid embolization (UFE). UFE is a safe method and, like other minimally invasive procedures, has significant advantages over conventional surgery.

HOW COMMON ARE UTERINE FIBROIDS?

Uterine fibroids are extremely common. 20 to 40 percent of women over age 35 have fibroids and can affect up to 80 percent of women by age 50. African American women are at a higher risk for fibroids up to 50 percent have fibroids of a significant size.

WHAT ARE THE SYMPTOMS?

Most fibroids don't cause symptoms as only 10 to 20 percent of women have fibroids that require treatment. Common symptoms include:

- Heavy, prolonged menstrual periods
- Intermittent unusual monthly bleeding
- Pelvic pain and pressure
- Fatigue due to anemia
- Pain in the back and legs
- Pain during sexual intercourse
- Bladder pressure leading to a frequent urge to urinate
- Pressure on the bowel, leading to constipation and bloating
- Abnormally enlarged abdomen

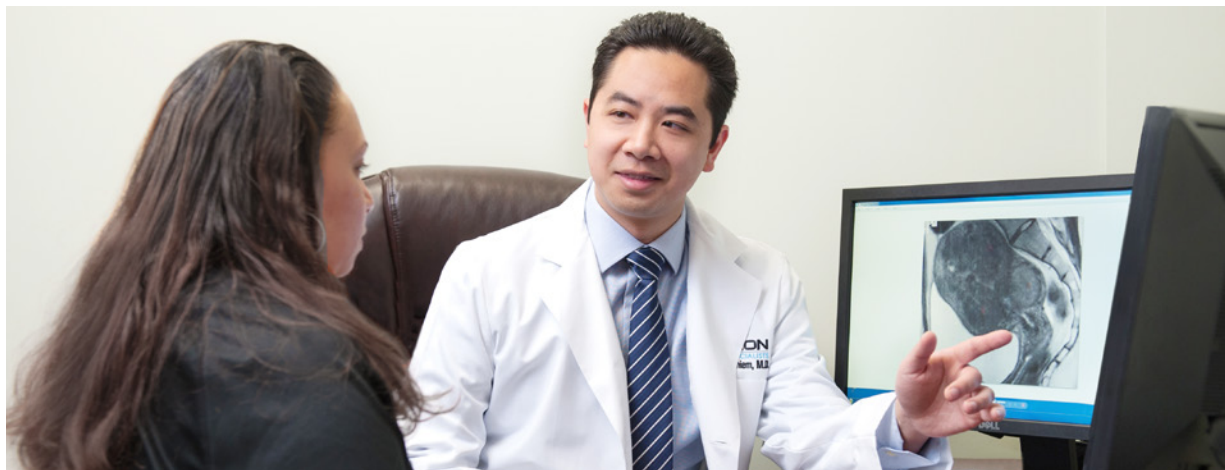
HOW ARE UTERINE FIBROIDS DIAGNOSED?

Uterine fibroids are typically suspected after physical examination and clinical symptoms. They can be confirmed using non-invasive imaging techniques such as ultrasound or MRI. A pelvic MRI is required in all patients being evaluated as potential candidates for uterine fibroid embolization. The MRI provides detailed information concerning the size, number, location and blood supply to the fibroids.

WHAT IS THE TREATMENT FOR UTERINE FIBROIDS?

Current uterine fibroid treatment options include:

- 1. Medical treatment** – such as birth control pills and hormone treatments. Symptoms usually return when medical treatment stops and hormone treatments can cause menopause like side effects.
- 2. Surgical Treatment** – such as **hysterectomy** (removal of the uterus) and **myomectomy** (removal of just the fibroids). These options are generally effective, but do require anesthesia and longer recovery times. Some women are not candidates for myomectomy due to the size, number or location of the fibroids.



3. Uterine Fibroid Embolization - a minimally invasive non surgical option for treatment with excellent outcomes. Embolization preserves the uterus, is well tolerated and has shorter recovery time. It also provides simultaneous treatment of all fibroids.

WHAT IS UTERINE FIBROID EMBOLIZATION?

Uterine fibroid embolization is performed under twilight sedation and the procedure takes approximately 1-2 hours. A catheter is passed through the femoral artery to the uterus through a tiny incision in the groin. Using X-ray guidance the specific arteries that feed the uterine fibroids are identified and injected with small particles, which are about the size of grains of sand. The particles wedge into those arteries, blocking the flow of blood to the fibroids. This causes the fibroids to shrink and die.

HOW LONG IS RECOVERY?

The recovery varies from woman to woman. Many women resume light activities in a few days and the majority of women are able to return to normal activities within 7 to 10 days. In comparison, recovery time after a hysterectomy is approximately 6 weeks. Many women will notice a relief of symptoms within 6 weeks after the embolization, however, it takes several months for the fibroids to fully shrink and the full effect of the procedure to be evident. On average, 85-90 percent of women who have had the procedure experience significant or total relief of heavy bleeding, pain and/or bulk-related symptoms. Recent long term reports demonstrate a 73% symptom resolution rate after five years, which is comparable to the five year results after myomectomy.