



Patient Information Leaflet

Endometrial ablation

Produced by:
Department of Obstetrics & Gynaecology

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If you are unable to read this leaflet because English is not your first language, please ask someone who speaks English to telephone PALS on 01983 534850 for further information and help.

Polish:

Jeśli nie jesteś w stanie przeczytać tej ulotki bo angielski nie jest pierwszym językiem, poproś kogoś, kto mówi po angielsku, o kontakt telefoniczny z (PALS 01983 534850) aby uzyskać więcej informacji i pomoc

Russian:

Если вы не можете прочитать этот буклет на английском языке потому что не является первым языке, пожалуйста, попросите кого-нибудь, кто говорит на английском языке для телефонного (PALS 01983 534850) для получения дополнительной информации и помощи

Turkish:

Eğer İngilizce ana diliniz değilse, çünkü bu broşürü okumak için yapamıyorsanız, daha fazla bilgi için 01983 534850 üzerinde PALS telefon İngilizce bilen birine sormak ve yardım lütfen

Bulgarian:

Ако не сте в състояние да прочетете тази листовка, тъй като английският не е първи език, попитайте някой, който говори английски, за да телефонирам (PALS на 01983 534850) за повече информация и помощ

Czech:

Pokud nejste schopni přečíst tuto příbalovou informaci, protože angličtina není vaším rodným jazykem, zeptejte se někoho, kdo mluví anglicky na telefonní PALS na 01983 534850 pro další informace a pomoc

Bengali:

আপনি ইংরেজি আপনার প্রথম ভাষা না থাকার কারণে এই লফিলটে পড়তে অক্ষম হন, তাহলে আরও তথ্যের জন্য 01983 534850 নভেগিশেন PALS টেলিফোনে ইংরেজি কথা কতে জিজ্ঞাসা করুন এবং সাহায্য করুন

What is endometrial ablation?

Endometrial ablation is treatment to destroy (ablate) the womb lining (endometrium). It is used to treat women who have heavy periods, known as menorrhagia.

If medicines don't reduce your menstrual bleeding, then your doctor may suggest endometrial ablation as an alternative to major surgical options, such as hysterectomy.

This treatment is not usually recommended if the bleeding is due to growths in your womb (fibroids). It is also not suitable for women who may want to have children in the future, because it reduces fertility and makes pregnancy dangerous for you. You **must** continue using contraception after this operation.

This operation does not affect the ovarian hormones or the time of onset of the menopause. You will still need to have regular cervical smears.

How can this operation help you?

Endometrial ablation works well for most women. Around 80% of women are satisfied with the results after endometrial ablation.

About half of these women have significantly lighter periods and about half find that their periods stop completely within a year of the operation.

However, about 20% of women will not be satisfied with the results of the operation and may require further treatment for heavy periods. This is because the womb lining is very tough. It is hard to remove all the cells that help your womb lining grow. If some cells are left behind, then it is possible for the lining to re-grow and your periods will be heavy again.

What are the risks of having an endometrial ablation?

Endometrial ablation is a commonly performed and generally safe procedure. For most women, the benefits are greater than the disadvantages. However, all surgery carries an element of risk.

- There is a small risk of developing an infection of the womb for which you may need antibiotics.
- There is a small risk of damage to the womb, vagina, cervix and/or part of the bowel and heavy bleeding from the womb.
- These complications are rare but if they do happen, you may need further surgery.
- There is also a small risk of reaction to the anaesthetic but this will be discussed with you by the anaesthetist who will see you before your operation.

The risks of endometrial ablation are far less than the risks of having a hysterectomy.

Preparing for your operation

Your doctor may give you hormone-based medication for a month or two before the procedure to thin the lining of your womb. The medicine may be given either as an injection or as a course of tablets. Side-effects of the medication can include vaginal dryness, hot flushes and night sweats but you will be told more about this with the medication you are given.

If you normally take medication (e.g. tablets for blood pressure), continue to take this as usual unless your doctor tells you not to. If you are unsure about taking your medication, please contact your GP.

About the operation

Endometrial ablation is usually done as a day case but an overnight stay in hospital is sometimes required.

Endometrial ablation is usually performed under general anaesthesia. This means you will be asleep during the procedure and won't feel any pain. Certain endometrial ablation techniques can be performed under local anaesthesia. This involves one or two injections into the neck of the womb. The local anaesthesia numbs the area so that the procedure can cause mild discomfort only, but you will stay awake.

After the anaesthesia has taken effect, a telescope – called a hysteroscope – may be inserted through the vagina and into your cervix, so that your doctor can see the womb. Special instruments are then used to destroy the womb lining. There are a variety of methods.

- **Microwave endometrial ablation (MEA)** – the lining of the womb is destroyed using the heat of microwaves.
- **Novasure** destroys the lining of the womb with electrical energy.
- **Thermal balloon ablation** – the lining of the womb is destroyed by using a balloon-like device filled with hot fluid.

Your doctor may use any of these techniques for your operation. There is no difference in the end result.

After your operation

If you have had **general anaesthesia**, you will be taken from the operating theatre to the recovery room, where you will come round from the anaesthesia under close supervision. After this, you will be taken back to your room. A nurse will monitor your heart rate and blood pressure at regular intervals. You will be wearing a sanitary towel, as you will have some vaginal bleeding.

You will need to rest until the effects of the anaesthesia have passed. You may feel discomfort similar to period pain as the anaesthesia wears off. Painkillers will be available to help with this. If you continue to feel pain, please discuss this with your nurses or doctors. When you feel ready, you can begin to eat and drink, starting with clear fluids.

You will be able to go home once you have made a full recovery from the anaesthesia. However, you will need to arrange for someone to drive you home.

If you have the procedure under **local anaesthetic** you will be able to go home as soon as you feel able. However, you will still need to arrange for someone to drive you home.

You must also arrange for someone to stay with you for the first 24 hours or you may not be permitted to have this procedure as a day case.

After the operation you are likely to feel some discomfort similar to period pain for a few days. You will also have some vaginal bleeding, similar in amount to a normal period and you may experience other vaginal discharge. This may last for up to a month. You should use sanitary towels rather than tampons.

Please contact the hospital (tel 524081) and ask to speak to the Gynae registrar on call or come to A&E if the bleeding becomes heavy.

After you return home

If you need them, continue taking painkillers as advised.

General anaesthesia can temporarily affect your co-ordination and reasoning skills; so you **must not** drive, drink alcohol, operate machinery or sign legal documents for **48 hours** afterwards.

You should be able to resume your normal lifestyle after a week. This includes returning to work, driving, sports and sexual activity. (You should resume your normal method of contraception).

If you have any queries or concerns about the content of this leaflet please call (01983) 524081 and ask to speak to the relevant department.

If you require this leaflet in another language, large print or another format, please contact the PALS Team, telephone **01983 534850**, who will advise you.

Valuables should not be brought into the hospital. If patients have to bring in valuable items they should ask a nurse to store them safely and request a receipt for the items. You may not be able to have the valuable items returned if the time of discharge from hospital is out of hours.

We are sorry but the Trust cannot accept responsibility for loss or damage to items not given for safe keeping.

You can get further information on all sorts of health issues online at: **www.nhs.uk**

For Health advice and out of hours GP service please call the NHS 111 service on: **111**

We Value Your Views On Our Service

If you wish to comment on the care which you, your relative or friend has received, we will be pleased to hear from you. Please speak to the person in charge of the ward, clinic or service in the first instance or ask them to contact the PALS Team. If you wish to contact them directly, telephone on **01983 534850**.

Alternatively you may prefer to write to:

Chief Executive
Isle Of Wight NHS Trust
St Mary's Hospital
Newport, Isle of Wight, PO30 5TG

You can also share any concerns you have about our services with the Care Quality Commission (CQC) on **03000 61 61 61** or at **enquiries@cqc.org.uk**

All NHS sites are no smoking areas.

If you would like help and advice to stop smoking please call: Freephone 0800 169 0 169 to talk to the NHS Smoking Helpline.