

TRA *Imaging News*

PRINTED FOR THE REFERRING PROVIDERS OF TRA MEDICAL IMAGING CENTERS

TRA'S INTERVENTIONAL RADIOLOGY



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Interventional Radiologist

Interventional radiology uses imaging guidance to help treat and diagnose various diseases.

There are a wide range of procedures that are considered 'interventional' that are provided at the three hospital locations that TRA Medical Imaging Centers' radiologists serve- St. Joseph Medical Center, Tacoma General Hospital, and St. Francis Hospital. There are six specially trained, TRA interventional radiologists that perform these procedures. For the purposes of this newsletter, we will be discussing Vertebroplasty and Uterine Fibroid Embolization (UFE) in the hospital setting.

Vertebroplasty is a minimally invasive procedure that is performed to treat pain associated with vertebral compression fractures. Vertebroplasty stabilizes collapsed vertebra through injection of a methacrylate cement mixture. The standard indication for vertebroplasty is a painful vertebral body compression fracture in an osteoporotic patient. In addition to providing pain relief, vertebroplasty can prevent further collapse of vertebra, height loss and curvature.

To evaluate a patient for possible vertebroplasty, usually an MRI is obtained to evaluate the type of fracture and to establish the presence of marrow edema, which is indicative of an acute or subacute fracture. Old, healed compression fractures, without edema, are not treated with vertebroplasty. The patient is then

evaluated by an interventional radiologist in conjunction with the MRI and any other imaging studies. If the patient's area of pain on physical examination corresponds to the imaging abnormality and the patient wishes to proceed, a vertebroplasty procedure is scheduled.

Vertebroplasty is performed in the angiography suite under conscious sedation. The patient is placed prone and the site of the problematic vertebral body or bodies is localized. After sterile prep and local anesthesia, a needle is placed into the anterior third of the vertebral body through one of the pedicles. Under real time fluoroscopic guidance, the barium impregnated methacrylate is injected. The needle is then removed and the patient is kept a few hours for observation. Most patients experience significant pain relief within a few hours of the procedure and are discharged.

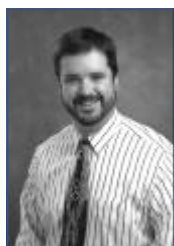
Uterine Fibroid Embolization (UFE) is another interventional procedure performed by the interventional radiologists of TRA for the treatment of fibroids. Fibroids are benign tumors of the smooth muscle of the uterus and are the most common reason for a woman to have a hysterectomy in the U.S., approximately 200,000 each year. Uterine Fibroid Embolization is an effective, minimally invasive treatment option that blocks the arteries that supply blood to

FOCUS ON: Interventional radiology in the hospital setting

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- ☞☞ Angiograms
- ☞☞ Angioplasty
- ☞☞ Biopsy (using CT or US)
- ☞☞ Embolization of organs (including uterine fibroids)
- ☞☞ Venous access (for chemotherapy, etc.)
- ☞☞ Placement of drainage catheters
- ☞☞ Vertebroplasty
- ☞☞ Radio frequency ablation (RFA) of tumors

TRA's Interventional Radiologists



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fibroids. The indications for UFE are symptomatic fibroids, i.e. those that are causing bleeding, pressure symptoms or pain.

UFE is performed in the angiography suite. The patient is placed supine on the angiography table and a diagnostic angiogram is performed on the pelvic vessels, including the uterine arteries. The uterine arteries are most easily accessed from the femoral artery. A needle is used to puncture the common femoral artery to provide access for the catheter. The catheter is used to select the artery to the uterus from one side of the pelvis; usually the left. A selective uterine artery angiogram is performed followed by embolization of the artery with small particles, cutting off blood supply to the fibroid.



This process is then repeated on the other side. TRA interventional radiologists do in-hospital consultation prior to all UFE procedures.

Typically, the patient stays one night in the hospital, 95% of patients go home after one night. There is some expected post-procedural pain secondary to the intentional fibroid ischemia, which is treated in the hospital with the PCA (patient controlled anesthesia) and after discharge with oral anti-inflammatory and analgesic medications. The pain usually lasts 5-7 days with a return to normal by about 7-10 days. TRA interventional radiologists request that the patient call them with any problems related to the procedure. Radiologists will follow up with a phone call at 1-2 weeks and with a repeat ultrasound in several months.

TRA NEWS

TRA Imaging News is produced bi-monthly for referring providers of TRA- Medical Imaging Centers. It is designed to aid in the understanding of TRA and its services. If you have any questions, please contact the following:

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