David Hovsepian, MD, an interventional radiologist at Stanford Hospital & Clinics, has performed more than 900 UFE procedures since the treatment was introduced in the United States in 1997.

STANFORD, Calif.—Janet Hudnall from Mountain View spoke without hesitation at a recent Stanford education program about her gynecological problems and how she opted for uterine fibroid embolization (UFE) to treat them.

“I had virtually no pain,” she said about UFE, a procedure that blocks the blood supply to fibroids in the uterus, causing the benign growths to shrink.

But the first time Hudnall tried to have her fibroids treated, things did not go as well. Although she requested UFE, her doctor in Arizona recommended a surgical option with catastrophic results. Hudnall was given too much fluid and ended up being hospitalized in intensive care. “It was a disaster,” she said.

Even worse, her painful symptoms quickly returned, including heavy bleeding and frequent urination. By then, she had moved to the Bay Area.

“I was so fed up with fibroids I considered having a hysterectomy,” she said. “I was 40.”

Hudnall, who works in the medical device industry, asked colleagues for recommendations of good doctors. She was determined to travel anywhere to get the best treatment possible.

Fortunately, she didn’t have to go far.

David Hovsepian, MD, an interventional radiologist at Stanford Hospital & Clinics, has performed more than 900 UFE procedures since the treatment was introduced in the United States in 1997.

Hovsepian joined Hudnall at the free educational meeting about UFE on May 19. A second public session will be held on June 9.

Hovsepian, also a professor of radiology, explained that fibroids begin as muscle cells in the uterus that don’t know when to stop growing. Fibroids can range in size from less than an inch to as large as a soccer ball. They are common—between 20 and 40 percent of all women develop them, mostly in their 30s and 40s—but only one in four women experience significant symptoms. It’s not known what causes fibroids, but they do run in families. They may be stimulated by hormones, such as those produced during pregnancy. They are usually discovered when a woman has a routine pelvic exam and then confirmed with an ultrasound. Hovsepian also uses magnetic resonance imaging, which “really helps us put the whole picture together,” he said.
Fibroids can be treated in many ways. Birth control pills decrease heavy bleeding. Other hormone treatments can shrink fibroids, but may cause menopause-like side effects, such as hot flashes. Fibroid symptoms usually return when medical treatment stops.

The most common surgical treatments include hysterectomy, which removes the uterus, and myomectomy, which removes only the fibroids. These procedures, while effective, involve general anesthesia and lengthy recovery times. There may also be complications, as Hudnall experienced. Many women may not be candidates for myomectomies because of the size, number or location of their fibroids.

In contrast, UFE is a minimally invasive approach that preserves the uterus and offers quick recovery. The procedure, which is done in a hospital under conscious sedation, takes about an hour and is covered by most insurance plans. Usually, patients are kept for overnight observation and pain control, which Hovsepian said can range from mild cramping to “the mother of all periods.”

During the procedure, a doctor inserts a thin tube into an artery through a tiny skin nick in the groin area, and then uses X-ray imaging to guide access to the uterine arteries. Tiny round plastic particles are injected into the blood vessels that lead to the fibroids. These block the blood flow, dealing a “death blow” to the fibroids while leaving the uterus intact, Hovsepian said.

UFE is considered safe and effective. Since the late 1990s, more than 150,000 procedures have been carried out worldwide, with only four deaths reported—two from infections and two from blood clots. As a result, Hovsepian said he prescribes a blood thinner while patients are in the hospital. He also asks his patients to call if they develop any pain, cramps, discharge or fever during their recovery at home, which usually is taken care of with oral antibiotics. Ninety percent of women need no further treatment, he said.

Hudnall is one of those. It’s been 18 months since she was treated and today she is pain free.

“I can’t say enough about Dr. Hovsepian, his team and Stanford Hospital,” she said. “I think UFE is an option everyone should consider.”

About Stanford Hospital & Clinics
Stanford Hospital & Clinics is known worldwide for advanced treatment of complex disorders in areas such as cardiovascular care, cancer treatment, neurosciences, surgery, and organ transplants. Consistently ranked among the top institutions in the U.S. News & World Report annual list of "America's Best Hospitals," Stanford Hospital & Clinics is internationally recognized for translating medical breakthroughs into the care of patients. It is part of the Stanford University Medical Center, along with the Stanford University School of Medicine and Lucile Packard Children’s Hospital at Stanford. For more information, visit http://stanfordmedicine.org.