

# Uterine Fibroid Embolisation 子宮肌瘤栓塞術

A patient's guide to minimally  
invasive treatment

微創治療患者指南



Gleneagles Hospital

HONG KONG

港怡醫院



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Gleneagles Hospital Hong Kong provides free shuttle bus service between MTR **Wong Chuk Hang Station** (Exit A) and the hospital (main entrance).

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Free Shuttle Schedule  
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## MTR 港鐵

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您可由港鐵**海洋公園站** (C出口) 步行至港怡醫院。



**Hospital address**  
1 Nam Fung Path,  
Wong Chuk Hang, Hong Kong

**醫院地址**  
香港黃竹坑南風徑1號

**Mainline 電話** +852 3153 9000  
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港怡醫院  
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## What is uterine fibroid embolisation (UFE)? 什麼是子宮肌瘤栓塞術?

Uterine fibroid embolisation (UFE), also known as uterine artery embolisation, is a procedure in which a radiologist makes a small incision on patient's wrist or groin and inserts a catheter into the uterine artery. The doctor uses tiny catheter to deliver small particles into the uterine artery to block the blood supply of the fibroids, causing the fibroids to infarct and shrink.

子宮肌瘤栓塞術 (又稱「子宮動脈栓塞術」) 由放射科專科醫生在病人的手腕或腹股溝插入微導管到動脈。醫生利用血管造影引導微導管通過動脈，再釋放微小顆粒進入子宮動脈，栓塞子宮動脈血流，使子宮肌瘤缺血、梗死及萎縮。

Compared to traditional surgery, UFE is a minimally invasive procedure, also known as interventional procedure, which involves much smaller incision without the need for suturing. It offers quicker recovery, fewer complications, and shorter hospital stay (1-2 days versus 3-4 days after a traditional surgery). UFE only requires local anaesthesia and patients can return to normal daily activities in about 1 week after the procedure. Most importantly, UFE allows women to preserve the uterus.

與傳統手術治療相比，子宮肌瘤栓塞術屬透視微創治療，或稱介入治療，傷口比傳統手術小得多、無需縫合、復原快且併發症少，患者住院一般為1-2天，比傳統手術的3-4天為少。肌瘤栓塞術只要局部麻醉，治療後約一週即可回復正常活動。對女性而言，子宮肌瘤栓塞術能保留子宮，意義重大。

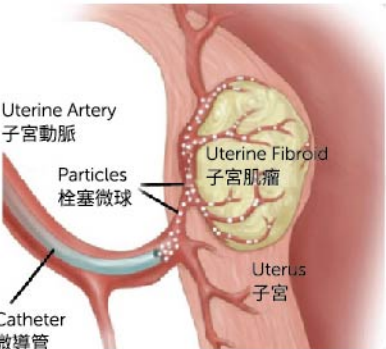
## Procedural details of UFE 子宮肌瘤栓塞術治療過程



1

Insert a catheter into the artery at the wrist or groin

於手腕或腹股動脈引入微導管



2

Inject small particles through the catheter to block the vessels that supply blood to the fibroid

栓塞微球經微導管栓塞為肌瘤供血的血管



3

Fibroids infarct and shrink due to a lack of blood supply

肌瘤因缺血而梗死及萎縮

## UFE benefits 子宮肌瘤栓塞術的優點

- UFE has been widely implemented in the United States for 20 years, with about 13,000 to 14,000 cases performed each year. In a survey on UFE treatment outcomes conducted by the Society of Interventional Radiology, UFE offers a very low rate of post-operative complications, with no recurrence case recorded within 6 years after the procedure.  
子宮肌瘤栓塞術已在美國廣泛應用了20年，而每年進行約有13,000-14,000宗手術個案。根據美國介入放射學會就子宮肌瘤栓塞術的療效調查，此手術復發機會十分低，術後6年並沒有復發報告。
- Significant favourable clinical outcomes for patients with massive or multiple uterine fibroids.  
對子宮內有巨大肌瘤或多發肌瘤的病人療效顯著。
- Fibroids may shrink about 40%-70% by volume and the symptoms can be relieved. With heavy menstrual flow and pain, about 80% have significant improvement; with pressure symptoms, 70%-80% have satisfactory improvement.  
纖維瘤的體積會縮小40%至70%，從而緩解症狀。約80%月經量過多、經痛的患者症狀會得到滿意的緩解；而在出現壓迫症狀的患者當中，有70%至80%的症狀會得到滿意的緩解。

## Possible risks 潛在風險

Overall, UFE is a relatively safe treatment option associated with lower risks and fewer complications compared to surgical procedures such as hysterectomy and myomectomy. You should consult your doctor on the risks related to UFE treatment.

整體而言，子宮肌瘤栓塞術是一種相對外科子宮切除術或肌瘤切除術較為安全的治療方式，風險較低，也較少引起併發症。妳應詢問妳的主診醫生有關此手術的相關風險。

## Looking for a doctor to perform UFE? 尋找進行子宮肌瘤栓塞術的醫生?

UFE is performed by a radiologist. You may seek advice from your doctor to make a referral request for UFE.  
子宮肌瘤栓塞術是由放射科專科醫生負責進行的。妳可以請妳的主診醫生轉介接受子宮肌瘤栓塞術治療。

### Disclaimer 聲明

The information presented here should not be construed as specific medical advice, diagnosis, treatment, or recommendation. This material is not a substitute for a consultation or physical examination by a physician. The information provider assumes no responsibility for a patient's treatment outcomes.

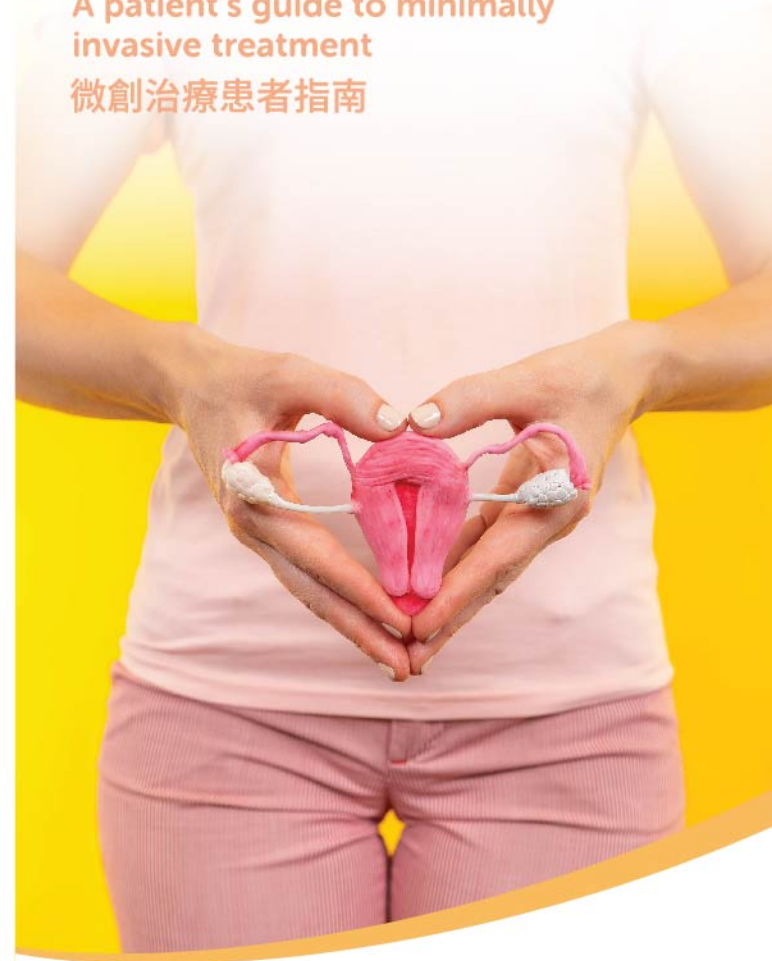
本單張內容並非向閣下提供個別醫療諮詢、診斷、治療或建議，亦不能取代由醫生提供的診症或身體檢查。資料提供者不會就病人的治療成效承擔任何責任。

### Interventional Radiology Services 介入放射治療服務

<b>Location 位置</b>	Radiology Department, LG/F, Tower B B座低層地下 - 放射診斷中心
<b>Opening Hours 開放時間</b>	
Monday-Friday	2:00pm – 5:00pm (by appointment only)
Saturday, Sunday and Public Holiday	Closed
星期一至五	下午二時至下午五時 (敬請預約)
星期六、日及公眾假期	休息
<b>Appointment Hotline 預約熱線</b>	+852 3153 9680
<b>Mainline 總機</b>	+852 3153 9965
<b>Fax 傳真</b>	+852 3903 3492

## Uterine Fibroid Embolisation 子宮肌瘤栓塞術

### A patient's guide to minimally invasive treatment 微創治療患者指南



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HONG KONG  
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What is uterine fibroid?  
什麼是子宮肌瘤?

Uterine fibroid is benign (non-cancerous) tumour arising from the muscular wall of the uterus. It is the commonest benign tumour in women, with about 20%-40% of women develop fibroids by age 50. 子宮肌瘤是生長在子宮肌肉層的一種良性平滑肌肉瘤，是最常見的婦女腫瘤，約20%-40%婦女在50歲前曾患上此症。

Although uterine fibroid is non-cancerous, it may cause serious symptoms:  
子宮肌瘤雖然不是癌症，但可引致頗嚴重的病徵：

- Heavy, prolonged menstrual periods and unusual monthly bleeding, sometimes with clots, which can cause anaemia 量多而過長的月經週期；每月不尋常出血，是有血塊，可導致貧血
- Pain, pressure or discomfort in the pelvis 盆腔疼痛和被擠壓的壓迫感
- Pain in the lower back or legs 下背部和腿部疼痛
- Urinary frequency due to pressure on the bladder 膀胱壓力導致小便頻密
- Constipation due to pressure on the bowel 大腸壓力導致便秘
- Abnormally enlarged abdomen or bloating 腹部異常增大和脹氣

Severity of symptoms varies depending on the size, location and number of fibroids. Some patients have no symptom\*. 病徵及嚴重程度需視乎子宮肌瘤大小、位置和數目而有所不同。部分患者並沒有明顯病徵\*。

Women who experience any of the above symptoms should consult a gynaecologist immediately for an ultrasound scan or other imaging examinations as early as possible.  
任何女性一旦出現上述任何病徵時，應立即向婦科醫生求醫並及早進行超聲波或其他造影檢查以作確認。

Treatment options for  
uterine fibroids  
子宮肌瘤的治療選項

If you do not have any symptoms, treatment might not be needed. If the fibroids develop unwanted symptoms, please refer to the following table for the treatment options and their respective benefits and risks.  
如果沒有出現引起令人不適的病徵，暫時可無需考慮治療。若肌瘤引起令人不適的病徵，可參考下表列出的治療方案及其效益與風險。

Uterine Fibroid Embolisation 子宮肌瘤栓塞術	Myomectomy 肌瘤切除術	Hysterectomy 子宮切除術
To eliminate blood supply to the fibroids through minimally invasive treatment, causing the fibroids to shrink 以微創的方式截斷肌瘤的血液供應，使肌瘤縮小	Surgical removal of uterine fibroids 手術切除肌瘤	Surgical removal of the entire uterus 手術切除整個子宮
Benefits 優點	Benefits 優點	Benefits 優點
<div><div>✓</div>Uterus is preserved 保留子宮</div> <div><div>✓</div>Only requires local anaesthesia 只需局部麻醉</div> <div><div>✓</div>Smaller incision without suturing need 傷口比傳統手術小，無需縫合</div> <div><div>✓</div>Fewer complications compared to traditional surgery 術後併發症風險較傳統手術低</div> <div><div>✓</div>Shorter hospital stays (1-2 days compared to 3-4 days for traditional surgery) 住院一般只需1-2天，比傳統手術的3-4天為少</div> <div><div>✓</div>Quicker recovery. Patients may return to normal daily activities in 1-2 weeks after the procedure 復原明顯比傳統手術快，治療後1-2週即可回復正常生活</div>	<div><div>✓</div>Uterus is preserved 保留子宮</div> <div><div>✓</div>Possible to preserve fertility depending on the size and location of fibroids 視乎肌瘤的大小及位置，或可保留生育能力</div>	<div><div>✓</div>Permanent elimination of symptoms 永久消除症狀</div>
Risks 風險	Risks 風險	Risks 風險
<div><div>✗</div>Patients may experience post-embolisation syndrome on the first few days after the procedure including pain, fever, nausea and vomiting, etc. Symptoms can be relieved by analgesic or antiemetic drugs 首1-2天可能出現栓塞後綜合症，包括疼痛、發熱、噁心及嘔吐等，可服用鎮痛藥及止嘔藥緩解</div>	<div><div>✗</div>Potential risks of invasive surgery and general anaesthesia 手術及全身麻醉的風險</div> <div><div>✗</div>Longer recovery time. Patients should refrain from weight-bearing activities or driving for the first 6 weeks after surgery. It takes 4-6 weeks before patients return to work 復原時間長，術後6週內不應提起重物及駕駛，約4-6週後才能重回工作崗位</div> <div><div>✗</div>High recurrence rate of 59%* 肌瘤復發風險高達59%*</div> <div><div>✗</div>More than 25% of patients require another surgical removal of fibroids or the uterus* 超過25%的患者需再次接受肌瘤切除或整個子宮切除手術*</div>	<div><div>✗</div>Permanent loss of fertility 永久失去生育能力</div> <div><div>✗</div>Potential risks of invasive surgery and general anaesthesia 手術及全身麻醉的風險</div> <div><div>✗</div>25% of patients have postoperative complications such as urinary tract infection, etc. 多達25%患者於術後患上尿道感染等併發症</div> <div><div>✗</div>Studies show that women who have undergone uterine removal surgery will experience menopause 4 years earlier 研究指出，切除子宮會讓女性提早4年踏入更年期*</div>

Do you have uterine fibroids and prefer not to undergo surgery?  
妳有子宮肌瘤但不想進行手術嗎?

In the past, uterine fibroids are most commonly treated by surgery which involves removal of fibroids or the entire uterus. However, nowadays many women prefer not to undergo invasive surgery due to the potential risk of general anaesthesia, post-surgical abdominal scarring, and a strong desire to preserve the uterus. In fact, uterine fibroids are benign tumours, yet the complication rate after myomectomy is about 20% and the recurrence rate within 10 years is about 27%-51%. Treatment options such as uterine fibroid embolisation (UFE) allows preservation of the uterus while improving the fibroid symptoms.

以往最常見治療子宮肌瘤的方法是進行手術將肌瘤或整個子宮切除，但是全身麻醉存有一定的風險及外科後會於腹下留下疤痕，加上子宮對女性的意義重大，許多婦女都希望能避免受手術之苦。其實子宮肌瘤為良性腫瘤，而肌瘤切除術的術後併發症機會約20%，10年內復發機會約27%至51%。有些治療方法，如子宮肌瘤栓塞術就能保留子宮並改善症狀。

Please consult your doctor to decide whether UFE treatment is suitable for you according to your medical history and the size and location of the fibroids.  
請資訊妳的主診醫生，根據妳的病史及肌瘤的大小與位置，判斷妳是否適合接受子宮肌瘤栓塞術治療。

If you (are):  
如果妳：

- 1) Have uterine fibroids and are symptomatic  
確診患有子宮肌瘤並出現病徵
- 2) Intend to preserve the uterus  
希望保留子宮
- 3) Not suitable or do not wish to undergo surgery  
不希望或不適合接受手術治療
- 4) Prefer to return to work as soon as possible  
需要儘快回到工作崗位

UFE could be the most suitable treatment option for you  
子宮肌瘤栓塞術可能是最適合妳的治療方法

The impact of Uterine Fibroid Embolisation (UFE) on conception and fetal development remains uncertain. Despite cases of pregnancy after UFE have been reported, whether UFE is safe for fertility and pregnancy is yet to be confirmed by scientific studies. Please consult your doctor to learn about the latest clinical information\*. 子宮肌瘤栓塞術對受孕以及胎兒發展的影響目前仍不明。雖然報告顯示當中有婦女在接受此手術後成功懷孕，但此手術對生育能力及懷孕的安全性仍未經科學研究結果確認。請諮詢妳的主診醫生以了解最新的臨床資訊\*。

\* "Guidelines for the Management of Uterine Leiomyoma", Number 13, HKCOG Guidelines, The Hong Kong College of Obstetricians and Gynaecologists, November 2009.

