Endometrial Ablation
Under General Anaesthesia

Obstetrics & Gynaecology
Womens and Children’s Group

This leaflet has been designed to give you important information about your condition / procedure, and to answer some common queries that you may have.
Introduction

Menorrhagia is defined as unusually heavy and or long-lasting menstrual periods. 1 in 20 women suffer from menorrhagia which can be disruptive to your family, social life, work life, regular daily activities and even your mood. Over the past decade, an alternative procedure called Endometrial Ablation has been used successfully in the UK to avoid unnecessary hysterectomies.

*Endometrial ablation is a safe technique that thins or destroys the lining inside of the womb (endometrium). Your periods may become normal, lighter or may stop altogether.

Endometrial ablation is routinely done as a day case procedure under a general anesthetic, this means you will have the procedure and go home the same day. You will be asked to follow fasting instructions which will be provided.

*This procedure is not recommended if you wish to conceive in the future.

What happens during Endometrial Ablation?

The exact type of endometrial ablation you have will depend on your personal circumstances. Special instruments are used to destroy or remove the womb lining using

- **Heated fluid** – A deflated balloon is placed inside your womb and filled with a heated fluid (Thermachoice endometrial ablation)
- **Radio waves** – A probe is placed inside your womb which uses radio waves (Novasure Endometrial Ablation)

Your gynaecologist will decide on either Thermachoice or Novasure ablation and will discuss this with you prior to the procedure.

What will I feel after the procedure?

Following a general anaesthetic you will need to rest until the effects of the anaesthetic have passed.

You may need pain relief to help with any discomfort and will also be given painkillers.

Precise instructions will be provided with the tablets.

You will need to wear a sanitary towel as you will have some vaginal bleeding.

You will usually be able to go home when you feel ready where you should take it easy for the rest of the day.

You will need to arrange for someone to drive you home.

You should try to have a friend or relative stay with you for the first 24 hours. You may feel moderate cramping like period-like pains.

What can I expect after I go home?

Most women can return to work and family commitments by the next day.

Over the following 2-4 days sexual intercourse should be avoided.

After the procedure there may be vaginal blood loss like a period for the next 7-10 days.

Try to use sanitary towels rather than tampons at this time to help lower the risk of infection.

This is usually followed by a watery bloody discharge for up to four weeks as most of the
lining of the womb is replaced by inactive tissue.

**What are the risks following the procedure?**

The procedure may pose some rare, but possible, safety risks including blood loss, heat burn of internal organs, electrical burn, perforation (hole) or rupture of the wall of the uterus, or leakage of heated fluid from the balloon into the cervix or vagina. As with any type of uterine procedure, there may also be a risk of infection, usually easily managed with oral antibiotic therapy. You should call your GP if you develop a fever, worsening pelvic pain that is not relieved by oral painkillers, nausea, vomiting, bowel and bladder problems and / or greenish vaginal discharge.

**Success Rates**

The overall success rate of this operation is about 80%. This means that in about 30% of cases, periods stop completely. In others (30 - 40%) they continue but are much lighter than before.

A small number of women may have one or two heavy periods after the operation before settling down to a lighter pattern. It takes between 6-12 months to be certain of the effects of endometrial ablation.

The effect is believed to be permanent, but there is a small possibility that the lining of the womb may re-grow to its former condition. If this happens a repeat operation may well be a suitable remedy but should it ever prove advisable, the opportunity to have a hysterectomy still remains.

**Can I get pregnant following the procedure?**

This therapy should not be used if you ever want to have children; in fact, pregnancies after ablation can be dangerous for both fetus and mother.

Since there is a chance that pregnancy can occur, contraception or sterilisation should be used following the procedure.

**Smears**

Cervical smear tests are still necessary after operation, as the cervix is not removed.

**Hormone replacement therapy (HRT)**

If you are having HRT before or after endometrial ablation, you should ensure that it still contains a progestogen component, so that you take a combined form of HRT.

**Concerns and Queries**

If you have any concerns / queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

For Diana, Princess of Wales Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01472) 875403 or at the PALS office which is situated near the main entrance.

For Scunthorpe General Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01724) 290132 or at the PALS office which is situated on C Floor.

Alternatively you can email: nlg-tr.PALS@nhs.net
Confidentiality

Information on NHS patients is collected in a variety of ways and for a variety of reasons (e.g. providing care and treatment, managing and planning the NHS, training and educating staff, research etc.).

Everyone working for the NHS has a legal duty to keep information about you confidential. Information will only ever be shared with people who have a genuine need for it (e.g. your GP or other professionals from whom you have been receiving care) or if the law requires it, for example, to notify a birth.

Please be assured however that anyone who receives information from us is also under a legal duty to keep it confidential.

Zero Tolerance - Violent, Threatening and Abusive Behaviour

The Trust and its staff are committed to providing high quality care to patients within the department. However, we wish to advise all patients / visitors that the following inappropriate behaviour will not be tolerated:

- Swearing
- Threatening / abusive behaviour
- Verbal / physical abuse

The Trust reserves the right to withdraw from treating patients whom are threatening / abusive / violent and ensuring the removal of those persons from the premises.

All acts of criminal violence and aggression will be notified to the Police immediately.

Risk Management Strategy

The Trust welcomes comments and suggestions from patients and visitors that could help to reduce risk.

Perhaps you have experienced something whilst in hospital, whilst attending as an outpatient or as a visitor and you felt at risk.

Please tell a member of staff on the ward or in the department you are attending / visiting.

Moving & Handling

The Trust operates a Minimal Lifting Policy, which in essence means patients are only ever lifted by nursing staff in an emergency situation.

Patients are always encouraged to help themselves as much as possible when mobilising, and if unable to do so, equipment may be used to assist in their safe transfer.

If you have any questions regarding moving and handling of patients within the Trust, you may speak to any member of the nursing staff, the designated keyworker within the department or the Trust Moving & Handling Coordinator.
Information for patients and visitors

Northern Lincolnshire and Goole NHS Foundation Trust
Diana Princess of Wales Hospital
Scarthis Road
Grimsby
01472 874111

Scunthorpe General Hospital
Cliff Gardens
Scunthorpe
01724 282282

Goole & District Hospital
Woodland Avenue
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