



## PATIENT LEAFLET - ENDOMETRIAL ABLATION

MORE INFORMATION CAN BE FOUND AT [WWW.THEGYNAECOLOGYGROUP.CO.UK](http://WWW.THEGYNAECOLOGYGROUP.CO.UK)

### WHAT IS AN ENDOMETRIAL ABLATION?

An endometrial ablation is a very effective daycase treatment for heavy periods (menorrhagia). It is when most of the womb (uterus) lining is destroyed using one of a number of techniques including electrocautery (diathermy), hot water or radio waves.

### WHAT ARE THE ALTERNATIVES?

Other treatments for heavy periods include medicines such as the combined oral contraceptive pill or tranexamic acid.

You can also have an 'intra-uterine system' (Mirena coil™) placed in your womb. This is a plastic T-shaped device that releases a hormone similar to progesterone and works for up to five years.

Before endometrial ablation was developed, women who had heavy periods were usually offered a hysterectomy. This is still an option, but it's used less often because the increased risk of complications during and after a hysterectomy compared with endometrial ablation. Only women who have completed their family are suitable for an endometrial ablation and contraception is still required following the operation.

Our own groups data suggests a very high 'satisfaction' rate of 90%, with up to 30% of women having no more periods following an endometrial ablation.

### PREPARING FOR AN ENDOMETRIAL ABLATION

We prescribe a medicine to have a month or so before your operation. This is a one-off injection which helps to thin the lining of your womb. This makes the treatment significantly more effective.

Because it temporarily 'turns off' your ovaries it may however cause hot flushes/ night sweats. These will stop naturally in about 6 weeks or so as the medicine wears off. Bleeding with the injection is common but from a medical perspective is not a problem.

Endometrial ablation is routinely done as a day-case procedure under general anaesthetic. This means you are completely asleep for the procedure and will be able to go home the same day.

On the day of your operation we will discuss with you what will happen during and after your procedure and will ask you to sign a consent form.

### WHAT HAPPENS DURING ENDOMETRIAL ABLATION?

There are a number of different types of endometrial ablation we use. The technique used will be tailored to you individually, taking into consideration your wombs size, shape, presence of fibroids etc.

Endometrial ablation usually takes about half an hour, including the time needed for anaesthesia and for waking up after the procedure.

For some of the techniques a thin camera called a hysteroscope is passed through your vagina and cervix so that the inside of your womb can be visualised.

Special instruments are then used to destroy or remove the womb lining using one of several methods. The main ones are listed below:

### **Electrocautery** (or diathermy)

A small electric current is passed through a wire loop or ball-shaped sensor, which heats up (Rollerball ablation or Trans-cervical resection of endometrium)

### **Heated fluid**

Hot water is circulated within the womb (Hydrothermal endometrial ablation, HTA)

### **Radio waves**

A probe is placed inside your womb which uses radio waves (Novasure Endometrial Ablation)

## **WHAT TO EXPECT AFTERWARDS**

After a general anaesthetic you will need to rest until the effects of the anaesthetic have passed. You may need pain relief to help with any discomfort as the anaesthetic wears off.

You will need to wear a sanitary towel as you will have some vaginal bleeding.

You will usually be able to go home when you feel ready. You will need to arrange for someone to drive you home and you should have a friend or relative stay with you for the first 24 hours.

## **RECOVERING FROM ENDOMETRIAL ABLATION**

If you need pain relief, you can take over-the-counter painkillers such as paracetamol or ibuprofen. Always read the patient information that comes with your medicine and if you have any questions, ask your pharmacist for advice.

General anaesthesia temporarily affects your co-ordination and reasoning skills, so you must not drive, drink alcohol, operate machinery or sign legal documents for 48 hours afterwards. If you're in any doubt about driving, please contact your motor insurer so that you're aware of their recommendations.

Most women return to usual day-to-day activities about a week post-surgery.

Vaginal bleeding / watery discharge may occur for up to a few weeks. If the discharge becomes smelly or changes in colour, or if you have pain and feel unwell, contact the hospital for advice because you may have an infection. Whilst bleeding we recommend using sanitary towels rather than tampons.

It can take a few months to see whether the operation has been successful. Most women have lighter periods after the procedure, some will stop having periods altogether. Please contact us if you start to have heavy/problematic periods again.

## **WHAT ARE THE RISKS?**

Endometrial ablation is a commonly performed and generally safe procedure. However you need to be aware of the possible side-effects and the risk of complications.

### **Side-effects**

Common 'side-effects' of an endometrial ablation are vaginal bleeding, discharge, nausea and crampy abdominal pain. These are temporary and usually relatively minor.

### **Complications**

The vast majority of women have no major complications.

Complications specific to endometrial ablation are rare but can include:

- inflammation/infection of the lining of your womb
- damage to your womb, bowel or bladder – if this is a possibility a laparoscopy is used to check and an open operation performed to repair bowel injury
- burns to your vagina or skin when heated liquids are used.
- fluid 'overload' (excess absorption of fluid used during some forms of ablation)