# There's a war going on that you need to know about...

**The Scenario**: Uterine fibroids symptomatically impact the lives of over 25% of all women in the United States. Currently, the majority of those women end up undergoing hysterectomy because *they* 

are never told they have other options available to them.

Indeed, at least one of those "other options" is being deliberately obfuscated by the vast majority of gynecologists who service women for their gynecological health needs in this country. Uterine artery embolization. Also known as uterine fibroid embolization.



procedure on our patient subscribers, they ask? Will these women have to undergo a second procedure later that may cost us even more money? How do we even know this procedure is safe for our patient population? Or, perhaps there is another

reason why insurance providers are murky and unpredictable...

In the middle of the board are all of the pawns. Women suffering. Some, with life threatening symptoms of excessive bleeding. These women are completely at the mercy of interventional radiologists, gynecologists, and insurance providers.

**The War**: Interventional radiologists perform this minimally invasive procedure called uterine artery embolization but before insurance providers will pay out on any claim for this procedure, a patient must first be examined and referred by a

gynecologist. What gynecologist wants to lose his surgical fee for performing a hysterectomy? You see, gynecologists lose income when they refer



patients to an interventional radiologist for uterine artery embolization. So, many are choosing to NOT refer women for this procedure leaving their patients in a quandary over what to do.

> The patients want to keep their uterus. They maybe even want to keep their gynecologist. But oftentimes they can't keep one without losing the other.

On the other hand, there are also a great many gynecologists who simply don't keep up with the current medical literature and treatment information that is available.

Why are gynecologists obfuscating information about this procedure? Money and ignorance. A potent combination that leaves women the singular choice of hysterectomy for treating their symptomatic uterine fibroid tumors; a rather drastic surgical procedure rife with morbidity risks for a relatively benign condition of the uterus.



**The Players**: Okay. So you already know about the shamefully high hysterectomy statistics in this country and you think they are appalling. So what. Where's the war? It's being fought between gynecologists, interventional

radiologists, and insurance providers with patients serving as the battlefield pawns.

**The Roles**: On one side of the board we have interventional radiologists. On the other, gynecologists.

Insurance providers are murky players and unpredictable. Two-edged and two-faced. How much money is at stake if we allow interventional radiologists to perform this Gynecologists ask:

#### What's uterine artery embolization?

Add to that, the insurance providers who review and approve procedures for patient approval are using blocking tactics to prevent payout for uterine artery embolization all over this country. Here's where the water gets murky. Within any insurance provider's organizational structure, who reviews requests for referral for uterine artery embolization?

#### **Gynecologists**

Not interventional radiologists. In fact. interventional radiologists have little to no say whatsoever in the vast majority of insurance provider review panels who determine uterine artery embolization procedure referrals. I doubt that there is a single insurance provider in America that has interventional radiologists on their procedural review panel or technical committee assessment for treatment options regarding uterine fibroids. In other words, even though they are the specialists in controlling bleeding disorders through embolization. arterial interventional radiologists are not even represented on the review panel for any insurance provider in America that would review a woman's request for uterine artery embolization. Only gynecologists.

**The Dilemma**: While the big boys continue to battle the war, each day another

### 1,700

or so women lose their uterus to hysterectomy. The vast majority of them for benign conditions that include uterine fibroids and/or abnormal bleeding. *The vast*  *majority of them treatable by medical means OTHER than hysterectomy.* 



## Yes, there's a war going on that you need to know about.

What you need to know most of all, however, is that war games are no fun when you're the pawn. All of the pawns I know on this board game (including me) want the war to stop so that they can simply receive appropriate medical treatment based upon informed consent of all the currently available treatment options. Preferably without being blocked by insurance providers once they've made their treatment choice.

Please help the **National Uterine Fibroids Foundation** spread the word about this war so that we can educate both women and physicians about the need to support informed consent and appropriate recommendations for medical care for treatment of benign uterine fibroids.

## We want the war to end.

But without the widespread distribution of this information, pawns will continue to be toppled and forced to accept only the hysterectomy option for treatment of their benign uterine fibroids.

Won't you please help?

Carla Dionne Executive Director National Uterine Fibroids Foundation (805) 482-2698 Email: carla@NUFF.org http://www.NUFF.org http://www.egroups.com/list/uterinefibroids