Endometrial Ablation
Under Local 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
Endometrial ablation is a safe procedure that thins or removes the lining inside of the womb (endometrium). Over the past decade, gynaecologists have used Endometrial Ablation successfully to avoid unnecessary hysterectomies.

1 in 20 women suffer from heavy menstrual bleeding that can be disruptive to regular daily activities, work, family, social life and even your mood.

Ablation can be carried out under local anaesthesia which completely blocks feeling in the neck of the womb (cervix). This means you stay awake during the procedure.

Endometrial ablation normally takes between two to ten minutes to accomplish although, expect to stay in the hospital for 3 – 4 hours observation.

What happens during Endometrial Ablation?
The exact type of endometrial ablation you have will depend on your personal circumstances. Your gynaecologist will decide on either Thermachoice or Novasure ablation and will discuss this with you prior to the procedure:

- Thermachoice endometrial ablation A deflated balloon is placed inside your womb and filled with a heated fluid
- Novasure Endometrial Ablation A probe is placed inside your womb which uses radio waves to thin your womb lining

What will I feel during the procedure under local anaesthetic?
The whole procedure will be performed whilst you are awake. You need not fast for the local anaesthetic procedure as you will not be having a general anaesthetic. In fact, you should have breakfast before coming to the hospital.

What will I feel after the procedure?
You may experience moderate discomfort following the procedure. Therefore, additional painkillers such as Paracetamol will be given to make you more comfortable.

Some women experience a feeling of nausea afterwards and may need to have anti-sickness tablets or injections.

You should arrange to be driven home after 4 hours where you should take it easy for the rest of the day. Precise instructions will be provided with any medications given.

What can I expect after I go home?
After the procedure, there may be blood-stained and watery vaginal discharge that will lessen over 7-10 days. Use sanitary towels rather than tampons during this time you are spotting to avoid infection. If the discharge becomes smelly or changes in colour, or if you have pain and feel unwell, contact the hospital for advice because you may have an infection.

Most women return to work and family commitments by the next day but you may need to take the following day off if you work.

Ablation does not affect sexual activity if you feel well and there is no discomfort.

What are the risks following the procedure?
Complications are rare but possible. They include uterine or urine infection, extended vaginal bleeding or persistent discharge and trauma to the uterus, cervix and nearby pelvic organs.
You should call your GP if you develop a fever, increasing pelvic pain that is not relieved by oral painkillers, nausea, vomiting, bowel or bladder problems.

**Success Rates**

8 out of 10 women will find periods continue but will be much lighter than before or may even stop completely.

A small number of women may have one or two heavy periods after the procedure before settling down to a lighter pattern. It could take up to six months to be certain of the effects of endometrial ablation.

The effect is expected to be permanent, but on rare occasions the lining of the womb may re-grow. If this happens a repeat operation may be advised. The opportunity to have a hysterectomy still remains.

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

Yes, there is a chance that pregnancy can occur, so a reliable contraception or sterilisation (vasectomy) should be used following the procedure.

This procedure is not recommended if you wish to conceive in the future as pregnancies after ablation can be risky for both baby and mother.

**Other Information**

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

If you are having HRT, continue as before unless advised by your doctor or gynaecologist.

**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 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.