

Endometrial ablation

Information for patients from Women's Health

Heavy periods (heavy menstrual bleeding/menorrhagia) is one of the most common reasons for gynaecological consultations. About one in 20 women aged between 30 and 49 years speak to their GP each year because of heavy periods or menstrual problems. Endometrial ablation is one of the surgical options to treat heavy periods.

Who can have endometrial ablation?

This treatment is suitable for women who have heavy periods, who have not been helped by medicines (such as non-hormonal tablets, hormonal tablets, or Mirena coil), or do not wish to try medicines.

Because the treatment involves destroying the inner lining of the womb, we do not recommend this treatment if you wish to become pregnant in the future. Getting pregnant after this procedure can be dangerous for both mother and baby.

The treatment is not a contraceptive, so you will still need to use contraception after your procedure. Please discuss your contraceptive options with your doctor before treatment.

Are there alternatives?

Endometrial ablation is an alternative to having a hysterectomy (removing the whole uterus), which is a major operation with high risk of complications. For more information on having a hysterectomy, please ask a member of staff for a copy of the Trust's **Hysterectomy** leaflet or go to www.ekhuft.nhs.uk/gynaecology-patient-leaflets/

What is endometrial ablation?

This operation will thin or remove your endometrium permanently, to try to treat your heavy periods. The endometrium is the inner lining of the uterus or womb.

A tissue biopsy may be taken from your womb lining before or at the time of your ablation, to rule out endometrial cancer.



Does the treatment work?

Eight out of 10 women treated are satisfied or very satisfied with their results following treatment. Most women have lighter periods, and around one in three women have no periods at all.

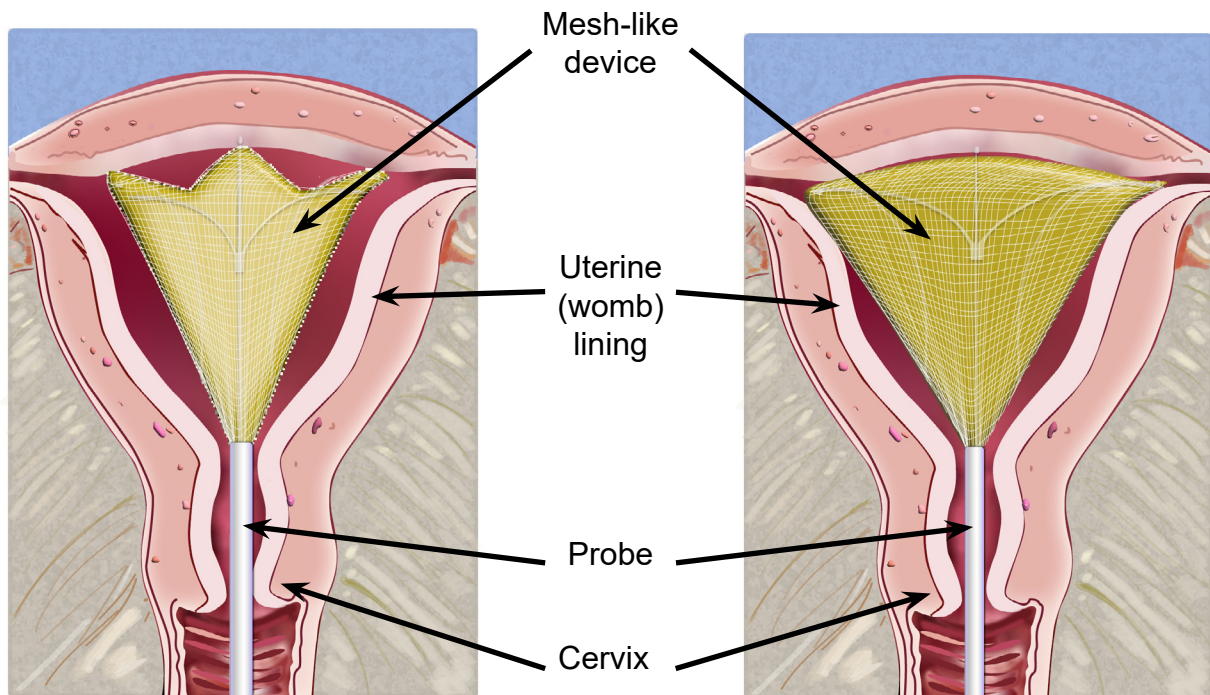
There is a chance that the inside lining of the womb can re-grow after this procedure. As a result one in 10 women may need another medical or surgical treatment after two years.

How does ablation work?

At our Trust, we offer two methods of endometrial ablation.

1. NovaSure radiofrequency ablation

A probe is inserted inside the womb. The tip of the probe expands into a mesh-like device that delivers radiofrequency energy into the lining of the womb. The womb is preserved and not affected by the energy, only the inside womb lining is melted away. The treatment takes around five minutes to complete.



The probe is inserted through your cervix, and extends the mesh device into your womb.

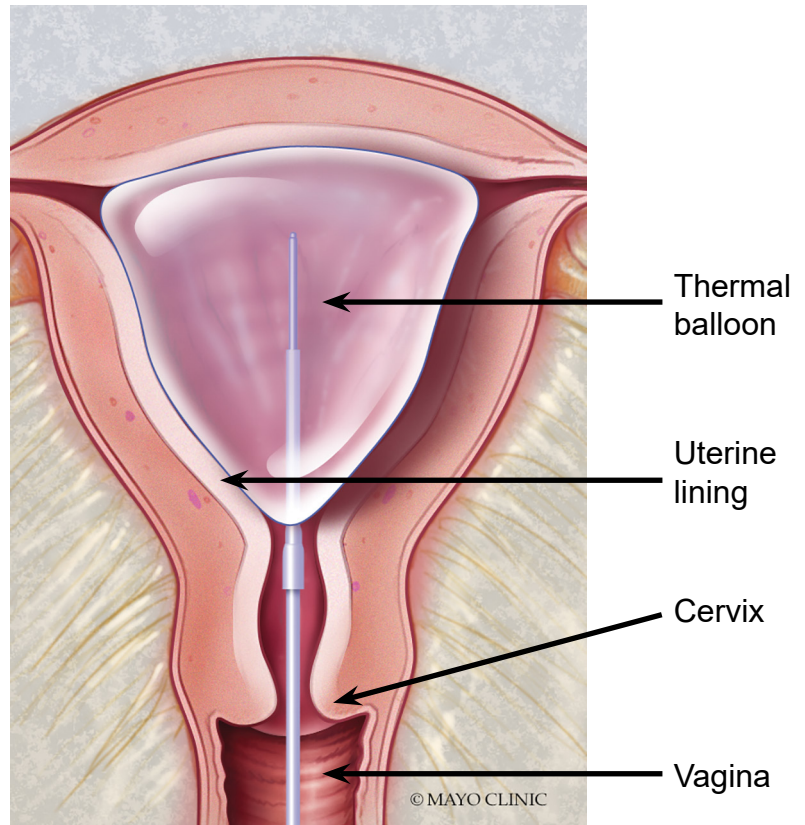
The mesh expands, fitting to the size and shape of your womb.

2. Thermablate uterine balloon system

- A soft balloon attached to a thin catheter (tube) is inserted into your vagina, through the cervix and placed gently into your uterus. The balloon is then inflated with a sterile fluid, which expands to fit the size and shape of your uterus. The fluid in the balloon is heated to 87°C (188°F) and kept at that temperature for 2 minutes and 38 seconds while the uterine lining is treated.
- When the treatment is complete, the fluid is withdrawn from the balloon and the catheter is removed. Nothing stays in your uterus.
- Your uterine lining has been treated. It will come away like a period in the next seven to 10 days.

Both of these options will be discussed with you before your procedure.

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What are the risks?

Both treatments carry very small medical risks. These risks include:

- womb infection (five in 100 women)
- excessive bleeding from the womb (one in 100 women)
- making a small hole in the wall of the womb (called uterine perforation)
- burn or thermal injury to nearby tissue (less than one in 100 women)
- very small risk of injury to the bowel, bladder, or major blood vessels.

If any injury is suspected, your surgeon may perform another procedure called a laparoscopy. A laparoscopy will check and repair any potential damage to your uterus, bowel, or bladder. A laparoscopy involves inserting a special thin telescope into your belly button to visually check your pelvic organs. For more information on having a laparoscopy, please ask a member of staff for a copy of the Trust's **Laparoscopy** leaflet or go to www.ekhufft.nhs.uk/gynaecology-patient-leaflets/

How long will I be in hospital?

If you have had a general anaesthetic, you will usually need to stay in hospital for three to four hours after your procedure, to make sure that you are fully awake and comfortable before you go home.

Will I have a general anaesthetic?

The procedure can be performed under general anaesthetic (you are asleep) or local anaesthetic (you are awake but the area is numbed). Your doctor may use local anaesthetic to numb your cervix and uterus. You will discuss these options with your anaesthetist before your procedure.

How will I feel after my endometrial ablation?

- **Effects of having general anaesthetic**

During the first 24 hours, you may feel more sleepy than usual and your judgement may be impaired. This should not last for more than 24 hours. **You must not drive for 24 hours after a general anaesthetic.** If you are having a general anaesthetic please arrange for someone to take you home from hospital. If this is not possible, please tell a member of hospital staff.

- **Vaginal discharge and bleeding**

You can expect some vaginal bleeding for a few days after your procedure, usually like a light period. The bleeding will gradually lessen and become like a heavy discharge, and may darken in colour. For some women, this discharge can last for three to four weeks. You should use sanitary towels rather than tampons, as using tampons could increase your risk of infection.

- **Pain and discomfort**

You can expect some cramps (similar to period pains) in your abdomen for a day or so after your operation. Most women will not need to take painkillers after this time. It is a good idea to have some simple pain relief, such as paracetamol or ibuprofen, at home just in case. Please refer to the patient information that comes with the painkillers for advice on how many you can take.

Sometimes, painkillers that contain Codeine can make you sleepy, slightly sick and constipated. If you do need to take these medications, eat extra fruit and fibre to reduce the chances of becoming constipated.

When can I eat and drink again?

- If you have had a **general anaesthetic**, once you are awake you will be offered a drink of water or cup of tea and something light to eat before you go home.
- If you have had a **local anaesthetic**, you will usually be able to eat and drink as normal following your operation.

What can I expect after I go home?

- After one day of rest most women can return to their normal activities such as work and exercise.
- Most women have a pinkish and watery vaginal discharge for about two weeks after their procedure. This can sometimes last for a month.
- You can have sex again after the bleeding or discharge settles, and you feel comfortable.
- In some cases, the first few periods after the procedure may continue to be heavy but will begin to improve after that.

When should I ask for medical advice after an endometrial ablation?

While most women recover well after endometrial ablation, complications can occur as with any operation. You should call your GP or one of the hospital helplines listed below if you develop any of the following symptoms.

- Heavy or prolonged bleeding.
- Worsening pain in the lower part of your tummy, despite taking painkillers.
- Bad smelling or greenish vaginal discharge.
- Have a fever or temperature more than 100.4 F or 38 C.
- Feeling sick or vomiting.
- Feeling burning and stinging when you pass urine.
- If an infection is suspected, the treatment is usually with a course of antibiotics. Occasionally, you may need to come back to hospital where the antibiotics can be given as a drip.

Hospital helplines

- **Channel Day Surgery, William Harvey Hospital, Ashford**
Telephone: 01233 61 62 63 (24 hours a day, 7 days a week)
- **Canterbury Day Surgery Centre, Kent and Canterbury Hospital**
Telephone: 01227 78 31 14 (7:30am to 8pm)
Telephone: 07887 68 76 45 (8pm to 7:30am)
- **Day Surgery Unit, Queen Elizabeth the Queen Mother Hospital, Margate**
Telephone: 01843 23 44 99 (7:30am to 8pm)
Telephone: 07887 65 11 62 (8pm to 7:30am)

This leaflet has been produced with and for patients

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

Any complaints, comments, concerns, or compliments please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 78 31 45, or email ekh-tr.pals@nhs.net

Patients should not bring in large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property had been handed in to Trust staff for safe-keeping.

Further patient leaflets are available via the East Kent Hospitals web site www.ekhuft.nhs.uk/patientinformation