

Vascular Embolization

Definition:

- *Catheter embolization is the technique of occluding a blood vessel to obtain a therapeutic effect.*

GOALS

Embolization may have 3 therapeutic goals:

1. **Adjunctive goal** (*eg, preoperative, adjunct to chemotherapy or radiation therapy*)
2. **A curative goal** (*eg, definitive treatment such as that performed in cases of aneurysms, arteriovenous fistulae [AVFs], arteriovenous malformations [AVMs], and traumatic bleeding*)
3. **A palliative goal** (*eg, relieving symptoms, such as those of a large AVM, which cannot be cured by using embolotherapy alone*)

Indication

- *It may use Alone or Combined with surgery or radiation.*

1. **Active Bleeding:**

- *It is the most common use of Embolization.*
- *Bleeding may be from:*

- Injury,
 - Tumor,
 - Stomach ulcer
 - Other cause of an emergency basis.
 - Pelvic bleeding
 - Hemoptysis
 - Epistaxis
- Embolization is a highly effective way of controlling bleeding, especially in an emergency situation.

2. Tumors Embolization:

- If the tumor cannot be removed or difficult & risky to remove.
- Role: occluding B.V. feeding a tumor → control symptoms
- All tumors need a rich supply of blood to continue growing.
- After Embolization a tumor may shrink, or grow slowly.
- Combining the embolic material with chemotherapy, → may treat the tumor more efficiently "Chemoembolization".

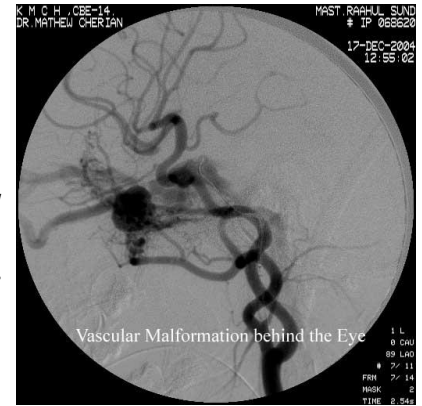
3. Fibroid Embolization:

- Uterine Fibroid, is not malignant, but may cause noisy symptoms as:
 - Menorrhagia.
 - Pressure on the bladder or bowel.
 - Pelvis or back Pain.
- Embolization may be an alternative to the surgical ttt (hysterectomy).
- Because fibroids have a large blood supply ← It will shrink or disappear after embolization.
- Multiple fibroids can be treated in the same session.
- Worldwide success rates of 85 %.

4. Vascular Malformations: & Hemangiomas.

- Embolization is excellent for treating (AVMs).

- *AVM sites: anywhere in the body, including the brain or spinal cord.*
- *It may cause **P**ain and **L**oss of function; embolization may control these symptoms effectively.*
- *AVMs ttt by embolization → less complication than surgical treatment.*
- *In Cranial AVM , Embolization with newer liquid embolic agents can be curative with lower mortality and morbidity compared to surgery.*



5. Aneurysms:

- *Embolization may be used to :*
 - *Plug the artery supplying an aneurysm , or*
 - *Obliterate the aneurysm it self.*
- *Embolization is an alternative to surgery.*

6. Varicocele:

- *A common cause of male infertility.*
- *percutaneous embolization of the vein is more appropriate primarily because of its lower morbidity rate.*
- *Access can be obtained via either the internal jugular or femoral vein.*

7. Organ Ablation

- ***Splenic embolization** can be used as a preoperative therapy or as an alternative to the surgical removal of the spleen.*
- *Indications include :*
 - *Posttraumatic bleeding,*

- *variceal bleeding secondary to portal hypertension or Splenic vein thrombosis,*
 - *hypersplenism,*
 - *thalassemia major,*
 - *thrombocytopenia,*
- *idiopathic thrombocytopenic purpura,*
- *Gaucher disease, and*
- *Hodgkin disease.*
- *Renal embolization is an alternative to surgical removal of the kidney, and indications include :*
 - *End-stage renal disease or renovascular hypertension requiring unilateral or bilateral nephrectomy*

Advantages:

- *Embolization is less invasive than surgery , this lead to :*
 - *Fewer complications.*
 - *Shorter hospitalization.*

- **Preparation:**

- *Lab investigations of coagulation profile.*
- *Sedative may give "IV" → less anxiety during the procedure.*
- *Shaving the area of the "groin or arm" where the catheter will be inserted. As The procedure is very similar to [angiography](#).*

- **Technique :**

- *Local anesthesia.*
- *Sterilization of skin area over.*
- *Catheter is inserted into the artery through skin puncture.*
- *The catheter is then guided under fluoroscopy through the arteries to the area to be examined.*
- *After the **contrast** material is injected through the catheter and reaches the blood vessels being studied, several films are taken.*
- *During injection of the contrast agent the patient is asked to **hold his breath** for a few seconds.*

➔ **Embolizing material** then injected under fluoroscopic guide in the selected vessel.

Embolizing materials

- **Ethanol:** *commonest liquid agent, absolute alcohol is mixed with a contrast medium.*
 - *Activates the coagulation system and causes the microaggregation of red blood cells.*
 - *Toxic symptoms occur if large dose leaked to circulation.*
- **Coils:** *Micro & Macro coils*
 - ***Advantage** of being precisely positioned under fluoroscopic control.*
 - *Occlusion occurs as a result of coil-induced thrombosis rather than mechanical occlusion of the lumen.*
 - ***Disadvantage** Collateralization , it can result in the persistence of flow into the vascular territory*
- **Cyanoacrylate :**
 - *Rapidly hardening liquid adhesive often referred to as **glue**.*
 - *The substance hardens (polymerizes) immediately on contact with blood or other ionic fluid.*
- **Sodium tetra decyl sulfate:**
 - *This contains 2% benzyl alcohol and is commonly used for VMs and varices.*

- Advantages: Less painful for the patient and it is considered to be Less toxic than absolute alcohol.

- **Gelfoam:**

- A sterile gelatin sponge intended for application to bleeding surfaces for hemostasis or for use as a temporary intravascular embolic material.
- It is water-insoluble, usually absorbed completely (depending on the amount used, degree of saturation with blood, and site at which it is used), with little tissue reaction.
- Gelfoam is supplied in a sterile envelope enclosed in an outer peelable envelope.
- It is available in sizes from 12 mm to 6 cm.

- **Tris-acryl gelatin microspheres:**

- Are biocompatible, hydrophilic, non-resorbable, and precisely calibrated particles produced from an acrylic polymer and impregnated with porcine gelatin.
- Microspheres are available in sizes of **40-1200 μm** , and they are supplied in apyrogenic sterile sodium chloride solution.

- ***Other materials:*** *Other less commonly or previously used materials include:*

- ***Balloons,***
- ***Ethylene vinyl alcohol***
Microfibrillar collagen
(Avitene),
- ***Autologous materials,***
- ***Hot contrast material, and***
- ***50% dextrose***
- ***Alginates,***
- ***phosphoryl choline,***
- ***Sodium morrhuate,***

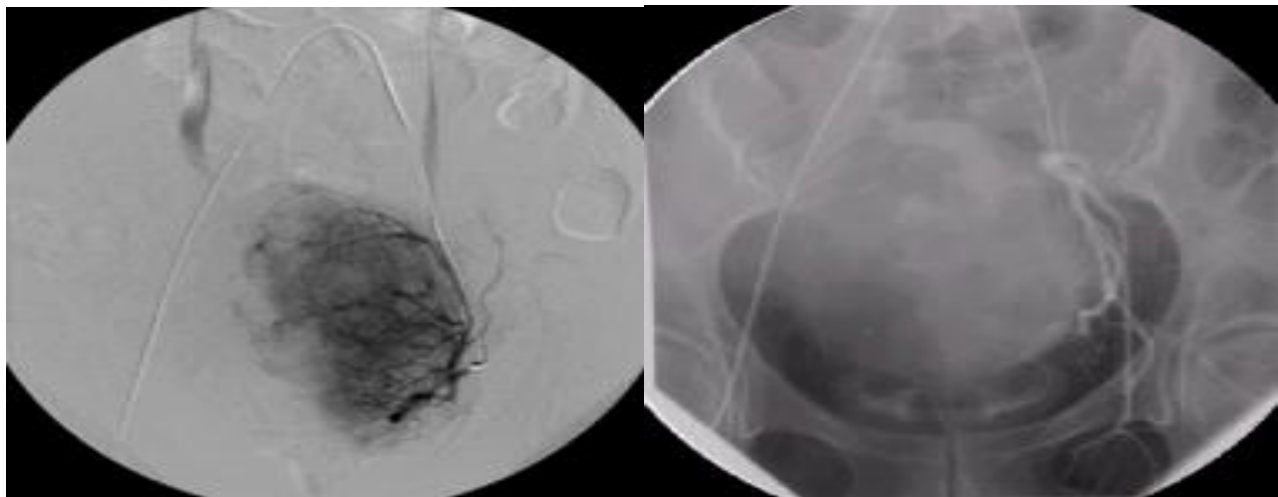
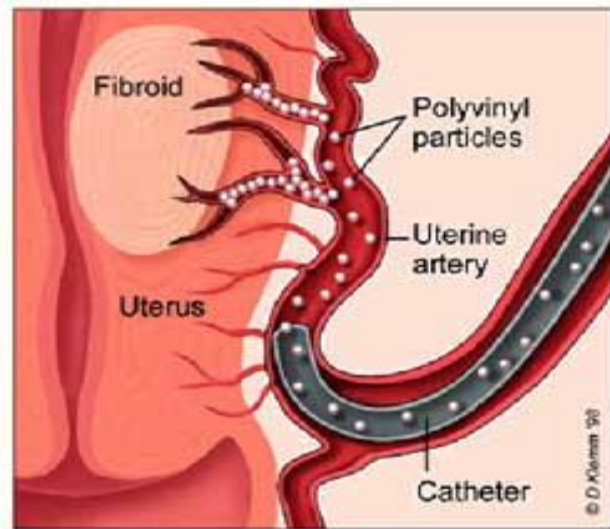
Following the procedure

- *The patient is advised to keep the leg that was punctured straight for 6 – 8 hours.*
- *The patient is allowed to walk after 12 hours. At times a closure device may be used to close the puncture site enabling the patient to walk after an hour.*
- *Most patients may have some pain for the next few days.*

Complications:

Though rare, any vascular Interventional procedure carries the following risks.

1. **Failure:** *The procedure may fail and one may have to resort to surgery.*
2. **Bleeding,** *this may be stopped by compression for a few minutes.*
3. **Ischemia:** *A normal vessel may get blocked.*
4. **Pulmonary embolism.**
5. **Allergic reaction:** *due to used Drugs.*



Uterine Fibroid: Pre & Post embolization

References:

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