

## Further information

This information leaflet is for general information about endometrial ablation. Please ask if you have any further questions.

For further information please also see the leaflet '**RCOG Recovering Well – Information for you after an Endometrial Ablation**' on the Royal College of Obstetricians & Gynaecologists (RCOG) website at [www.rcog.org.uk](http://www.rcog.org.uk)

(From the RCOG website homepage, click on 'Patients' then 'Patient Information', then under 'Patient Information leaflets', look for 'Endometrial Ablation.'

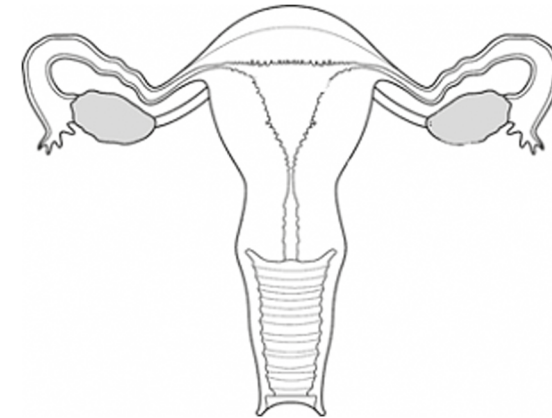
## Interpretation and Translation

Your GP will inform us of any interpreting requirements you have before you come to hospital and we will provide an appropriate interpreter. If you are having this procedure as an existing inpatient, staff will arrange interpreting support for you in advance of this procedure. This leaflet may be made available in a larger print, Braille or your community language.

## Cancellation of Surgery

While we make every effort to avoid this where possible, there is always a risk that your operation may be cancelled at short notice. This is due to either emergency patients who require urgent surgery or other reasons which are beyond our control. We realise that this can cause distress and inconvenience, but in the event that your surgery is postponed, you will be offered a new dates as soon as possible.

# Endometrial ablation

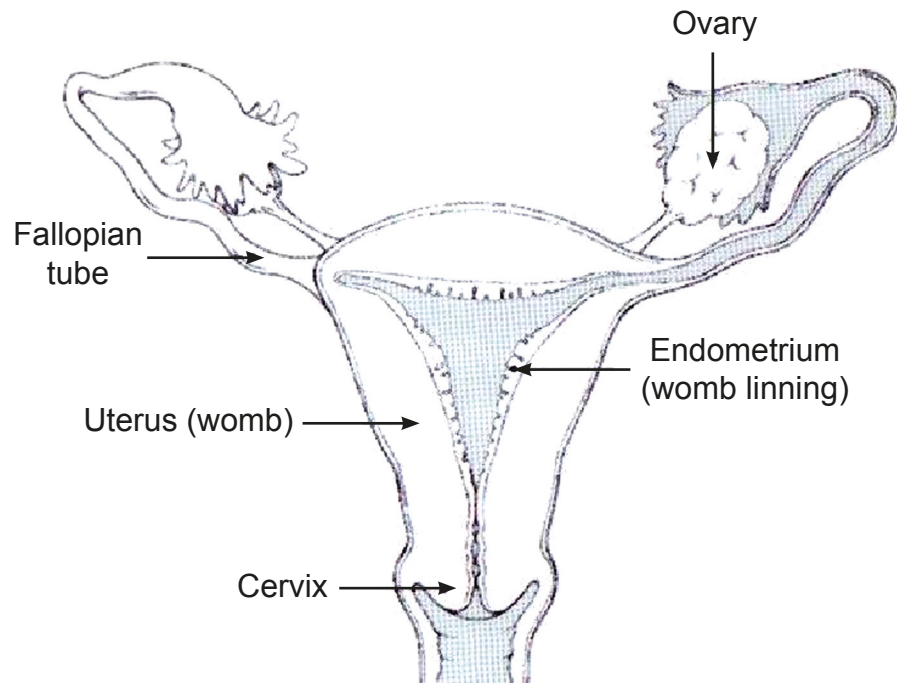


Patient information leaflet

## What is endometrial ablation?

Endometrial ablation is a procedure that treats heavy periods by removing the lining of the womb (endometrium). This is the layer that comes away each month as a period. There are different types of ablation, all of which aim to remove the womb lining deep enough to stop it growing back again.

As it is only the inner lining that is removed, the womb (uterus) itself stays in place. There are no stitches or scars. This procedure can be done under general anaesthetic (asleep) in the Day Case Unit, or in certain situations under local anaesthetic (awake) in the Outpatient Clinic.



There is a much smaller risk of damage to the womb muscle itself, where a small hole (perforation) can occur (a 1% risk or 1 in 100 patients). As with any operation, there is the possibility that further surgery is necessary, including hysterectomy (the risk is very small, approximately 1 in 1,000 patients). This risk would be identified at the time of the ablation.

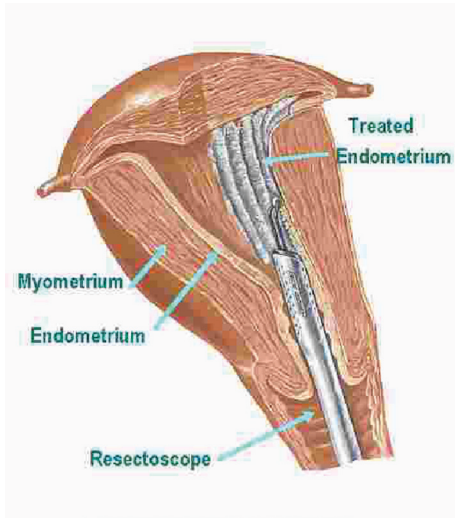
Even more rarely, there is a tiny risk of injury to bowel or bladder (1 in 1,500 patients), which would lead to further surgery. The risks of ablation overall are small and far less than the risks of hysterectomy. These risks will of course be discussed with you at the time of obtaining your written consent to the operation.

## What about contraception and pregnancy?

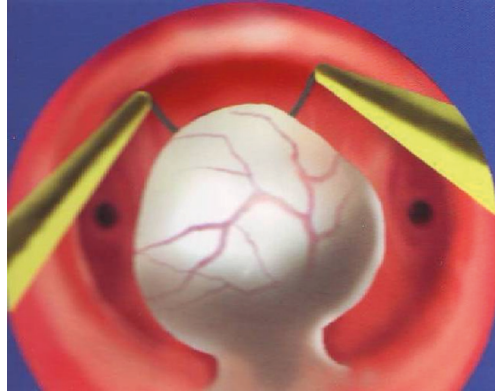
Ablation should not be considered for patients who wish to have a pregnancy in the future. **Ablation does not provide contraception**, as it does not affect the hormones produced by the ovaries, so there is still a small chance of pregnancy. Pregnancy after ablation is associated with major complications and should definitely be avoided. **It is important therefore to still use contraception.**

## What about cervical smears?

You will continue having cervical smears as normal, as the cervix is not treated or removed in ablation.



TCRE - endometrium



TCRF - Fibroid inside womb

## How can ablation help you?

Endometrial ablation works well for many women who have heavy periods. There are different types of ablation (see next page). Overall, 9 out of 10 women are satisfied with the end result. Approximately one third of these women will stop their periods completely and two-thirds will find their periods are much lighter and are happy with this.

**It is important to note that ablation does not guarantee that the periods will stop completely.** Many women find that period pain related to heavy bleeding improves as well. It can take up to 3-4 months after the procedure to notice the full effect of the ablation.

## How quickly will I recover?

All being well, you will be able to get home later in the day after your ablation once you are comfortable. There will be some cramps (like period pain) for a few days, with period-like bleeding for a week or so (lessening as time goes on) and often a watery brown discharge for the following 3-4 weeks. During this time it is best to use sanitary towels rather than tampons and avoid sexual intercourse, just to minimise infection. You can return to your usual activities when you feel able. There are no restrictions on driving, lifting or exercise, although driving should be avoided in the first 24 hours if you have had a general anaesthetic. Most women feel able to return to work and normal activities **within a week**, although this will vary depending on the nature of your job/activities. Recovery overall is therefore quick.

## What preparation is needed?

No special preparation is needed for Novasure. For the TCRE/TCRF ablation, an “anti-hormone” injection (Decapeptyl) will be organised for you four weeks before the day case operation. This thins the womb lining (endometrium) and shrinks the fibroids to obtain the best overall result. This injection can cause hot flushes and irregular bleeding.

## What are the risks with endometrial ablation?

Endometrial ablation is commonly performed and generally safe. However, all surgery does carry a small element of risk. There are risks of pain, infection and bleeding. Painkillers are given to keep you as comfortable as possible. Preventative antibiotics are frequently used. The bleeding may be heavy like a period for a few days.

## Are there different types of ablation?

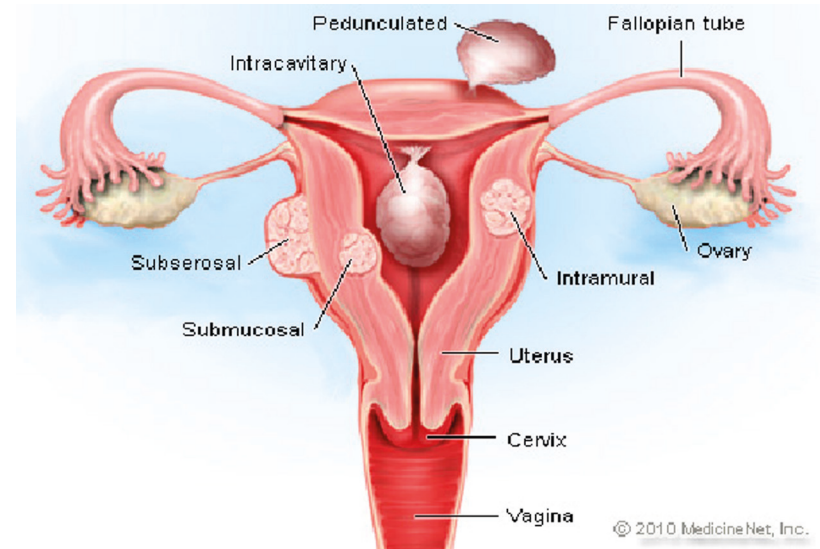
Ablation is for women who have completed their family and have a normal sized womb (uterus). In addition to a vaginal examination with consent at the Outpatient Clinic, an ultrasound scan will also be arranged to look at the size of the uterus and measure the thickness of its muscle wall (myometrium).

There are **2 main types of ablation** available in NHS Lothian under general anaesthetic (asleep) in the Day Surgery Units. Your doctor will discuss which option is the best for you:

1. If the womb is normal in size (less than 10cm long) and the muscle thickness measurement is at least 10mm, **NOVASURE** ablation will be discussed. This operation takes approximately 20 minutes. After inspecting the inside of the womb with a narrow telescope, the Novasure 'fan'-shaped device is inserted into the womb and electrical energy is used to "ablate" or remove the womb lining. The ablation treatment phase lasts 60-90 seconds.



2. At least 4 out of 10 women may have fibroids in the womb, which are areas of 'thickened muscle'. This does not necessarily rule out ablation. Fibroids can occur in different places in the womb.



If the womb has fibroids within the lining, (intracavitary or submucosal) ablation may be possible. This type is called **TCRE /TCRF (Transcervical Resection of the Endometrium and / or Fibroids)**. Again, this type of ablation is under general anaesthetic and takes 30 minutes. A narrow telescope is inserted into the womb (whilst asleep) and the endometrium and fibroids are cut away and removed using a small electrical wire loop. This operation can be used just to remove the fibroids only. Your doctor will discuss this in more detail with you.