

Endometrial Ablation

What is Endometrial Ablation?

This is a treatment for heavy periods and is only for women who do not want more children. The operation reduces the heaviness of periods by destroying the lining of the womb using heat (ablation). During ablation an instrument is introduced through the cervix to inside the womb and once in place it delivers heat to the lining of the womb. Sometimes it is better to thin the lining of the womb before the procedure. This makes the operation more likely to give a good result. This is achieved by giving an injection about 4-5 weeks before the procedure. Your consultant will discuss this with you and may ask your doctor (GP) to arrange the injection once a date for your operation is known. The injection may stop the period before the operation, and during this time you may have temporary menopausal symptoms e.g. hot flushes and night sweats. These will stop soon after your operation.

How is it performed?

The operation is usually carried out while you are asleep (under a general anaesthetic), although some of the newer techniques can be done with local anaesthetic. The doctor stretches open (dilates) the neck of the womb (cervix), and places a telescope into the womb itself. The womb is filled with clear fluid so the doctor can see clearly, then the lining of the womb can be destroyed by the ablation which was described earlier. The operation may take between 10 and 30 minutes. Usually you are in hospital just for the day. If there are complications or you have other health problems you might have to stay overnight.

Are there any complications?

The majority of ablation procedures are very straight forward, however rare complications include:

Bleeding:

sometimes there can be bleeding during the operation. If this happens a small tube (catheter) is placed inside the womb for a few hours to stop the bleeding. This is removed before you go home. You will wake up with a drip in your hand to give you fluids to replace the blood lost.

Perforation:

in 1 case in 100 the telescope may go through the wall of the womb. If this happened the procedure would be abandoned and you would be observed for any bleeding. Very rarely it is necessary to do a bigger operation to close the hole. This would involve opening your abdomen and stitching the hole closed. This would mean a longer stay in hospital.

Fluid overload:

Very rarely the fluid used to fill the womb can get into your blood stream. If this happened the operation would have to be stopped and drugs given to remove the excess fluid. Again you would need to stay in hospital longer than planned.

Infection: if you get lower abdominal pain and smelly discharge after your operation, you may have an infection in the womb. This needs treatment with

antibiotics from your doctor (GP).

Failure:

Sometimes it will not be possible for technical reasons to do your operation.

Important: This treatment should not be used if you wish to become pregnant. If you do become pregnant it could potentially increase the risk of complications. The operation itself is not a contraceptive method and you will need to continue your contraception afterwards. You should not consider this procedure if there is any chance you might want another pregnancy.

Alternative treatments for heavy periods

Hormonal therapy, including the combined contraceptive pill and progesterone pills can regulate and reduce periods. Tranexamic acid, which is not a hormone, can reduce blood loss and is taken just on the heavy days of the period. The MIRENA ® coil is a very popular treatment as it can reduce periods by 75- 90%, provides contraception and only has to be changed every 5 years. Hysterectomy is a definitive cure for heavy periods, but it is a major operation with the possibility of complications and a much longer recovery time. If you wish to discuss this further, you should discuss this with your doctor (GP).

How successful is this operation?

After an endometrial ablation 40-60% of women have no periods at all. A further 30-40% continue to have periods that are lighter than before, and around 10% women have no change in their periods. The chance of needing another operation either a repeat ablation or hysterectomy is about 15%.

What happens after the operation?

A doctor will see you before you are discharged home and talk to you about your operation. You should be able to go home later the same day unless there have been any complications. You must not drive home, and someone should collect you from the hospital.

Will I have any pain or bleeding?

You may have some period like pain for a few days. Simple painkillers like paracetamol or ibuprofen should relieve this. Usually you will bleed for a few days and it is best to use sanitary towels rather than tampons for this. You will continue to have a watery blood stained discharge for 3-4 weeks as the womb heals.

What are the 'dos' and 'don'ts' after my operation?

- Rest for 24 hours
- You can bath or shower the following day
- Use sanitary towels rather than tampons for the first week after the procedure to reduce any chance of infection
- You can have sex again as soon as the discharge stops. Do continue contraception, as before
- You can go back to work and continue with normal activities in 2-3 days

