

Endometrial Ablation

What is an endometrial ablation?

An endometrial ablation is an operation used to treat heavy periods. A device is used to treat the womb lining (endometrium) by safely heating it to a high temperature. This can be done when you are awake under local anaesthetic (LA) or asleep under general anaesthetic (GA).

Why do I need this procedure?

Your gynaecologist has recommended this operation to help with heavy periods (menorrhagia). After endometrial ablation most women will experience much less bleeding with their periods and some might stop having periods altogether. It's important that you have completed your family prior to this procedure. Getting pregnant after endometrial ablation can be dangerous and reliable contraception is needed after the procedure.

Does it work?

If 10 women have this procedure 8 will report a significant improvement in their bleeding at 12 months. Between 3 and 4 will have no periods at all. Between 6 and 9 women will have less period pain.

What are the alternatives?

Heavy bleeding can be managed with a variety of medicines. Many of these contain hormones (the 'pill') but some do not (e.g. Tranexamic acid). Another good option is a device that sits in the womb and releases a hormone called progestogen (Mirena). Treatments can also be given through 3-monthly injections or through implants (e.g. Nexplanon). Many of these methods also provide contraception which can be an advantage. You will usually be offered endometrial ablation if these options have been unsuccessful or are unsuitable.

Another surgical treatment for heavy periods is hysterectomy – removal of the womb (uterus). This is very effective, however it is a major operation associated with more risks and a longer recovery period. If you have large fibroids (growths of muscle on the uterus) it may be appropriate to discuss a procedure called a uterine artery embolisation. This is where tiny beads are used to block the blood supply to the fibroids,

causing them to shrink. There are also medicines which can treat heavy bleeding due to fibroids. You should discuss all your options with your gynaecologist before deciding.

How does it work?

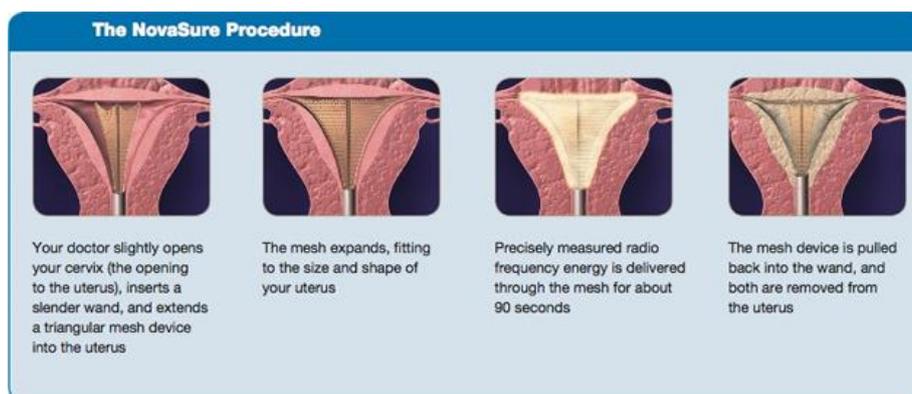
The womb is lined with special tissue called endometrium. Every month this sheds off, causing a period. An endometrial ablation aims to remove the endometrium, reducing or stopping a woman's periods.

What will happen?

The doctor will pass a speculum into the vagina which will feel like having a smear test. They will gently open up the neck of the womb (cervix) in order to pass a small device into the uterus. This device will perform a safety check and then heat up the inside of the womb to burn and destroy the endometrium. If you are awake it is normal to feel some abdominal cramping, like severe period pain, while this is happening. There are a number of different devices available to do this procedure.

Which method of ablation is offered in the RUH?

At RUH we use Novasure. Once inside the uterus this device opens up into a fan to fill the uterine cavity. It produces radio-frequency energy to burn the endometrium. The treatment usually lasts about 90 seconds.



What if I decide not to have the procedure?

Your gynaecologist can continue managing your symptoms with the alternative methods mentioned above. You can also choose not to have any further treatment.

What are the risks of the procedure?

Bleeding and discharge: After the procedure you may experience bleeding similar to a period and you will have a discharge which can look 'mucky'. This is the treated endometrium being shed. This can last up to six weeks.

Pain: it is common to feel cramping pain during and after the procedure. Simple painkillers should be taken regularly to help with the pain.

Infection: may occur and these cause fever, pain, offensive vaginal discharge or heavy vaginal bleeding. If you experience any of these symptoms you should see your GP who will assess whether you need antibiotics.

Uterine perforation: (making a hole in the womb). This occurs in approximately 1 woman in every 100 (common). This is not usually harmful and will heal on its own but in rare circumstances (less than 1 woman in every 1000) it can lead to damage of the bowel, bladder or one of the major blood vessels. If your surgeon thinks this could have happened they will carry out a laparoscopy (keyhole procedure) or abdominal operation (cut in your tummy) to repair such problems. You may need to stay in hospital overnight for observation.

Failure of the procedure: this can happen if gynaecologist is unable to pass the instrument into your womb or if the instruments do not function. Even if everything goes to plan, the operation is not successful in some women and their heavy periods return. If this happens to you discuss further options with your gynaecologist.

Anaesthetic: this only applies if you decide to have a procedure under general anaesthesia. It is still generally very safe, unless you have specific health problems. The anaesthetist will discuss these with you beforehand.

Venous thrombosis: this can occur after any surgery but is less common after short operations and the risk is further reduced by staying mobile after your operation

If I decide to have the procedure, what should I expect?

Waiting times: we will try to schedule your operation as soon as possible. While in some cases this may be in a week or two, it is usually longer. The hospital tries to give everybody a date that is within 18 weeks of the day the decision is made for surgery. You will be sent a date by letter.

Preoperative assessment clinic: You may be given an appointment for an assessment clinic prior to your operation. This will assess your general health, screen for MRSA and perform some baseline investigations. This is an opportunity to ask

questions or raise concerns. You will be given more information about coming into hospital for your operation.

How long will I be in hospital: If your operation is done under local anaesthetic (LA), you can go home shortly after. If it is done under general anaesthetic (GA), you will usually go home within a few hours of your surgery. You will need to arrange transport as you will not be able to drive yourself after the anaesthetic.

Should I take my normal medication: You should take your normal medication unless you are advised otherwise. Please bring these to hospital with you. If you are taking warfarin, clopidogrel or hormonal treatment (e.g. the 'pill') please tell the preoperative assessment nurse and follow their advice about when to stop it.

What shall I pack for the hospital: You should bring nightwear, a dressing gown, slippers, toiletries and your usual medications in case you need to stay overnight. You can bring a mobile phone which will help you to communicate with your family. You may wish to bring magazines or books to pass the time. Please have a bath/shower on the day of the procedure. Remove all your make-up, nail varnish and jewellery before coming to the hospital.

What happens on the day of the operation: You will be advised where and what time to come to hospital on the day of the operation. If your procedure is done under LA, you can eat normally. If your operation is done under GA, you should not eat anything after midnight the night before your operation. You can drink clear, non-fizzy fluids until 6am the morning of surgery. This may vary if your operation is scheduled for the afternoon. The anaesthetist and a senior member of the surgical team will see you. You will be asked to sign a consent form if you have not already done so. This is another opportunity for you to ask any further questions.

What will happen after the procedure: Procedures under LA are done in the clinic and you should be able to go home shortly after. After general anaesthetic you will wake up in the recovery room with a drip in your hand and an oxygen mask. From there we will take you back to a ward. When you first come round from the general anaesthetic you will feel drowsy and may be nauseated and uncomfortable. We will give you painkillers and you should be able to go home later that day.

If you need to stay in hospital overnight: Occasionally people need to stay in hospital overnight. If this happens you could be on a number of different wards but most often you will be on Surgical Short Stay or Charlotte ward. Visiting hours for most wards are 11am – 8pm with a maximum of 2 visitors at a time. You can find further information about the wards at <http://www.ruh.nhs.uk/patients/services/wards>.

Preparing for your procedure

Smoking: If you smoke, try to stop before your operation as this will make the

anaesthetic safer and reduce the risk of infections which delay your healing and lengthen your stay in hospital.

If you are not able to stop completely, stopping for a few days will be helpful. You will not be able to smoke whilst in hospital. Find support on stopping smoking at www.nhs.uk/livewell/smoking

Healthy weight & exercise: Being overweight increases the risks of surgery and slows your recovery. Taking regular exercise before your operation will also help you make a good recovery. If you have time before your operation try to make sure you are having a balanced diet, take some appropriate exercise (if this is new for you then take advice) and work towards a healthy weight.

Getting back to normal

You may have some abdominal cramping but most women find they return to normal quickly after this procedure.

Pain relief: We recommend that you continue taking simple pain killers like paracetamol and ibuprofen (unless you are advised against these by your doctor) and that you rest for the remainder of the day.

Normal activities: Some women are able to get back to normal the following day, while others take a bit longer. Most women are fit to get back to work within a week.

Washing: you can shower and bath as normal. Do not swim until any discharge and bleeding has settled down. This can take upto 3-4 weeks

Getting back to work: most women are ready to return to work after 5 working days if you have a General anaesthetic, and 2 working days if you have a local anaesthetic.

Sexual intercourse: Once any unusual discharge or bleeding has settled it is safe to have sex. It is also advised to avoid tampons until bleeding and discharge has settled.

Driving: you should not drive within 24 hours of a general anaesthetic. After this you can drive as long as you are alert and comfortable.

Contact after leaving hospital

We do not usually arrange a routine hospital follow up visit after this procedure. If you have any problems you should contact your GP in the first instance. If it is urgent contact your local Emergency Department.