# Treating heavy periods by surgical ablation of the lining of the womb

Women's Services

Information for Patients

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## Introduction

We are offering you an endometrial ablation to help with your heavy periods. The lining of the womb is called the endometrium. Ablation means to remove.

This leaflet will tell you about how we do the procedure, the risks and benefits. This should help you to chose if you want the treatment. If you have any concerns, please speak to your doctor or nurse.

## What is endometrial ablation?

This is where we use a device in the womb to thin or remove the lining of your womb. This helps to stop heavy periods. We can do this under local anaesthetic, while you are awake. You can do this under general anaesthetic. This is when you will be asleep. Research shows that having an ablation under local anaesthetic is the safest way. It avoids some complications. The recovery time is longer with general anaesthetic. Most women have some discomfort but prefer this to the effects of a general anaesthetic.

## Why do I need this treatment?

**The reason for having this procedure is to help with the symptoms of heavy periods when there is no other treatable cause for you periods such as:**

- large fibroids (bigger than 5cm). This is where the muscle of the womb becomes overgrown in a ball in the muscle layer of the womb.
- polyps fleshy skin tags growing in the womb lining.

- overgrowth of the lining of the womb (hyperplasia).

If doctors find other reasons for your heavy periods, they should treat that first. You should also try other non-surgical treatments like Mirena (IUS) coil and tablets before having an ablation. This is because you might be able use these options afterwards.

## Other treatments to think about before ablation

- **Do nothing:** if the heavy bleeding is not making you feel unwell or stopping you from having a good quality of life. You feel you can cope with it then you do not need treatment.
- **Medicines:** you can use these to help reduce the blood flow by up to half:
  - tranexamic acid
  - or non-steroidal anti-inflammatory drugs (NSAIDs) like mefenamic acid, ibuprofen, diclofenac, naproxen
- **Hormonal treatment:** taking contraceptive pill and progestogen-only contraceptive together can help. This includes intra uterine device (these are also contraceptives as well).
- **Uterine artery embolization:** if your bleeding is because of fibroid in the uterus this might be an option your doctor might talk about with you.
- **Surgical treatment:** removal of fibroid (myomectomy) or removal of the womb (hysterectomy).

## Before ablation

We will do some tests to check if ablation is right for you:

- Ultrasound scan of the womb.
- A hysteroscopy to make sure the womb is the right size and shape. We will put a camera to check inside the womb. We do this in outpatients. We check that there are no fibroids or polyps that need to be removed first.
- We will do a biopsy of the lining of the womb (the endometrium) and pipelle biopsy.

You will need to confirm that your family is complete. **Getting pregnant after ablation can be very dangerous for you and the baby.** If you want to have more children, you must not have an ablation.

**Please use effective contraception from the start of your period before the procedure**. You will need to keep using contraception until you have gone through menopause.

## How is ablation carried out?

There are a few devices we can use for this treatment. We are using devices called:

- **Novasure**
- **Minitouch ablation**

Which device we use will depend on your womb shape and size. If you any fibroids and any other conditions you may have. And if the procedure is carried out under general anaesthetic or local anaesthetic.

1. We will pass a small telescope camera (hysteroscope) into the womb through the vagina. This will go pass the neck of the womb. This is to check that the cavity is normal in shape and size.
2. Then we may need to inject some local anaesthetic in the neck of the womb. We will then stretch the neck of the womb. This is to let the ablation device in to the womb.
3. The device uses a small burst of energy for up to 2 minutes against the womb lining. We do not make any cuts during the procedure.
4. You will be in the treatment room for about 30 minutes even though the actual procedure takes only 2 minutes to do. You will be in the outpatient hysteroscopy department.

## On the day of your ablation using local anaesthetic:

- You should **eat a good breakfast or lunch. Take all usual prescribed medications** (except painkillers) on the day. **Do not eat or drink if you will be under general anaesthetic.**
- You will need to do a pregnancy test. The results can be negative in the first 2 weeks of pregnancy. It is very important that you use **good** contraception (withdrawal is not good contraception).
- We will give you pain relief medicine 1 hour before the treatment. This will give it time to work.
- The doctor will see you and they will talk about your bleeding problems, past treatments and plans for contraception after the ablation.
- We will ask you to change into hospital gown in privacy. We will ask you to sit on the procedure chair with your legs supported in leg rests.
- 1 person from our team will be with you throughout the treatment.
- We will offer you gas and air (Entonox®) that you can inhale during the treatment. This will give you more pain relief if needed.
- We will inject local anaesthetic into your cervix. This will help it to be stretched if needed. This is so we can insert the device. Most patients may feel a sharp stinging or cramping but some report no discomfort. The treatment lasts up to 2 minutes. After the treatment we will let you rest before going home.

## What are the risks?

- Pain or cramping during treatment. This can sometimes be bad.
- Dizziness during or just after treatment. This often settles on its own.
- Vaginal discharge which can last from 2 days to several weeks.
- Infection of the womb will cause pain and vaginal discharge. We treat this with antibiotics.
- Infection of the bladder (a 'water' infection) causing cystitis symptom. We treat this with antibiotics.
- Failure to do the treatment: if the womb cavity is too big or too small or too distorted, or sometimes if the safety checks for the device fail. We will not be able to do the treatment.
- A small hole in the wall of the womb being made. This is called a perforation. It happen in 3 in 1000 patients.

## When to get help

Contact the Gynaecology Assessment Unit (GAU) on **0116 258 6259** if you have:

- pain across your tummy despite taking painkillers.
- a smelly vaginal discharge or heavy bleeding.
- a high temperature or feverishness or flu-like symptoms.
- burning or stinging when you pee.

## Long-term complications

- Pockets of the womb lining can re-grow after some months or even years. This is called late onset endometrial ablation failure (LOEAF). This may be seen in 1 in 4 patients in the 5 years after ablation. These pockets can then cause:
    - bleeding problems to return after a short time of getting better.
    - period type pain with or without bleeding at any time of the month.
    - bad cyclical pain at the time your period but without bleeding.
    - The chance of LOEAF is higher if:
        - you are less than 35 years old,
        - have fibroids or polyps,
        - have a band of extra tissue in the womb (a uterine septum) or have a heart shaped womb (bicornuate womb),
        - suspected adenomyosis. This is where the lining of the womb is found in the muscle of the womb.

- We may not be able to assess the womb further. It may be difficult or impossible to have hysteroscopies if there is scarring inside the womb after ablation. This may cause problems with future assessment of the womb lining if you have bleeding problems in the future. If you have had changes in your womb that could lead to cancer in the last 5 years, you cannot have an ablation. If there is scarring inside the womb, you would not be able to try the Mirena IUS (coil) once you have had an ablation.

You should **only** have ablation as a **last option** before a hysterectomy and after all other treatment options have been tried.

## Benefits

- We can do it under local anaesthetic in outpatients. We would not need to use general anaesthetic (going to sleep). This is prevent nausea and tiredness from the general anaesthetic.
- You can eat and drink as normal before the treatment unless you are having a general anaesthetic.
- We do not use any hormones.
- Recovery is fast. Most patients able to go home within 30 to 60 minutes after the treatment.
- More than 8 out of 10 patients return to normal, light or no periods at all. 4 out of 10 patients reported that their periods stopped completely.
- Most patients want to avoid the only other surgical option of a hysterectomy.

## After the treatment

- You will often be ready to go home after about 30 minutes.
- You must not drive yourself home. Please arrange to have someone take you home.
- Do not have sex or use tampons until the bleeding stops. This is for often 2 to 3 weeks.
- You can return to work after 4 to 5 days or sooner if you feel well enough. This also depends on your job.
- You may get watery and blood stained brown discharge for about 2 weeks.
- Most patients have some mild pain after the treatment for a few days. This can sometimes go on for longer. Use simple pain killers for a few days. If the pain does not settle and the vaginal discharge is smelly or you feel unwell, this could be a sign of infection. Call GAU on the next page.
- You will still have your cervix (neck of the womb) so will still need to get **cervical smears.**
- You must use contraceptives if you have sex and neither of you has been sterilised. **Pregnancy after endometrial ablation is dangerous** for both foetus and mother.

## Contact details

If you have any questions before or after the procedure you can contact:

- Gynaecology Assessment Unit (GAU), Leicester Royal Infirmary: **0116 258 6259** (24 hours everyday).
- If your appointment is at Loughborough Hospital please call: **0150 956 4406**
- If your appointment is at Melton Mowbray Hospital please call: **0166 485 4904**
- If your appointment is at Hinckley Hospital please call: **0145 544 1845**

If you have any questions, write them down here to remind you what to ask when you speak to your nurse/ doctor:

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