

Uterine Endometrial Ablation Treatment

What is this operation?

Uterine Endometrial ablation treatment is a surgical procedure for treatment of heavy periods. A small wand (probe) is passed via the vagina and neck of the womb (cervix) into the cavity of the womb (uterus) where it is opened. The machine is activated and radiofrequency energy destroys the the lining of the uterus (endometrium) with the aim that the periods become very much lighter or stop completely. The procedure is minor and the hospital stay and recovery time short.

As endometrial ablation does not affect the ovaries the normal monthly hormonal cycle will continue until the natural menopause (usually at about 50 years of age).

Does the operation work?

It takes six months or more to assess the long term results. About 90% of women with heavy periods are helped by this treatment with about 50% having no periods. If your periods are irregular prior to the procedure, this may continue. In approximately 10% period problems continue and other treatments may need to be considered.

Could this operation help me?

Yes, if you have heavy periods and your uterus is not greatly enlarged by fibroids and you do not wish to have further children. Before having this procedure your doctor will usually perform a biopsy of the endometrium to ensure it is healthy prior to the ablation.

The operation does not reliably prevent pregnancy so if you have not previously had a sterilisation operation, you will need to continue contraceptive precautions. The operation may complicate a pregnancy if you did conceive, or make you infertile. If you are sexually active you must use contraception from the date of your last period until the operation, or avoid intercourse.

This operation does not help with pain, unless the pain is associated with passage of clots during your period. It also does not help to alleviate premenstrual symptoms.

This procedure may not be suitable for all women.

How is the operation carried out?

An endometrial ablation can be done either under local anaesthesia or general anaesthesia.

You must ensure that you are not pregnant at the time of the operation. Your admission can be at any time in your menstrual cycle; even during a period.

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Local Anaesthesia

Most women have this procedure awake, with local anaesthetic, and 'gas and air' if wished.

If you are having this done under local anaesthetic you will be given an appointment in the morning and should expect to be in the hospital for 3 hours.

We suggest that you take **two 200mg tablets (400 mg total) of Ibuprofen 2 hours before your appointment if you are not asthmatic or allergic to Ibuprofen or aspirin. If you are asthmatic or allergic to this medication, take two 500mg Paracetamol tablets (1000mg total).**

The whole procedure, from you walking into the treatment room to leaving the treatment room is about 25 minutes, but the ablation itself takes less than 2 minutes. The local anaesthetic is given by injection around the neck of your womb.

Once the local is effective, which may take a few minutes, the neck of the womb is gently stretched open and an examination of the inside of the uterus with a small telescope (hysteroscopy) is carried out. Then a small wand, containing the device is inserted into the womb, and the device is opened. The device is a mesh shaped like a fan, which fits inside your womb. Safety checks are carried out (cavity integrity test), and then the machine is turned on, which results in a measured amount of radiofrequency energy being produced from the mesh, which destroys the lining of the womb. This usually lasts for just 1- 2 minutes and then the device is removed. The amount of energy and the duration of the treatment are very carefully monitored and controlled.

You can expect to go home within 3 hours of your appointment. You may not feel like driving so we recommend you have someone with you.

General Anaesthesia:

If you are having a general anaesthetic you will usually be a day-patient.

On your admission to the unit you will meet your surgeon and the anaesthetist who will discuss the anaesthetic with you.

You will be accompanied to the anaesthetic room where you will have the anaesthetic. In the operating theatre the neck of the womb is gently stretched open and an examination of the inside of the uterus with a small telescope (hysteroscopy) is carried out. Then a small wand, containing the device is inserted into the womb, and the device is opened. The device is a mesh shaped like a fan, which fits inside your womb. Safety checks are carried out (cavity integrity test), and then the machine is turned on, which results in a measured amount of radiofrequency energy being produced from the mesh, which destroys the lining of the womb. This usually lasts for just 1- 2 minutes

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You cannot drive for two days after having a general anaesthetic, so you will need to have someone to take you home later in the day, and you should have someone with you overnight.

Please note Very occasionally it is not possible to proceed with the operation as the safety checks (cavity integrity test) are not passed (<5%), the womb is found to be an unsuitable size/shape at the initial hysteroscopy or it is not possible to enter the uterine cavity.

Are there any complications?

- The overall risk of serious complications from hysteroscopy and endometrial ablation is uncommon. (approximately 2 women in every 1000)
- Damage to uterus or other organs:
 - There is a small risk of damage to the uterus, bowel, bladder or major blood vessels when instruments are put in the uterus such as with a hysteroscopy and endometrial ablation.
 - There is a very small risk of a burn (thermal damage) by the wand (<1%).
 - Should damage to the uterus be suspected your surgeon may proceed to performing keyhole surgery (laparoscopy) to look for damage to other organs and potentially a cut on your abdomen to repair damage if it has occurred.
 - Injury to the bowel may become apparent after a few days – should you have worsening abdominal pain, fevers and/or vomiting you must see a doctor.
- Infection - there is a small risk of infection requiring antibiotic treatment during the first 2-3 weeks following treatment.
- Vaginal discharge - women usually experience vaginal discharge for up to 6 weeks after the procedure.
- Abdominal discomfort after the procedure may occur for a few days after the procedure.
- Unsatisfactory effect on bleeding - 10% of women experience no or little improvement in their periods.
- Pelvic pain and premenstrual symptoms may be unchanged.
- The risk of death as a result of complications in women undergoing hysteroscopy is very rare (3-8 women in every 100 000).

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What to expect following your operation.

Discomfort:

There will usually be some period like cramps for the first 24 hours for which you may need painkillers. We recommend regular paracetamol (2 tablets 6 hourly up to a maximum of 8 tablets in 24 hours) or non steroidal anti-inflammatory drugs such as Ibuprofen if you can take them. We suggest that you ensure that you have painkillers at home, before your operation.

Bleeding/Discharge:

After Endometrial ablation it is normal to have some bleeding/ discharge for a few days. The bleeding generally settle down but you may experience a watery blood stained vaginal discharge for 4-6 weeks as the womb heals. Sometimes a heavier discharge lasting 2-3 days may occur 10-14 days after treatment. To avoid risk of infection during this time it is best neither to use tampons nor to have sexual intercourse until the discharge has cleared. If the bleeding becomes heavy or the discharge becomes offensive, please contact your GP for advice.

It is recommended that you use sanitary towels (pads) and not tampons until the bleeding or discharge stops.

Sexual Activity

You should avoid sexual intercourse until bleeding or discharge has stopped.

Work/Exercise

You will probably feel tired for a day or two but full activity and work can usually be resumed within a week.

You may want to rest for the remainder of the day, but if you feel well you can return to normal activities. While the discharge continues avoid swimming.

If you have any concerns please contact the Cley Gynaecology ward on **01603 287242**. Alternatively you may be able to see your General Practitioner.

