



# INTERVENTIONAL RADIOLOGY



Canadian Interventional Radiology Association

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Association canadienne de radiologie d'intervention

# COMMON PRINCIPLES

- WE USE DYE – WHERE IS IT GOING?
  - IN THE BLOOD VESSEL – NEED TO KNOW CREATININE CLEARANCE
    - IF  $> 60$  NO PROBLEMS
    - IF 30-60 GENERALLY NO PROBLEMS – GIVE FLUIDS FOR INPATIENTS, CHICKEN SOUP AND LOTS OF WATER FOR OUTPATIENTS
    - IF  $< 30$  REQUIRE NEPHROLOGY CONSULT
  - ANYWHERE ELSE – CREATININE NOT IMPORTANT

# COMMON PRINCIPLES

- WE STICK THINGS INTO PEOPLE
  - CBC/COAGS FOR ALL!
  - CBC
    - PLATELETS > 50 NOT A PROBLEM
    - PLATELETS 30-50 MAY BE A PROBLEM
    - PLATELETS < 30 A PROBLEM
      - PLATELETS IN A PINCH
  - INR
    - PROCEDURE DEPENDENT
    - FOR ELECTIVE PROCEDURES
      - 1.5 IS OK, 1.6 IS NOT
    - IF THE INR CANNOT BE CORRECTED THEN RISK/BENEFIT MUST BE CONSIDERED
      - FFP IN A PINCH



# GYNECOLOGY



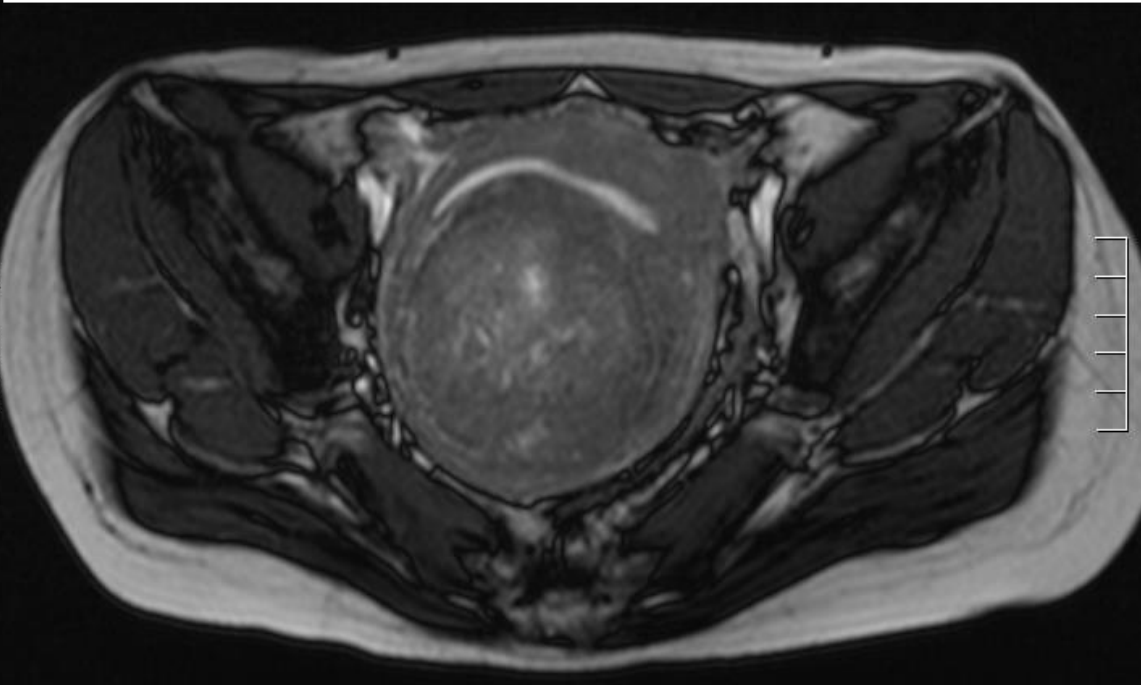
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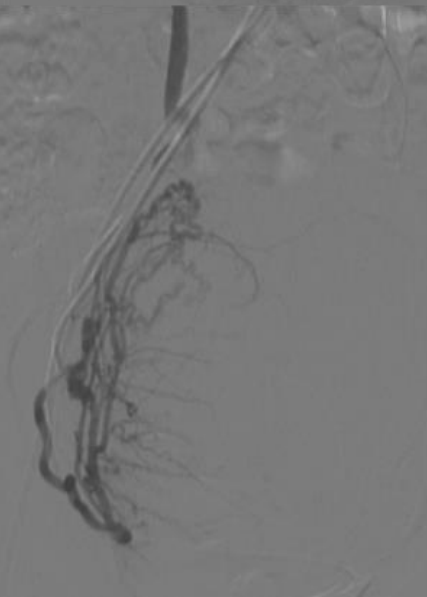
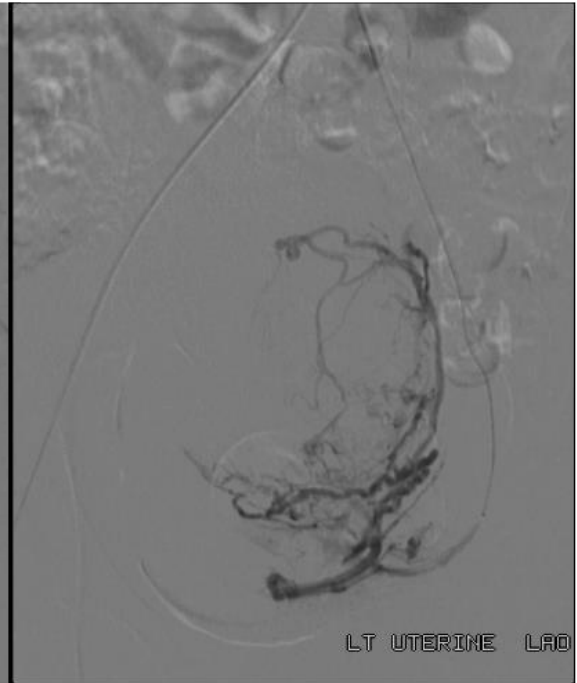
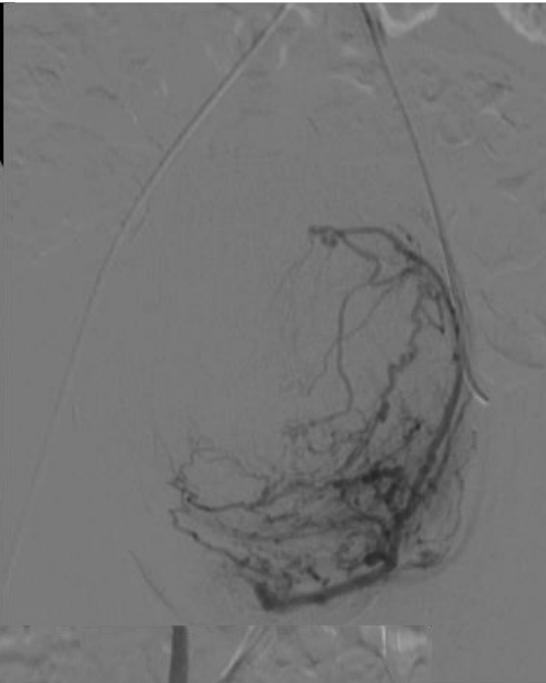
# UTERINE FIBROID EMBOLIZATION

- QUICK AND EFFICIENT RELIEF OF MENORRHAGIA
- ALSO EFFECTIVE FOR BULK SYMPTOMS (PAIN/PRESSURE)
  - MAY TAKE UP TO 1 YEAR TO RESOLVE SYMPTOMS
  - AVERAGE SIZE REDUCTION OF 50% AT 1 YEAR
- PERFORMED UNDER LOCAL ANESTHESIA VIA UNILATERAL CFA ACCESS
  - PATIENTS GIVEN PCA PUMP AND ADMITTED OVERNIGHT
- LONG-TERM EFFECT ON FERTILITY UNKNOWN
  - MULTIPLE CASE REPORTS OF CONCEPTION FOLLOWING UFE
  - THERE IS A BETTER CHANCE OF CONCEPTION FOLLOWING UFE THAN HYSTERECTOMY!

# Uterine Fibroid Embolization (UFE)



# UFE







Loc

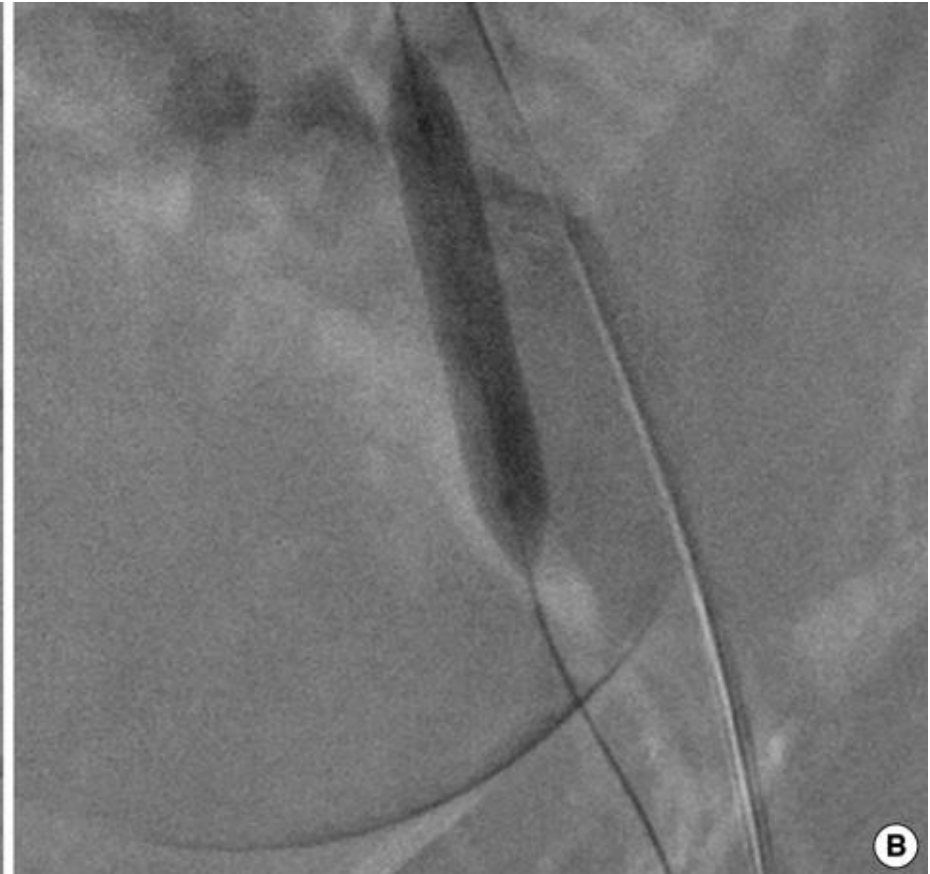




# UTERINE ARTERY EMBOLIZATION

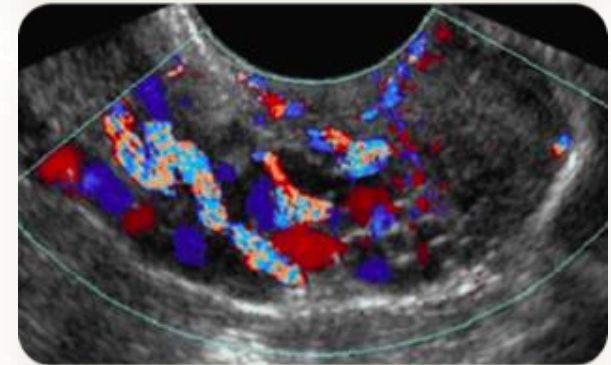
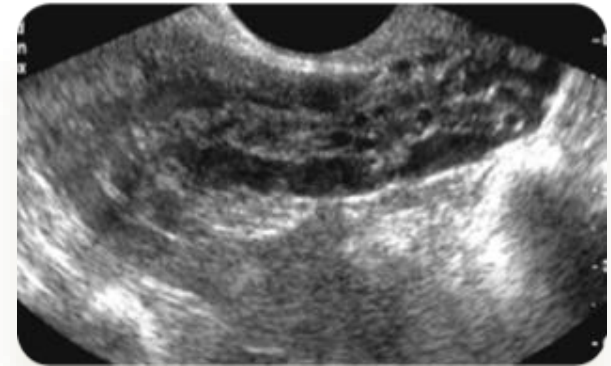
- CAN BE PERMANENT OR TEMPORARY
- PERMANENT EMBOLIZATION PERFORMED "AFTER THE FACT" FOR EMERGENT CONTROL OF POST-PARTUM HEMORRHAGE
- INTERNAL ILIAC ARTERIES CAN BE TEMPORARILY OCCLUDED PRIOR TO DELIVERY IF THERE IS A HIGH RISK OF HEMORRHAGE
  - INVASIVE PLACENTA
- ANGIOPLASTY BALLOONS ARE LEFT IN THE INTERNAL ILIAC ARTERIES UNINFLATED AND SECURED
- THE BALLOONS CAN BE INFLATED DURING DELIVERY TO MINIMIZE BLOOD LOSS
- CAN BE DEFLATED FOLLOWING C-SECTION
  - IF BLEEDING CANNOT BE CONTROLLED CAN BE REINFLATED AND USED AS ACCESS FOR PERMANENT EMBOLIZATION

# TEMPORARY IIA OCCLUSION



# PELVIC CONGESTION SYNDROME

- Condition caused by varicose veins in the pelvis
- chronic pain (> 6 mo)
- dull ache/heaviness
  - worse with standing
- dyspareunia
- pathophysiology - multiparous and hormonal



# PELVIC CONGESTION SYNDROME

- currently, technical success is 98-100%
- improvement of symptoms w/i 2 weeks - 70-85%

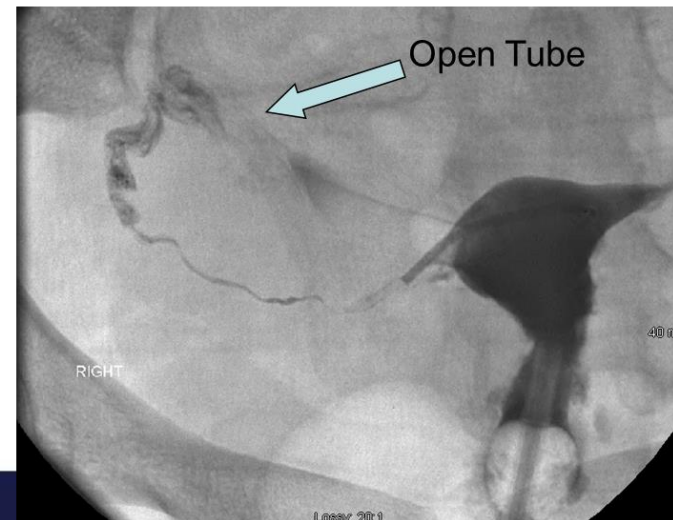
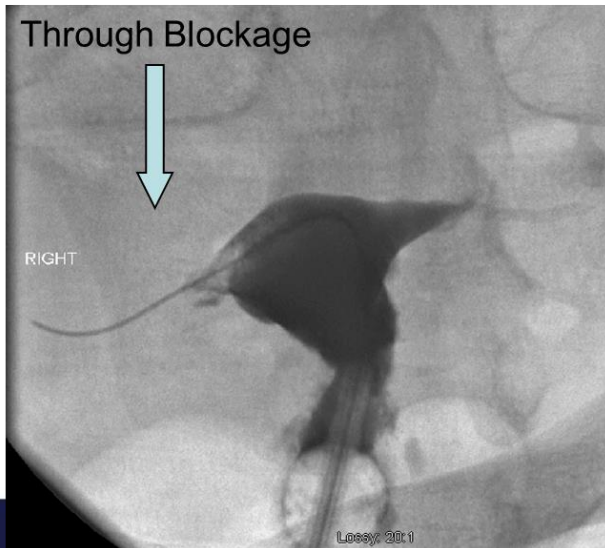
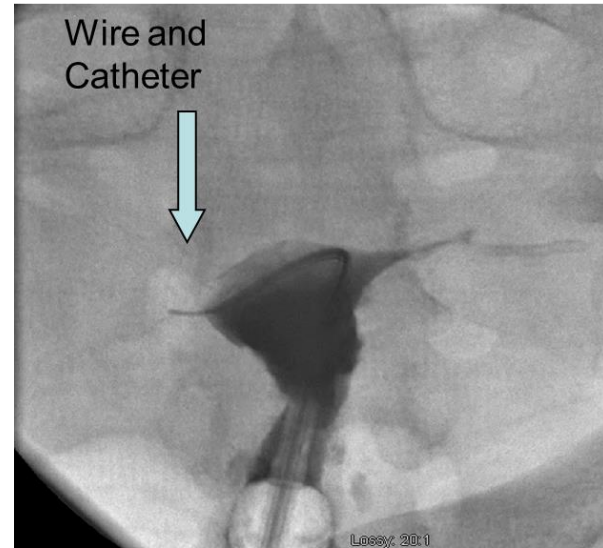
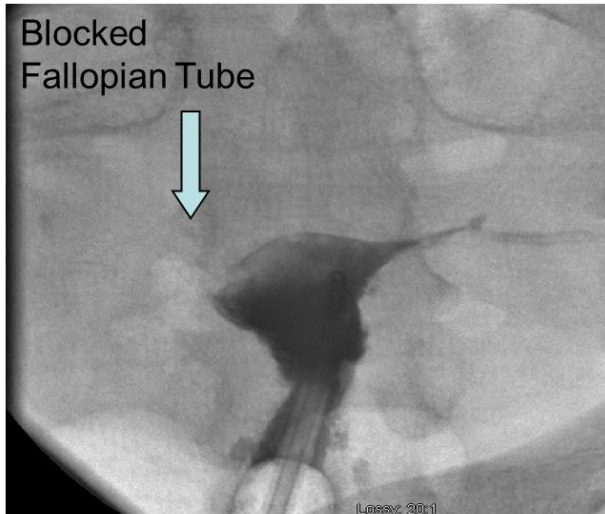


# FALLOPIAN TUBE RECANALIZATION

- FREE! (KIND OF)
  - CAN BE TRIED PRIOR TO IVF
- GUIDEWIRE IS ADVANCED THROUGH THE FALLOPIAN TUBE
- GREATER THAN 90% TECHNICAL SUCCESS RATE
- GREATER THAN 30% CONCEPTION RATE FOLLOWING PROCEDURE



# FALLOPIAN TUBE RECANALIZATION





For more information please contact



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[www.ciraweb.org](http://www.ciraweb.org)

[info@ciraweb.org](mailto:info@ciraweb.org)

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