

There are more health risks with hysterectomy than you may have thought...

1 IN 5 WOMEN WILL EXPERIENCE A COMPLICATION^{7,8} of surgical hysterectomy, which can include infection, fever, hemorrhage and bowel or bladder damage.



Women who have hysterectomies have a **60% INCREASED RISK OF INCONTINENCE BY AGE 60⁹**

10-20% OF WOMEN REPORT DETERIORATED SEXUAL FUNCTION AFTER HYSTERECTOMY¹⁰



WOMEN WHO HAVE OVARY-SPARING HYSTERECTOMY CAN EXPECT:¹¹

- **4.6X GREATER RISK** of congestive heart failure
- **2.5X GREATER RISK** for coronary artery disease
- **INCREASED RISK** of lung cancer¹²
- **MENOPAUSE** approximately **2 YEARS SOONER**¹³



Radiology Medical Group of Santa Cruz County, INC.

Thanks to advances in technology, the specially trained doctors at RMG are able to deliver more highly targeted therapies without open surgery and anesthesia... resulting in a faster recovery, fewer complications and an improved quality of life.

RMG is Santa Cruz' leading team of radiologists for both diagnostic imaging and minimally invasive treatments for spine fractures, vascular disease, uterine fibroids, certain cancers and many other conditions or diseases. These are meant to give you and your doctor important, additional options to help restore you to optimal health.

UTERINE FIBROID EMBOLIZATION:

an alternative approach to treating uterine fibroids



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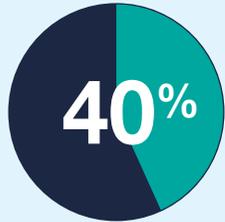
While not yet fully understood, the uterus plays an important role in hormone management within the body. Because of this, as well as the many risks associated with hysterectomy, AARP The Magazine called hysterectomy one of "4 surgeries to avoid." (2011)



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UTERINE FIBROIDS ARE COMMON



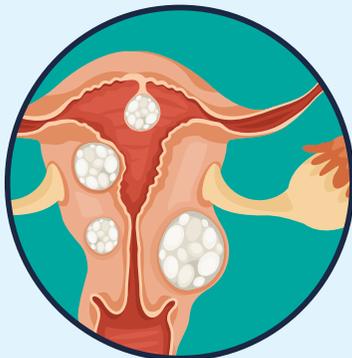
40% OF WOMEN DEVELOP UTERINE FIBROIDS BY AGE 35

THIS INCREASES TO **70-80%** AFTER AGE 50

Fibroids can result in pelvic pain or discomfort, urinary incontinence, frequent urination and heavy menstrual bleeding. The location and size of uterine fibroids can affect the severity of these symptoms and impact your quality of life. Fibroids are also hormonally sensitive, so the symptoms can be cyclical, just like with menstruation.

If you're a woman suffering from uterine fibroids, you already know that pain and heavy menstrual bleeding is a huge obstacle to a normal lifestyle. Even the simplest things—that you never gave a second thought to in the past—now require an unusual number of precautions and careful planning.

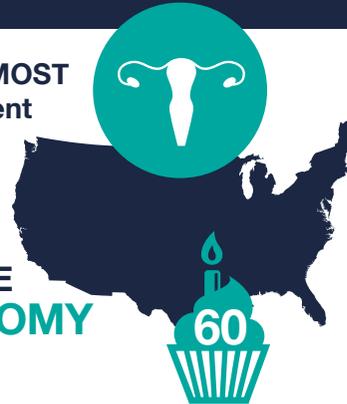
African American Women are **3X MORE LIKELY** to develop uterine fibroids than other ethnicities¹



If fibroids are impacting your life, hysterectomy is **NOT** your only option...

Hysterectomy is the **MOST PRESCRIBED** treatment for uterine fibroids

40% OF ALL U.S. WOMEN HAVE A **HYSTERECTOMY** BY AGE 60²



75% OF HYSTERECTOMIES ARE CONSIDERED **UNNECESSARY**³

While hysterectomy is required for some, **most women with fibroids can be treated without removing their uterus.** If you do

become pregnant, a surgical procedure called myomectomy can be used to remove fibroids. However, fibroids often return within a few years of having this procedure.

A NON-SURGICAL ALTERNATIVE: UTERINE FIBROID EMBOLIZATION (UFE)

UFE is a less invasive, FDA-approved and highly effective approach for treating fibroids. It is performed by a specialized doctor—known as an interventional radiologist—who uses medical imaging to guide a catheter through the femoral artery in the groin to the uterine artery. When the catheter has reached the location of the fibroids, the radiologist embolizes or “blocks” the blood vessels that feed the fibroid, depriving it of oxygenated blood. The fibroid then shrinks and the symptoms gradually disappear.

UFE is performed on an outpatient basis. It takes less than an hour, and you can return home within 24 hours after the procedure.

Women who undergo UFE have experienced a high level of satisfaction and a significant improvement to their quality of life, even over the long term.^{4,5} In a recent study of four randomized clinical trials comparing UFE to surgical interventions, UFE was associated with less blood loss, a shorter hospital stay and a faster return to work.⁶

It is important to talk to your gynecologist. They are able to discuss your options in greater detail and help advise you on the best course of treatment for your specific condition.