



York Teaching Hospital
NHS Foundation Trust

Endometrial Ablation

Information for patients, relatives and carers

Obstetrics and Gynaecology

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① For more information, please speak to your consultant's secretary

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In this leaflet we try to answer some common questions about having an endometrial ablation. Remember that everyone is different and you are encouraged to ask your own questions of the doctors and nurses.

What is Endometrial Ablation?

Endometrial ablation is a well-established procedure used to treat heavy, prolonged periods. Heat energy is used to destroy the lining of the womb (endometrium). The endometrium heals by scarring, which usually reduces or prevents uterine bleeding.

There are different types of heat energy:

- Radiofrequency energy (Novasure): Energy is transmitted via a wire mesh to the lining of the womb.
- Microwave energy (Minitouch): transmitted via a soft, flexible device inserted into the womb.
- Heated Glycerine solution (Thermablate): Endometrium is treated via heated glycerine solution circulated through a soft silicon balloon placed into the cavity of the womb.
- Electrical energy
 - Endometrial resection (transcervical endometrial resection TCRE): A hot wire loop cuts away and cauterises the lining.

Endometrial resection is one of the original methods and is often reserved for more complex conditions, for example when large fibroids are present within the cavity of the uterus (womb) or the uterus is too large for the other instruments.
 - Roller Ball Ablation: Heat energy is used to treat the lining of the womb

What are the benefits of having Endometrial Ablation?

Endometrial Ablation works well for most women. Around eight out of 10 women are satisfied with the procedure.

- In most cases, bleeding during your period will be reduced to a moderate or light flow. Some women (about four to six women out of 10) may experience only spotting and three out of 10 may experience no bleeding at all after a few months. Clinical data has shown that up to two out of 10 patients may not respond to endometrial ablation and may require additional treatment. The success of treatment can depend on other factors such as your age and the size of your womb.
- This is a short day procedure and means you can usually return to your normal activity in less than a week. Some women choose to have this procedure under a local anaesthetic which requires injections into the neck of the womb. Please ask your doctor if you would consider this procedure under a local anaesthetic.
- Minitouch does not require the cervix to be stretched to introduce the device.
- You can avoid a major procedure such as a hysterectomy with its associated major risks.

Is this treatment suitable for me?

This treatment is not suitable if you are pregnant or plan to become pregnant in the future. You should only consider this method if you have completed your family. Although this procedure causes sterility by destroying the lining of the womb, pregnancy may still be possible if a small part of the endometrium is left in place. This can lead to pregnancy problems like miscarriage and complications to the baby's growth and development. Contraception (methods of birth control) should be used after this treatment in order to prevent a pregnancy.

If your womb is enlarged, some methods such as Novasure ablation may not be effective. The procedure may be abandoned if your womb is found to be too large or too small for the instruments. Large fibroids result in a variable success. Small fibroids may be treated with these procedures.

Your doctor will discuss alternative treatments with you under these circumstances.

How does Endometrial Ablation work?

Differing energy types are specially selected so that the depth of tissue destruction cannot exceed six millimetres. These energies are delivered by means of an applicator (slightly thicker than a pencil in the case of Novasure, but thinner in the case of Minitouch) gently inserted into your womb.

The type of energy and applicator device used is usually decided by the operating doctor in conjunction with you, but all have the same effect of treating the whole lining of the womb.

The treatment usually takes between one to three minutes depending on the endometrial ablation device used.

Are there any risks associated with Endometrial Ablation?

Endometrial Ablation is a commonly performed procedure and is a generally safe procedure.

The commonest risks are:

- Bleeding (five to 40 out of 100 patients) which may last for several weeks
- Infection (less than five out of 100 patients)
- Pain (up to 30 out of 100 patients) occurs immediately after the procedure, and occasionally leaves dull aches for a few hours.
- Lack of intended effect (20 out of 100 patients).

The serious but very rare risks include:

- Accidental perforation of the womb. This may need another operation to repair any damage. This occurs in less than one in 100 in endometrial resection and less than one in 1000 in the other techniques.
- Damage to other organs such as the bladder or bowel, needing another operation to repair any damage or a colostomy. This occurs in less than one in 1000.
- Rarely the area of skin on the vulva, or vagina may be burnt accidentally when the hot probes have touched the skin.

Other risks are persistent discharge, damage to blood vessels and complications associated with the anaesthetic.

This operation does not affect the ovarian hormones or the time of onset of the menopause.

All the risks will be explained in greater detail when you come to sign your consent form for Endometrial Ablation before your operation. You sign to confirm that you agree to the procedure and understand the information given to you. The form will be kept in your Patient Notes and you will also be given a copy for your own records. If you are concerned or have any further questions then please discuss them with your consultant.

We have a leaflet describing what to expect when you have surgery in hospital. If you have not had a copy, and you would like one, please ask a member of staff. It is also available to view on our website at www.yorkhospitals.nhs.uk.

Are there any alternatives to this treatment?

Drug therapy, such as contraceptive pill or other hormones are frequently prescribed. The Mirena Intra Uterine system (coil with hormones) can also help and is often used in women who wish to retain their fertility.

After other methods have been tried and are ineffective, a hysterectomy may be offered. There are different types of hysterectomy, all of which do carry greater risk and slower recovery than endometrial ablation.

How will I feel after the procedure?

Painkillers may be given to you before the procedure. You may feel cramping, as with a menstrual period. If needed, painkillers such as paracetamol, ibuprofen, diclofenac or codeine may be taken.

If you have had a general anaesthetic you are not allowed to drive for 24 hours. It is recommended that someone should take you home and you should have someone in the house overnight.

What can I expect after I go home?

Most women return to work and family commitments by the next day or the day after. You may need to go to the toilet to urinate more frequently during the first 24 hours. Most patients have a pinkish and watery vaginal discharge for about two weeks but sometimes for as long as a month. Sexual activity can be resumed when this discharge has settled. Tampons should not be used for a week after the procedure to reduce the potential risk of infection. In some cases, your first few periods after the procedure may continue to be heavy but will begin to improve thereafter. You will know if you have responded to the treatment after your fourth period.

What else do I need to know?

If you experience very heavy bleeding, abdominal or pelvic pain, fever or pain that increases over time beyond 24 hours after the procedure, please call your doctor.

Useful websites

The Royal College of Gynaecologists

www.rcog.org.uk

You can view or download their leaflet “recovering well. Information for you after an endometrial ablation”: Search for “endometrial ablation”.

Tell us what you think

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Miss Fawzia Sanaullah, Consultant Gynaecologist and Obstetrician, The York Hospital, Wigginton Road, York, YO31 8HE or telephone 01904 725167 or

Miss K Verma, Consultant Gynaecologist and Obstetrician, Scarborough Hospital, Woodlands Drive, Scarborough, YO12 6QL or telephone 01723 342515.

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Our Trust is committed to teaching, training and research to support the development of staff and improve health and healthcare in our community. Staff or students in training may attend consultations for this purpose. You can opt-out if you do not want trainees to attend. Staff may also ask you to be involved in our research.

Patient Advice and Liaison Service (PALS)

Patients, relatives and carers sometimes need to turn to someone for help, advice or support. Our PALS team is here for you.

PALS can be contacted on 01904 726262, or via email at pals@york.nhs.uk.

An answer phone is available out of hours.

Please telephone or email if you require this information in a different language or format

如果你要求本資訊是以不同的語言或版式提供，請致電或寫電郵

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