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

Women's Services

Information for Patients

Produced: February 2021
Review: February 2024
Leaflet number: 1135 Version: 1

Introduction

You have been offered an endometrial ablation to help with your heavy periods. The lining of the womb is called the endometrium.

This leaflet will give you information of the risks, benefits and the techniques used to do this procedure to help you make an informed decision. If you have any further concerns, please speak to your doctor or nurse.

What is endometrial ablation?

It is a simple procedure where a device is used in the womb to thin or remove the lining of your womb to treat heavy periods. It can be done under local anaesthetic, while you are awake. There is an option of having the procedure done under general anaesthetic. Research shows that having an ablation under local anaesthetic is the safest way and avoids the complications and recovery time that come with a general anaesthetic. Most women have some discomfort but prefer this to the effects of a general anaesthetic.

Why do I need an endometrial ablation?

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) 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).

Where these other conditions are found these should be treated before considering ablation. You should also try other non-surgical treatments such as Mirena (IUS) coil and tablets before considering an ablation, as these may not be an option afterwards.

Other treatments to consider before agreeing to ablation

- **Do nothing:** if the heavy bleeding is not interfering with your health and quality of life and you feel you can cope with it then treatment is not essential.
- **Medicines:** tranexamic acid or non-steroidal anti-inflammatory drugs (NSAIDs), such as mefenamic acid, ibuprofen, diclofenac, naproxen can reduce the blood flow by up to half.
- **Hormonal treatment:** combined contraceptive pill, progestogen-only contraceptive including intra uterine device - these are also contraceptives as well.
- **Uterine artery embolization:** if your bleeding is due to a fibroid in the uterus this might be one of the options your doctor might discuss with you.
- **Surgical treatment:** removal of fibroid (myomectomy), removal of the womb (hysterectomy).

Before booking you for ablation

You will need to have had some tests done to check an ablation is right for you:

- Ultrasound scan of the womb.
- A hysteroscopy (camera to check inside the womb) in outpatients to ensure the womb is an right size and shape for ablation and that there are no fibroids or polyps that need to be removed first.
- Biopsy of the lining of the womb (the endometrium) - pipelle biopsy.

You will have confirmed that your family is complete. **Pregnancy after ablation is potentially very dangerous for you and the baby.** If you wish to have more children, you must not have an ablation. **Please use effective contraception from the start of your period before the procedure**, and long-term until you have definitely gone through the menopause.

How is ablation carried out?

There are a few devices available for this procedure. We are currently using devices called:

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

The choice about which device is used will depend on your womb shape and size, any fibroids and any other conditions you may have and whether the procedure is carried out under general anaesthetic or local anaesthetic.

First, a small telescope camera (hysteroscope) is passed into the womb through the vagina and neck of the womb to check that the cavity is normal in shape and size. Then the healthcare professional may need to inject some local anaesthetic in the neck of the womb and then stretch the neck of the womb in order to introduce the ablation device in to the womb.

This ablation device uses a small burst of energy for up to 2 minutes against the womb lining which treats the lining of the womb.

You will be in the treatment room for about 30 minutes, although the actual procedure takes only 2 minutes to do. The technique does not involve any cuts and is done in the outpatient hysteroscopy department.

On the day of your local anaesthetic procedure in outpatients

- We advise you to **eat a good breakfast or lunch** and **take all usual prescribed medications** (except painkillers) on the day of your procedure. **Do not eat or drink if your procedure will be under general anaesthetic.**
- You will have a pregnancy test done but this can be negative in the first 2 weeks of pregnancy so it is very important that you use **good** contraception (withdrawal is not good contraception).
- You will be given pain relief medication 1 hour before the procedure to allow it time to work.
- You will be seen by the person who will do the procedure and they will discuss your bleeding problems, previous treatments you have tried and plans for contraception after the ablation.
- You will be asked to change into hospital gown in privacy. You will then be asked to sit on the procedure chair with your legs supported in leg rests.
- You will be with 1 of the team throughout the procedure. The procedure will be explained as the healthcare professional does it.
- You will also be offered gas and air (Entonox®) that you can inhale during the procedure should you wish to have more pain relief.
- A local anaesthetic will be injected into your cervix to allow it to be stretched if this is needed so the device can be inserted. Most women may feel a sharp stinging or cramping but some report no discomfort. The treatment is started and lasts up to 2 minutes. After the procedure you will be allowed to rest before going home

What are the risks associated with this procedure?

- Pain or cramping during the procedure this can occasionally be severe.
- Dizziness during or just after the procedure. This will usually settle on its own.
- Vaginal discharge which can last from 2 days to several weeks.
- Infection of the womb will cause pain and vaginal discharge - treated with antibiotics.
- Infection of the bladder (a ‘water’ infection) causing cystitis symptoms - treated with antibiotics.

- Failure to do the procedure - if the womb cavity is too big or too small or too distorted, or occasionally if the safety checks for the device fail.
- Creating a small hole in the wall of the womb which is called a perforation (3 in 1000 women).

When to see a doctor after ablation

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 of endometrial ablation

- **Late onset endometrial ablation failure (LOEAF)** is where pockets of womb lining re-grow after a period of months or even years. This may be seen in 1 in 4 women in the 5 years after ablation. These pockets can then cause:
  - return of bleeding problems after the ablation after a short period of improvement.
  - period type pain - with or without bleeding at any time of the month.
  - severe cyclical pain at the time your period would have been due but without bleeding.

  The chance of LOEAF is higher if you are less than 35, have fibroids, polyps, have a band of extra tissue in the womb (a uterine septum) or have a heart shaped womb (bicornuate womb), suspected adenomyosis, where the lining of the womb is found in the muscle of the womb or obesity.
- **Future assessment of the womb may not be possible**. It may be difficult or impossible to have further 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. For this reason if you have had precancerous changes in the last 5 years, you can not 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.

Ablation should therefore be considered as a last option before a hysterectomy and after all other treatment options have been tried.

Benefits

- It can be performed under local anaesthetic in outpatients. This avoids the need for a general anaesthetic (going to sleep) and the nausea and tiredness linked with this. ·
- You can eat and drink as normal before the procedure unless you are having a general anaesthetic.

- No hormones are involved.
- Recovery is fast, with most women able to go home within 30 to 60 minutes after the procedure.
- More than 8 out of 10 women returned to normal, light or no periods at all and 4 out of 10 reported that their periods stopped completely.
- Most women avoid the only other surgical option of a hysterectomy.

After the procedure

- You will usually 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 - usually 2 to 3 weeks.
- You can return to work after 4 to 5 days or sooner if you feel well enough depending on your job.
- You have a watery and blood stained brown discharge for about 2 weeks
- Most women have some mild pain after the procedure for a few days (occasionally this can go on for longer). Use simple pain killers for a few days. If the pain doesn't settle and the vaginal discharge is also smelly or you feel unwell, this could be a sign of infection call GAU on the number below.
- You will still have your cervix (neck of the womb), so **cervical smears are still needed**.
- You must continue using contraceptives if you have sex with a man 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:

- Ward 11 at Leicester General Hospital: 0116 258 4910 (Monday to Friday, 8am to 6pm).
- Gynaecology Assessment Unit (GAU) - Leicester Royal Infirmary: 0116 258 6259 (24 hours everyday).
- If your appointment is at Loughborough Hospital please call 01509 564406 .
- If your appointment is at Melton Mowbray Hospital please call 01664 854904
- If your appointment is at Hinckley Hospital please call 01455 441845.

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

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہِ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔

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