Royal Surrey
County Hospital
NHS Foundation Trust

Thermal Endometrial Ablation

Day Surgery Unit

Patient information leaflet

What is endometrial ablation?

The procedure is used to treat very heavy periods in pre-menopausal women. It is intended to destroy all or most of the lining (endometrium) of the uterus (womb). This normally results in a significant reduction in the amount of monthly bleeding. In some cases, bleeding may stop altogether.

Why is the procedure required?

The procedure is performed for women who suffer with very heavy periods (menorrhagia). This condition frequently causes lifestyle disruption, and can lead to anaemia.

Thermal ablation is one of the treatment options for heavy periods when there are no problems such as fibroids, polyps or cancer, causing the periods to be heavy.

When is the procedure not suitable?

The procedure is not suitable for women who wish to conceive a child in the future. It does not prevent pregnancy, but any pregnancy that did occur would be very risky for the mother and foetus. Therefore, contraception is still required after the procedure.

Please do not have unprotected sex during the month before your surgery.

What does the procedure involve?

The technique used in the Day Surgery Unit is known as 'balloon ablation'. A small probe is inserted through the vagina and cervix into the uterus.

The probe contains a balloon that is then filled with fluid so that it fills the uterine cavity. The fluid is then heated, thus destroying the lining of the uterus.

This procedure is usually performed in conjunction with a hysteroscopy, which involves passing a small fibre-optic camera into the uterus to examine the lining before the ablation takes place.

What are the potential complications and risks?

Perforation – There is a small risk of the instruments used in this procedure piercing a hole in the wall of the uterus. This is known as a perforation. If this complication arises, the surgeons may need to make a cut in your lower abdomen to repair the damage.

Infection – If you develop a fever, worsening pelvic pain, nausea, vomiting or unpleasant vaginal discharge, see your GP as you may require a course of antibiotics.

Are there any alternatives?

Alternative treatments for menorrhagia include:

Medication – hormone therapy, such as the contraceptive pill, may help to control heavy bleeding, particularly if this is caused by hormone imbalance. This is suitable treatment for women who wish to be able to have children in the future.

Mirena Coil – this is a t-shaped metal and plastic device, about 4cm long, which sits in the uterus and releases hormones into the womb lining. It can be used purely for contraception but has also been found to be effective in reducing heavy bleeding. However, not all women can tolerate the coil and some find that the hormones produce side-effects such as weight gain and mood swings.

Trans-cervical resection of endometrium – this is an operation involving cutting away the womb lining with surgical instruments. It can be performed as a day case.

Hysterectomy – this operation involves the complete removal of the uterus. It is considered major surgery, involving a hospital stay of a few days and several weeks' recovery. It is the final treatment for heavy periods and is usually considered when other treatments have failed. This is not usually performed at the Day Surgery Unit.

After your procedure

Will it hurt?

Some cramping, similar to period pains, is to be expected following the procedure. Painkillers will be given while on the Day Surgery Unit. Painkillers may also be provided to take home; these carry a prescription charge, unless you are exempt.

Bleeding / discharge

Some vaginal bleeding is to be expected after the procedure, followed by a pinkish, watery discharge for about 2 weeks. You are advised to use sanitary towels during this time, as tampons may increase the risk of infection.

After the procedure, your periods should become moderate or light. Some women experience spotting, or no bleeding at all.

About 15% of women may not experience any reduction in bleeding and may require additional treatment.

Washing

You may shower as normal. Avoid using perfumed bath products or talcum powder until your bleeding has stopped. After 24 hours you may have a bath, but avoid soaking for a long time as this may increase the risk of infection.

Sexual Intercourse

You may have penetrative sex providing any bleeding or discharged has stopped and you are comfortable. This may take up to two weeks.

Driving

You must not drive for 24 hours following your anaesthetic, you must also feel comfortable enough to perform an emergency stop.

Work / activity

You may return to work and normal activity as soon as you feel able to do so. However, you are advised not to work on the day following your surgery to allow recovery from your anaesthetic.

Will I need a follow-up appointment?

You will be sent an appointment to see the surgical team in Outpatients a few weeks after your surgery.

Reference source

- www.hopkinsmedicine.org

Notes

Notes

Contact details

If you require further advice, please do not hesitate to contact us.

Day Surgery Unit

Telephone: 01483 406783 (Monday–Friday, 8am–6pm)

Out of hours advice

Telephone: Call 111 (formerly NHS Direct)

Website: www.nhsdirect.nhs.uk

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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