

Patient Information Leaflet

ENDOMETRIAL ABLATION

Produced By: Obstetrics & Gynaecology

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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).

Ref: **OG/EndAb/3**