



35 million women suffer from Uterine Fibroids nationwide.

What are Uterine Fibroids?

- Uterine Fibroids are noncancerous growths in the uterus that often appear in women during childbearing years. About 20 to 80 percent of women develop fibroids by the time they reach the age of 50. Fibroids are most common in women in their 40s and early 50s.
- Most women with Uterine Fibroids do not experience symptoms, which can make detection difficult. Women with symptoms often find fibroids hard to live with. Some common symptoms are abdominal pain, heavy menstrual bleeding, pressure on your bladder, and frequent urination. When fibroids get very large, they can cause the abdomen to enlarge, making a woman look pregnant.
- Most fibroids grow in the wall of the uterus. Doctors put them into three groups based on where they grow: Submucosal fibroids grow in the uterine cavity. Intramural fibroids grow within the wall of the uterus. Subserosal fibroids grow on the outside of the uterus. Some fibroids can even grow on stalks that stem from the surface of the uterus or into the uterine cavity. These are called Pedunculated Fibroids and often have a mushroom-like appearance.

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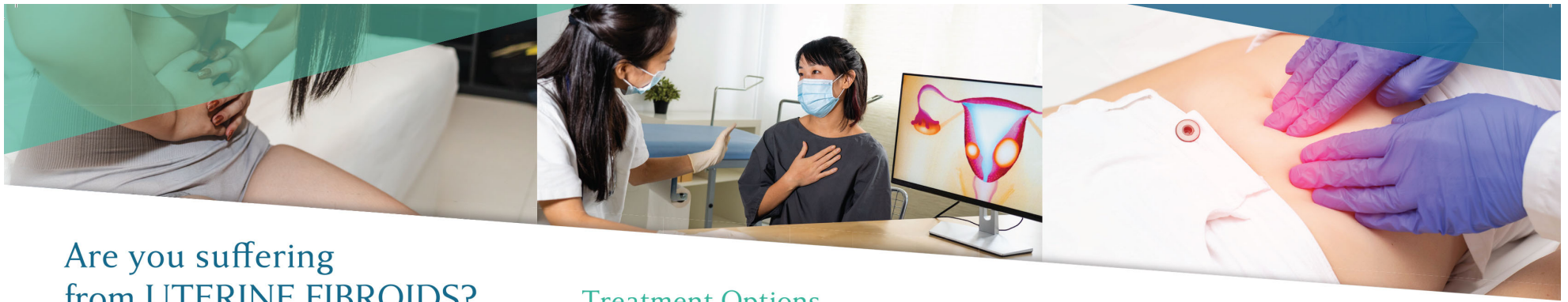
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Are you Living with Uterine Fibroids?





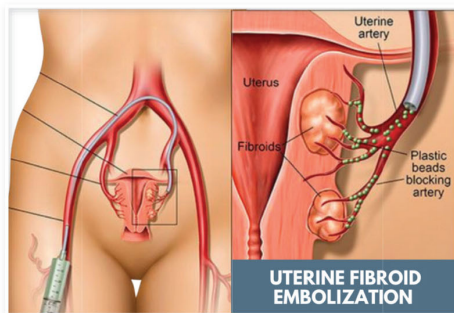
Are you suffering from UTERINE FIBROIDS?

Symptoms:

- Changes in Menstrual Cycle
- Heavy Menstrual Flow
- Increased Menstrual Cramping
- Pain in Abdomen & Lower back
- Rectal Pain & Constipation
- Weight Gain in Abdomen Region
- Pain during Sexual Intercourse
- Pregnancy Complications
- Difficulty Urinating

Risk Factors:

- Age (older women are at higher risk than younger women)
- History of Pregnancy
- High Blood Pressure
- Obesity
- Family History of Uterine Fibroids
- Vitamin D Deficiency
- Excessive Alcohol Consumption



Treatment Options

Hysterectomy

is a surgery that removes some or all of your uterus to treat the fibroids. With your uterus removed you can no longer have children. This is considered major surgery and has many risk factors.

Myomectomy

is the surgical removal of fibroids in which the uterus is left intact. There are three different types of surgical approaches. Your surgeon would choose the approach that is best to treat your fibroids depending on location, size, and other factors. All myomectomy procedures require general anesthesia and are performed in a hospital.

Uterine Fibroid Embolization (UFE)

is a minimally invasive procedure that shrinks the fibroids without damaging the uterus. This procedure is also known as Uterine Artery Embolization (UAE). UFE can eliminate fibroids by accessing your arteries and slowing down the blood flow to the fibroids. This will cause the fibroids to shrink and disappear. 83% of women experience symptomatic relief after UFE.

- The UFE procedure eliminates the need for major surgery, long recovery times, and the complications of having a hysterectomy. This procedure can be done in an outpatient setting and only requires light sedation and local anesthesia.
- UFE procedures are performed by our Vascular Specialists on a regular basis at La Jolla Vein Care.

Uterine Fibroid Embolization (UFE)

UFE is an outpatient procedure that usually takes between 1 and 2 hours. Patients usually require about 1 to 2 hours of recovery prior to going home the same day. Patients may experience mild discomfort as the embolization takes full effect. Over time the fibroids shrink due to a decreased blood supply. Mild discomfort and light bleeding may occur for a few weeks after the procedure. The typical recovery time is 48 to 72 hours with most patients returning to normal activity 7 to 10 days after the procedure.

UTERINE FIBROID EMBOLIZATION VS HYSTERECTOMY

Uterus in NOT Removed	Uterus in Removed
Full Recovery in 1-2 Weeks	Full Recovery in 6-8 Weeks
Hospital Stay and General Anesthesia NOT Required	Hospital Stay and General Anesthesia Required
DOES NOT Interfere with Hormones or Other Organs	DOES NEGATIVELY Affect Hormones and Other Organs: Bladder, Bowels, and Pelvic Floor

