

## **INFORMATION LEAFLET FOR WOMEN UNDERGOING ENDOMETRIAL ABLATION IN GYNECOLOGY OUTPATIENTS DEPARTMENT**

### **What is an endometrial ablation?**

An endometrial ablation is a procedure to treat the lining (endometrium) of the womb (uterus) for women experiencing heavy menstrual bleeding. After the procedure most women will experience a noticeable reduction in their periods and in some cases, periods stop completely.

It's important that you have completed your family prior to this procedure. Getting pregnant after endometrial ablation is not advised and reliable contraception is needed after the procedure.

This leaflet will give you information of the risks, benefits and the technique used to perform this procedure to help you make an informed decision. If you have any further questions please use the contact information included within this leaflet.

### **What are the benefits of this procedure?**

For heavy periods, an endometrial ablation is an effective treatment instead of a hysterectomy. It also has fewer complications, quicker recovery and is performed in the Outpatient Operating Clinic. 8 out of 10 women will report a significant improvement in their bleeding at 12 months. Between 6 and 9 women will have less period pain, although in some cases mild cramping may still occur. 3 to 4 in 10 of the women who have the procedure will not have periods again.

### **Why is this procedure offered in the Out-Patient Operating Clinic?**

Development of new techniques and equipment has enabled the transfer of procedures traditionally performed in theatre under general anaesthetic to the Out-Patient Department. This leaflet describes the procedure in the outpatients department. However, you can request to have it done under a general anaesthetic.

The benefits of this for you are:

- Less time in hospital
- Less disruption to your lifestyle.
- Earlier resumption of activities like return to work within 1 – 3 days.
- Avoid potential risks associated with general anaesthetic.
- Evidence has shown this procedure to be quick, simple and safe and acceptable to women
- It can be done at any time during the menstrual cycle without pre-hormonal treatment.

### **How does the treatment work?**

- The womb is lined with special tissue called endometrium. Every month this sheds off, causing a period. An endometrial ablation aims to remove the endometrium, thereby reducing or stopping a woman's periods.
- The equipment treats the lining of the womb within 1-2 minutes of controlled energy delivered by a handheld device

### **Treatment Technique**

There are currently two techniques available in Cardiff

**MINITOUCH:** This is a microwave energy device which can be performed without local anaesthetic as requires minimal dilatation of the cervix as the instrument is narrow. Once passed into the womb it gently heats to destroy the womb lining. The device is designed to be patient receptive.

- Prior to the procedure, a transvaginal scan will be performed and occasionally a hysteroscopy.
- The cervix may then be dilated if necessary
- A sample from the lining of the womb (pipelle biopsy) maybe required if this has not been performed within the last six months.
- The energy is delivered for approximately 1 – 2 minutes depending on the size of the womb.
- If required treatment can be repeated to ensure maximum coverage of lining of the womb
- If required treatment can be paused or energy reduced to maximise tolerability

**NOVASURE:** This is an established procedure which takes on an average 90 seconds (1 – 2 minutes) and involves dilating the cervix with local anaesthetic to insert "a wand". This device opens up into a fan to fill the uterine cavity. Once activated the wand releases a radio frequency that treats the lining of the womb.

- A speculum is inserted into the vagina which will feel like having a smear test.
- Local anaesthetic will be injected into the cervix prior to dilatation to ensure your comfort
- Prior to your endometrial ablation, you will have a hysteroscopy. This is a small telescope to look at the inside of the womb.

- A sample from the lining of the womb (pipelle biopsy) maybe required if this has not been performed within the last six months

The selected technique may be determined on the day of the procedure following a discussion between yourself and the surgeon and maybe dependent on initial investigations.

### **Preparing for your procedure**

**Please ensure to have food as normal before attending. It is advisable to take pain relief in the form of Paracetamol 1g or Ibuprofen 400mg about an hour before your appointment, unless you have any allergies to these.**

The appointment time is your arrival time and not the time of your procedure.

### **What happens when I arrive?**

When you arrive in the Women's Unit, you should present to the reception desk. You will shortly be collected by staff from the waiting room and taken to the outpatient operating suite. You will be seen by the surgeon or nurse hysteroscopist who will ask some questions about your medical history and go through the consent form. Following this you will be escorted to the treatment room, to remove clothing in privacy and asked to position yourself on the examination couch, maintaining your dignity. The staff will support you during the procedure

You are welcome to listen to your choice of music during the procedure and connect your phone/ electronic device to our sound system. At the end of the procedure you will be transferred to the resting room. In most cases, you will be able to go home soon after.

### **What are the possible risks with an endometrial ablation?**

Endometrial ablation is a safe procedure. The risks of the procedure are detailed below:

#### **Common risks**

- Pain during or after is similar to period pain. Occasionally, women may experience severe pain. Local anaesthetic may be injected into your cervix if dilatation is required. Entonox (gas and air) is offered routinely and you will be supported throughout the procedure. You may require mild analgesics for 24-48 hours.

- Feeling of being sick or fainting. However, these symptoms usually settle quickly.
- Bleeding is usually mild and is lighter than a period and settles within a few days. It is recommended that you use sanitary towels, not tampons.

### **Uncommon risks**

- Infection is uncommon. It may appear as a smelly discharge, fever or severe pain.
- Failed/unsuccessful procedure occurs if it is not possible to pass the instrument inside your uterus. Usually this happens when the cervix is tightly 'closed' or scarred. If this happens, alternative options will be discussed with you.
- Uterine Perforation can occur rarely, if the surgeon needs to dilate the cervix. Occasionally, a false passage can be made into the muscle of the womb. This occurs in less than 1 in 1000 patients but may require the procedure to be stopped and a course of antibiotics to be prescribed.

### **How will I feel after the procedure?**

Initially you may require regular pain killers for 1-2 days. You should be able to return to work within 1-3 days. Please ensure you have painkillers at home.

During your time in the clinic you will be asked questions about various aspects of your care and we would appreciate your feedback.

You will receive a see on symptoms card where you are able to self-refer back to the clinic within the next 12 months if your symptoms persist.

***If you are concerned about any symptoms during the days after the procedure please consult your GP or use contact information provided.***

In anticipation, thank you very much for your co-operation. If you have any further questions please do not hesitate to contact us.

Gynae Outpatient Department – 02921 847392 and 02920 742758  
Outpatient Operating Co-ordinator – 02920 744390  
Gynaecology Emergency Unit – 02920 743857  
NHS Direct – 0845 46 47