

What are the Guidelines for use of Bead Block™ in UFE?

Patient Selection

- Women with symptomatic fibroids who have not responded to hormonal treatment
- Contraindications
 - Pedunculated fibroids (vessel stalk <50% fibroid diameter)
 - Desire to conceive in the near future
 - Carcinoma of pelvic organs
 - Previous pelvic irradiation
 - Bleeding diathesis and vasculitis
 - History of allergy to contrast medium

Product Selection

- Bead size
 - 700-900µm

Technique Selection

- Addition of contrast medium
 - Directly aspirate 5ml non-ionic contrast media into the Bead Block (700-900µm) syringe to obtain an approximate 50% contrast 50% saline solution mix
 - Gently invert the 20ml syringe and wait several minutes to allow the Bead Block microspheres to evenly suspend. Draw the Bead Block microspheres/contrast solution into the injection syringe slowly and gently to minimise the potential of introducing air into the system. Purge all air from the system prior to injection
- Catheter position
 - The embolic agent is delivered via a catheter placed in the uterine artery distal to the cervicovaginal branches under fluoroscopic guidance
- Administration
 - Inject the 700-900µm Bead Block microspheres/contrast solution from the injection syringe under fluoroscopic visualisation using a slow pulsatile action whilst observing the contrast flow rate
 - If there is no effect on the flow rate, repeat the delivery process with additional injections of Bead Block
- End point
 - The angiographic end point is described as near-stasis in the uterine artery with sluggish antegrade flow in the horizontal segment of the uterine artery
 - Neither the ascending part nor uterine side branches should remain open
 - In order to avoid a false end point with early recanalisation, wait 5 minutes and reconfirm the end point angiographically: additional Bead Block can be injected if required

*Guidelines to be used in conjunction with manufacturer's Instructions for Use.

