

Outpatient UFE: Experience in over 1,000 cases

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ISET 2008

Atlanta, Georgia

Faculty Disclosure

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I disclose the following financial relationships:

Consultant for BioSphere Medical

Outpatient UFE

- As reimbursements for both hospitals and physicians decline, incentives offered for efficiency and outpatient performance of procedures, more procedures → outpatient or office setting.
- Dialysis
- Varicose veins
- Others

Outpatient UFE

- Despite the predominance of overnight admission for UFE, UFE can be performed as an outpatient if specific parameters in place:
 - -Technique
 - -Specific pain regimen (pre-,intra- & post procedure)
 - -Provider availability
 - -(Hypertension)

Technique

- Procedural
- -Use microcatheters: If use standard caths → vasospasm → ?endpoint
- -Wait & recheck endpoint
- -Spherical embolic : "less myometrial ischemia"
- -No coils

Pain regimen

- Specific pain regimen
- -NSAID + opioid: Decrease post-op pain and decrease opioid requirements (reduce constipation). Additive effect of 2 analgesics that relieve pain by different mechanisms.
- -Ketorolac tromethamine pre and immediately post
- -Colace: pre and continued post
- -D/C: Naproxen, Hydrocodone bitartrate & acetaminophen (encouraged to stop after 3d)
- -Push fluids post !
- Patient education cornerstone of pain control regimen.
- -Expectations for pain after and how to manage.
- -"Re-education": Discussed with patient at initial consultation, at PAT with our nurses, and repeated the day of the procedure, with the patient signing the bottom of the post-procedure instruction sheet.

Hypertension

- Population skewed: 80% AA (48% registry), sig. # regardless of race obese
- Reason for admission in some patients
- Associated with post-procedural pain
- May be first-time diagnosed
- Sympathetic stimulation → inc. HR and causes peripheral vasoconstriction → inc. BP
- MS: attenuates this sympathoadrenal response, sedative/analgesic properties, afterload reduction.
- Labetalol: blocks both beta & alpha adrenergic receptors. 20mg iv over 2'; then 10mg q 10' until:
 - -supine diastolic <95, (diastolic decreases by 30mm Hg, or 300mg maximum dose reached).
- Enalapril (Vasotec): 1.25mg over 2', effect within 15 min, peak 4 hrs.
- Follow-up with PCP for need oral regimen, weight reduction, etc.

Provider Availability

- Must provide after-care !
- SIR member survey: 34% IRs not providing after-care and leaving it to the Gynecologist.
- Handling these issues is not only the right thing to do, but has consequences for the patient and the entire specialty.
- -Patient: Wrong treatment administered by on-call physician who is not familiar with post-embo issues. Increased # of unnecessary ER visits, with unnecessary tests, readmissions, and occ. surgery.
- -Specialty: CMS battle on reimbursement and determination of global period: IR for Gyn on panel left the after-care to her.
- Patients have my cell-phone #: reassurance, privilege that's not abused, familiar person vs. on-call doc may not be aware of post-procedural management.

Fibroid Registry

Ob & Gyn 2005 Short-term Outcomes data

3,160 patients enrolled

- -94% admitted overnight, X stay 1.68d
- -2.4% inadequate pain relief requiring hospital treatment
- -Routine use of PCAs
- No standard pain regimen, numerous operators/experience

Ontario UFE Trial

- Pron JVIR 2003(14):1243-50.
- -Multicenter trial, 11 IRs (only 2 dedicated), in 8 different hospitals
- -555 UFEs with planned overnight admission
- -X LOS: 1.3 nights (13% 2n, 5% >3n)
- -Return to the hospital 10%, Readmission 3% (93% due to inadequate pain relief; others HTN).
- -Recovery X: 13.1d, 81% work in 2wks, 19% >2wks.
- -Routine use of PCAs
- Technique: Only 5% pts received microcatheters, 54% had coils used in addition to PVA.

Outpatient UFE

- Siskin et al: JVIR 2000 (11): 305-311.
- -49 consecutive patients over 1 yr. period.
- -Specific pain regimen and after-care:
- -47/49 (96%) discharged 6-8hrs after
- -2 pts overnight (1 with HTN, other late procedure time)
- -No patients returned to hospital within 48hrs

Outpatient UFE Europe

- Most centers routinely admit patients after.
- NICE: National Institute for Health & Clinical Excellence
- -NICE guidelines for UFE: pts are in the hospital "as little as 24-36 hrs."
- -CIRSE 2007 abstract: Can UFE be provided as a day-case in line with recent NICE guidance?
- Authors concluded that UFE can be provided as an outpatient, but noted that "post-operative pain control is fundamental to prevent readmissions and achieving early return to work."

Outpatient UFE

- Outpatient Interventional Center: Opened in 2/05. Over 1,000 UFEs
- Lipman, J & Amir, L: Abstract SIR 2008
- -514 consecutive pts: 501 (97.5%) same-day d/c, remaining 13 d/c'd following am
- -Only pts that spent the night received PCAs (not 100%)
- -16% of pts on anti-hypertensive medication
- -No patient return to hospital within 1 week f/u
- -X recovery 4d, 77% return to work by 7d, 100% by 2wks

Conclusion

- UFE can be safely provided as an outpatient service.
- Requires patient education (re-education), dedicated pain regimen, and IR availability.