Welcome to The Center for Interventional Medicine (CIM)

A TEAM APPROACH TO CARE:
CIM adheres to the team approach to patient care. Patients are given the personalized attention and the time needed to have all their questions answered to calm any apprehensions they may have. CIM has a strong belief in the educational process that helps to provide the patient with an understanding of the condition and the treatments that they are facing.

WHY CHOOSE CIM...
These minimally invasive techniques are often a better alternative to more complex and open surgical procedures, while being performed in a safe and convenient outpatient setting. Our center strives to give as much importance to your comfort as we do to your treatment, so we offer an environment with pleasing amenities.

THE ADVANTAGES:
- No general anesthesia
- No large incisions
- Less pain
- Shorter recovery time allowing you to go home the same day
- Less expensive than most surgeries or other alternatives
- Less medical risk as compared to other alternatives

ABOUT OUR MEDICAL DIRECTOR
Meghal Antani, MD is the Medical Director of CIM and is dedicated to providing minimally invasive treatments utilizing radiological guidance that enable you to stay in your own community for quality treatment and procedures without having to travel a great distance. He received his medical degree from Case Western Reserve University School of Medicine in Cleveland, Ohio. He completed a residency in Diagnostic Radiology at the University of Minnesota Hospital in Minneapolis, MN, followed by a sub-specialized fellowship in Interventional Radiology at the Institute for Vascular Health at the Albany Medical Center in Albany, NY. He is board certified by the American Board of Radiology with a Certificate of Added Qualifications in Interventional Radiology, which is the highest level of certification possible in this subspecialty.

CIM is centrally located in the new Fairview Center at the corner of Route 301 & Billingsley Road:

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Uterine fibroids are extremely common, benign growths in the uterus. According to the Mayo Clinic, 75% of women will experience uterine fibroids at some point in their lives—mostly during the childbearing years when estrogen and progesterone levels reach their peak. Since most fibroids are not large enough to cause any problems—or to be seen—many women are unaware of their presence until they get a prenatal ultrasound.

It has been found that these uterine fibroids dramatically increase in size during pregnancy, but then shrink back. This most likely is due to the increased estrogen levels. During menopause the amount of estrogen circulating will decrease that reduces the fibroids as well. Very rarely do these tissue masses lead to uterine cancer.

CAUSES
Uterine fibroids form when muscle cells in the uterine wall (myometrium) begin to reproduce abnormally, until a benign tumor is formed. While researchers aren’t exactly certain of the cause of these tumors, the following factors are commonly cited as contributing factors to the development of uterine fibroids:

- Heredity and family history (African American women are 2-3 times more likely to develop uterine fibroids)
- Increased estrogen levels
- Hypertension and obesity
- Consumption of alcohol (specifically beer)
- Increased cases found in women who began menstruating before age ten; decreased cases found in women who use oral contraceptives and have already given birth

SYMPTOMS
Usually, uterine fibroids are asymptomatic; however, common symptoms of women who do have pronounced uterine fibroids include:

- Prolonged and heavy menstrual bleeding
  (7 days or longer)
- Spotting or bleeding between menstrual cycles
- Pelvic pain or pressure, leg and back pain
- Constipation and bloating
- Pressure on bladder causing frequent or obstructed urination

DIAGNOSIS
Depending on the size and location, fibroids may be detected through a routine pelvic exam and ultrasounds. Most often though other imaging tests (such as MRIs or computerized tomography (CT) scans) are utilized detecting and visualizing the fibroids that are more difficult to detect.

By working with your gynecologist or primary care physician, CIM can enhance the level of care with better diagnosis, better education, and better treatment options.

Patients should be very aware of their treatment options before making this serious decision.

A MAJOR ADVANCE IN WOMEN’S HEALTH
There are procedures that can destroy the fibroid without actually removing it—or the uterus. At CIM, we perform a procedure called UTERINE FIBROID EMBOLIZATION (UFE), an outpatient procedure in our on-site vascular suite. This safe and minimally invasive form of treatment has significant advantages over conventional open surgery.

UFE has been clinically proven to be a very effective alternative to hysterectomy, and is accepted by the American College of Obstetrics and Gynecology as a first-line treatment for symptomatic uterine fibroids. The procedure is performed while the patient is conscious, but sedated and comfortable. In the vascular suite at CIM the physician will utilize fluoroscopy for direct visualization throughout the procedure. A thin catheter is inserted into the femoral artery into the uterine arteries. Tiny particles, the size of grains of sand, are released into the uterine arteries that supply blood to the fibroid tumor. These particles block the blood flow to the fibroid tumor causing the fibroid to shrink and die.

You should expect to have an IV catheter in your vein for a sedative medication as well as being connected to a monitor for observing your heart rate, blood pressure and oxygen level during the procedure. Once the procedure is completed all lines will be removed and you will be closely monitored by a nurse in the recovery area of the vascular suite.

Medications to help control any pain or cramping will be prescribed by the physician for your recovery at home. Light activities can be resumed in a few days and the majority of women are able to return to normal activities within 7 to 10 days.

On average, 85-90 percent of women experience significant or total relief of heavy bleeding, pain and/or bulk-related symptoms after the procedure.