

Endometrial Ablation (Destruction of the womb lining)

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The Nature and reasons for the procedure

Endometrial ablation is the destruction of the uterine (womb) lining in order to treat heavy periods. If medicines do not reduce your menstrual bleeding, then your doctor may suggest endometrial ablation as an alternative to major surgical options, such as hysterectomy.

How does it work?

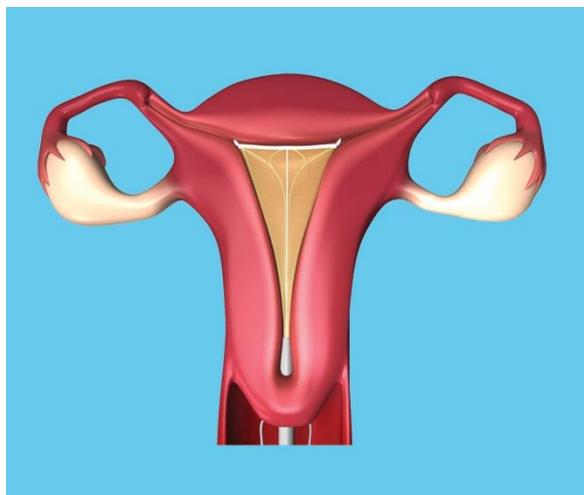
Your periods are due to shedding of the uterine lining each month. Blood vessels underneath the uterine lining may remain open and cause the bleeding to be excessive. The aim of endometrial ablation is to permanently remove the uterine lining and seal the underlying blood vessels, therefore making periods lighter.

How is the procedure performed?

Endometrial ablation can be done using different methods. It is usually performed as day case surgery under general anaesthesia. This means you will be asleep during the procedure and you will not feel any pain. Certain endometrial ablation techniques can be performed in the outpatient clinic where you will stay awake. If you prefer this option you should consult with your Gynaecologist.

A telescope - called a hysteroscope – may be inserted through the vagina and into your cervix, so that your doctor can see the uterine lining. Special devices are then used to destroy the womb lining. There are different methods:-

- **Novasure endometrial ablation** - The Novasure system is a narrow instrument that is passed into the uterus through the cervix. A fan-shaped arrangement then takes up the shape of the uterine cavity. Radiofrequency energy is produced to destroy the uterine lining. The whole procedure takes around 5 minutes to perform although the actual treatment to your uterine lining takes only 90 seconds on average.



- **Librata balloon ablation** – The Librata system is a narrow instrument that is passed into the uterus through the cervix. At the end of the device is a small soft balloon which is filled with heated fluid to fill the uterine cavity and destroy the uterine lining.



Your doctor may use either of these techniques for your operation. There is no difference in the end result.

Benefits of the procedure

The main advantage is that Endometrial Ablation works well for many women with heavy periods. Approximately 80% of women felt it was a success with their periods being much lighter. Around a third of women have no periods at all after treatment. Endometrial ablation avoids the need to take medication on a long term basis and may also avoid the need for a hysterectomy in many women.

Risks of the procedure

Endometrial ablation is a commonly performed and generally safe procedure. However, all surgery carries an element of risk but for most women, the benefits would outweigh the potential complications.

- There is a small risk of developing an infection of the uterus for which you may need antibiotics.
- There is a small risk of causing a hole in the uterus, known as uterine perforation. There is also a small risk of causing damage to the cervix and vagina. In rare circumstances other pelvic organs may be damaged including the bowel or bladder.

- Heavy bleeding from the uterus that cannot be stopped is very unlikely but in rare circumstances could result in you needing a hysterectomy.

Overall, these complications are rare but if they do happen, you may need further surgery such as a laparotomy (open cut on the abdomen) or laparoscopy (keyhole surgery). There is also a small risk of reaction to the anaesthetic but this will be discussed with you by the anaesthetist who will see you before your operation. It is important to remember that overall, the risks of endometrial ablation are far less than the risks of having a hysterectomy.

Important considerations before the procedure

Endometrial ablation is a permanent and irreversible treatment for your uterine lining. You must be certain you have completed your family. Although it is still possible to get pregnant after this procedure, such pregnancies are likely to be complicated and may result in miscarriage.

It is important that you continue effective contraception after endometrial ablation.

Alternatives to the procedure

There are alternative treatment options for the management of your heavy periods which may be less invasive. These include the oral contraceptive pill, progesterone tablets, the hormone based coil called 'Mirena.' If you have fibroids there are treatment options to shrink the fibroids such as Esmya tablets or Zoladex injections. There is also the option of having a hysterectomy but this is associated with a higher risk of complications compared to endometrial ablation. If you would like more information about alternative treatment options that may be available for you, please consult with your Gynaecologist.

What happens after the procedure?

You will be woken up by the Anaesthetist and taken from the operating theatre to the recovery room, where a nurse will monitor you whilst you come round fully. After this, you will be taken back to the ward. A nurse will monitor your heart rate and blood pressure at regular intervals. You will be wearing a sanitary towel, as you may have some bleeding.

You may feel some discomfort like period cramps and painkillers will be available to help with this. When you feel ready you may eat and drink. You will be advised to remain in the hospital for a couple of hours to make sure you have fully recovered from the anaesthetic and feel well enough to go home. You will then be discharged with painkillers if needed.

You will need to arrange for someone to drive you home and you must also arrange for someone to stay with you for the first 24 hours or you may not be permitted to have this procedure as a day case.

After you return home

You are likely to feel some discomfort similar to period pain for a few days. After you return home, you will also have some vaginal bleeding and a watery discharge which may last up to 1 month.

Most women will return to normal activities within a day or two. You can resume sexual intercourse within around 7-10 days.

Your doctor will advise you of whether you require any follow up. You may find it useful to keep a diary of your periods or other bleeding for 6 months following the procedure.

Important Notices

If you are unable to attend for your appointment, please telephone in advance so that your appointment can be given to someone else

01744 646 894

If you are bleeding heavily on the day of your appointment for your procedure or need any other advice, please telephone Ward 3E

0151 430 1522

If you have any urgent problems outside of clinic hours, please contact Ward 3E

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