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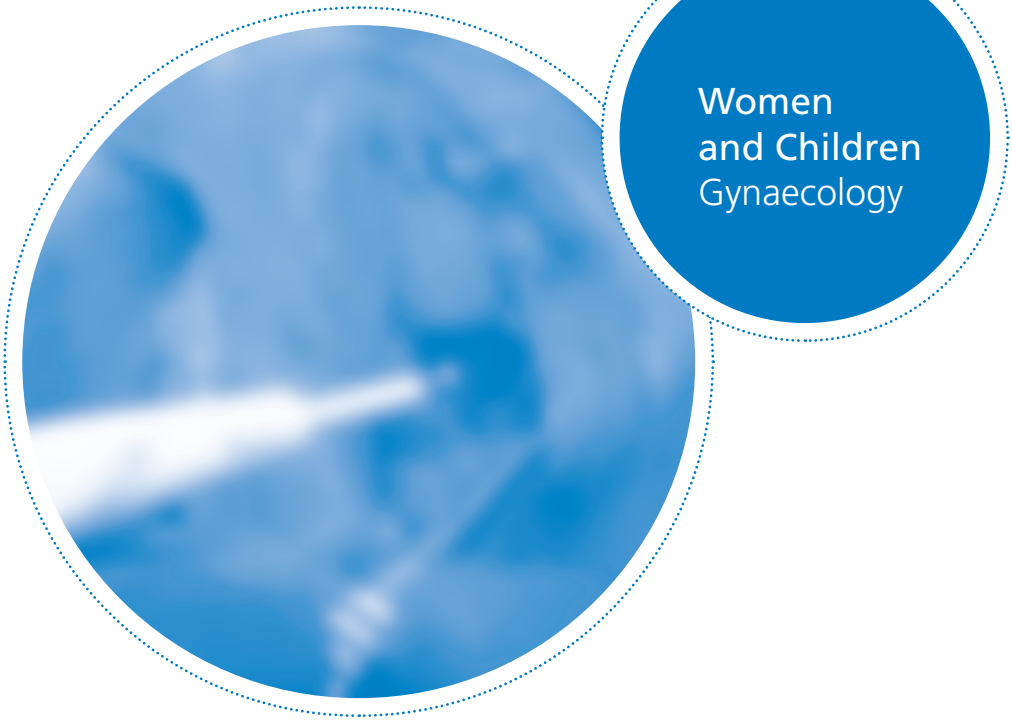
South Tees Hospitals NHS
NHS Foundation Trust

Endometrial Ablation

Patient Information



Women
and Children
Gynaecology

together we do the amazing

Even if your surgeon has told you about your operation, many of us do not take in everything mentioned in the clinic, so this booklet is to help you understand your condition and the reason for the treatment you are going to have.

As we are all different, it is not possible to personalise this information, so there may be differences between your individual case and the information given here.

If there is anything you are not clear about, you should ask your consultant or a member of his/her team (doctors or nursing staff). There are some phone numbers later in the booklet if you need to contact us.

What is endometrial ablation?

Endometrial ablation is an operation to destroy the lining of the uterus (womb). As a result of the operation periods either stop or reduce so much that the unpleasant symptoms disappear and your periods become more manageable and acceptable. For most women endometrial ablation makes them infertile and unable to have any more babies even though the womb is not removed during the operation. However it is recommended that you have in place a permanent form of contraception, such as sterilisation, so you will need to discuss your future needs with your consultant before going ahead with any kind of endometrial ablation.

Why do I need an endometrial ablation?

The uterus (womb) is lined by a layer of tissue called endometrium which bleeds every month in response to the changing levels of hormones produced by the ovaries. Some women have very heavy, frequent or very long menstrual periods which can be due to a variety of causes including polyps, fibroids or excessive thickening of the endometrium.

In many cases we are unable to explain the cause or the reasons for troublesome periods. The medical term used for heavy menstrual periods is **menorrhagia**.

Are there any alternatives to endometrial ablation?

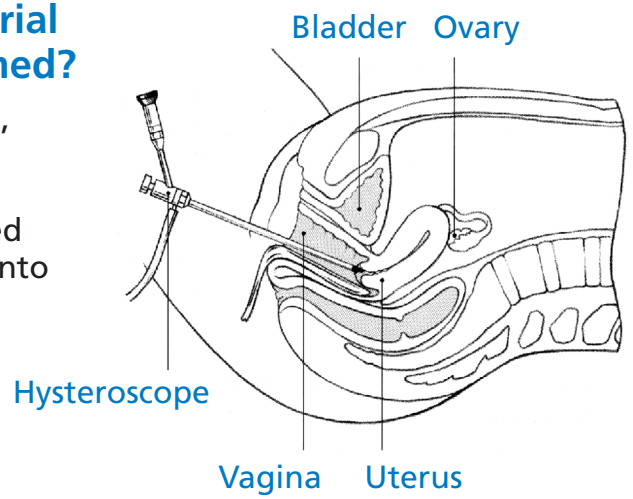
Menorrhagia can be treated by drug therapy and there are various drug treatments used to control menstrual loss. These include:

1. Hormones .... such as the contraceptive pill, norethisterone or hormone replacement therapy
2. Non-hormonal drugs ... such as tranexamic acid or mefenamic acid (Ponstan)
3. Intra-uterine hormonal device ... Mirena IUS, placed into the uterus (womb)

However, in cases where women have already tried such treatments without success, or if women wish to avoid prolonged treatment with drugs or hormones, then the next step is to think about having surgery.

How is endometrial ablation performed?

While you are asleep, under general anaesthetic, a hysteroscope is passed through the vagina into the uterus (womb).



The hysteroscope is a fine telescopic instrument which is connected to a camera and a television system so that the surgeon can see the inside of the uterus (womb). Watching the image on the television screen, the surgeon passes a special surgical instrument down through the hysteroscope into the cavity of the uterus.

Are there different types of endometrial ablation?

'Novasure' ablation: Using a heated mesh to destroy the endometrium (womb lining).

Laser ablation: A laser is moved in a systematic fashion over the inside of the uterus and the endometrium is destroyed by vapourisation, along with any small polyps or fibroids.

Transcervical resection: Using a heated wire loop to peel away the endometrium.

Rollerball ablation: Using an electrically heated revolving ball.

Balloon ablation: Using a heated, fluid-filled balloon to destroy the endometrial tissue.

Are there any complications or risks associated with endometrial ablation?

We know there may be complications, following various gynaecological operations or procedures, that are not particularly serious but do happen more often.

These frequently occurring risks include: pain, bruising, anaemia, scarring of the skin, scar tissue inside (adhesions), urinary frequency / loss of control, mild infection, fatigue / tiredness.

Are there any 'more serious' risks?

It is also known that more serious risks are present in certain circumstances in these operations. These risks are rare but are significantly increased in those patients who smoke, are obese, have underlying medical problems, and if there are very large fibroids or scar tissue from previous surgery to the womb or cervix (neck of the womb). The more serious risks are as follows:

Infection … This may occur in the bladder, within the uterus (womb) or in the chest. Infections are usually easily treated with antibiotics. Patients are encouraged to follow the recommended post-operative breathing exercises as described at the end of this booklet and to reduce or stop smoking if possible.

Bleeding … This may occur during the operation or, rarely, afterwards and may be sufficient to require a transfusion.

Visceral injury ... This is essentially injury to the bowel, bladder, cervix or uterus (womb). This type of injury is very rare, the risk being increased if there are very large fibroids or if there is scar tissue present from previous operations. If there is a visceral injury then it may need to be repaired by laparotomy operation which is an abdominal incision (tummy cut) and you would need a longer stay in hospital afterwards. If the injury cannot be easily repaired, a hysterectomy (removal of the womb) might be needed during the laparotomy. These complications would usually be found during the operation and be dealt with immediately. In rare cases the problem may not become apparent for a few days after the endometrial ablation and it may be necessary to go back to theatre for a second operation to resolve the problem.

Deep vein thrombosis (DVT) … following an endometrial ablation, it is very rare but possible, for clots of blood to form in the deep veins of the legs and pelvis. If this does occur, a deep vein thrombosis would cause pain and swelling in a leg and can be treated relatively simply with drugs. The risk of developing a DVT is minimal, as many precautions are taken to help prevent and minimise the risks. These include reduction of smoking in the weeks before your operation, the use of special equipment in the operating theatre and if you have any medical indications (such as a previous DVT yourself, or family history of DVT) we would also use support socks or sometimes medication to 'thin the blood'.

Pulmonary embolism ... once again it is very rare but possible for a clot to break away and be deposited in the lungs or heart. If this occurs it is a serious situation and will need immediate treatment with drugs. The precautions against pulmonary embolism are the same as for DVT

Fluid overload ... With some types of ablation fluid has to be passed through the uterus so the surgeon has a clear view throughout the operation. Some of this fluid is usually absorbed by the body and causes no problems whatsoever. If, however, an excessive amount of fluid is absorbed it is necessary to insert a catheter into the bladder (a small rubber tube which drains urine from the bladder) to allow us to monitor the amount of fluid draining back out as urine. The catheter is usually removed a few hours after the operation and is a simple and painless procedure.

There may be failure to gain entry into the womb.

Endometrial ablation should not be performed if you are pregnant or if you have an infection.

All operations carry some risk of death.

If you do have any concerns about the risk of complications, please discuss them with the consultant or a member of his/her team (doctors or nursing staff) and your questions will be answered as clearly and as honestly as possible.

Do I need any special preparation before the endometrial ablation?

With some of the techniques, the endometrium must be prepared to make it as thin as possible so that it is more easily and successfully removed. To do this we use a hormone injection, one month before your operation. The injection most often used is called Gorserelin and its effect is to turn off your natural hormones, causing a temporary menopause. Most women experience some menopausal symptoms such as hot flushes / sweats, mood swings or irritability but the symptoms disappear as the effect of the medication wears off, after about four to six weeks.

If you are having the type of ablation where you need the injection, you will either receive an appointment to have your injection at the hospital or you will be instructed to attend your doctor's surgery.

The injection is an extremely important part of your endometrial ablation and if you are told you need the injection, this means in most cases the surgeon will not be able to perform the operation without it. If you are unable to attend as instructed, you must contact your surgeon's secretary urgently.

What happens before the operation?

You will probably have had some MRSA swabs taken at the end of your appointment with the consultant, then filled in some medical forms for us and had your weight, height, pulse and blood pressure recorded.

Depending on your general health and age, some blood samples and further tests may be needed such as a heart tracing (ECG -Electocardiogram), a chest x-ray or a lung function test. You may also need to see a doctor who may listen to your chest and take a more detailed history of your medical problems for the Anaesthetist. Should these be necessary you will receive an appointment in the post for a pre-assessment appointment. You will already have had your operation explained to you by your consultant so he/she is not usually present at the pre-assessment and there is not usually any need for an internal examination. You will however, have the opportunity to ask the nurse any questions you might have.

Shortly before your operation, we will want to make sure your general health has not changed since we last saw you, that you have understood the information you have been given, that your hospital paperwork is complete, and also make sure the arrangements we have made for your return home after the operation are right for you. We call this your pre-admission phone call and it is done in a telephone conversation with a nurse or healthcare assistant.

Your anaesthetist would prefer you to stop, or at least reduce, cigarette smoking in the weeks before your operation as smoking is known to increase the risk of anaesthetic complications, for example breathing difficulties, coughing, nausea & sickness and chest infection.

To reduce the possibility of skin infection, we request you do not shave your bikini-line during the week before your operation.

Admission into hospital

Do not have anything to eat or drink as instructed in your admission letter. Do not suck sweets or chew gum. As you will be admitted on the day of your operation, you will need to take a bath or shower at home and take off as much of your jewellery as possible although we are able to cover wedding rings / bangles if you are unable to remove them. To reduce the possibility of any damage to your eyes, it is very important you remove all mascara and wear glasses instead of any type of contact lenses. Please wear comfortable clothes that are not tight around the waist.

You will need to bring a packet of sanitary towels into hospital with you, toiletries, dressing gown, nightgown and slippers, plus any medications that you are currently taking. You may also choose to bring in a book or magazine.

Please be aware that South Tees Hospitals NHS Trust cannot be held responsible for any personal belongings, valuables or money you bring in with you.

Partners or friends may come in to drop you off but unfortunately we do not have the facilities to let them stay with you.

For patient confidentiality, you will be asked if you are expecting any telephone enquiries. If an unexpected enquiry is received, the person calling will be told that you are not present.

If you are unsure, you may phone the nursing staff on the contact numbers at the end of this booklet.

What happens on the day of the operation?

You will be provided with a gown on arrival and the nurses will advise you to put it on at the right time.

If you haven't already signed your consent form for the operation, you will be seen by a member of the surgical team who will explain your operation in detail and answer any questions you may have. You will then be required to sign the consent form.

Your anaesthetist may also visit you before your operation but if not, you will meet him/her at the time of your anaesthetic. Any pre-medication prescribed by the anaesthetist will be given by the nurse. You might need 'support socks' or a small injection of medication to thin the blood to help reduce the risk of a blood clot developing in your legs or lungs. You will then be transferred to the theatre area accompanied by a nurse and/or a porter.

What can I expect after the operation?

When the operation is completed you will be woken up by the anaesthetist and transferred to the recovery area, where a nurse will look after you and stay with you until he/she is satisfied with your condition.

Surgical Admission Unit:
You will then be taken back to the unit and transferred from your trolley to your reclining chair. You will probably be feeling drowsy for a few hours afterwards. You must get help from the nursing staff when you first try to stand up as you may be very unsteady.

Allerton Ward, Friarage or Women's Health Unit/Ward 27, James Cook: You will be taken back to the ward on a trolley then transferred into your bed. You will probably be feeling drowsy for a few hours afterwards. You must get help from the nursing staff when you first try to stand up as you may be very unsteady.

How long can I expect to be in hospital after endometrial ablation?

Many patients feel well enough to leave hospital about two hours after endometrial ablation but you will be advised to stay until you have passed urine. (You will not be allowed to drive yourself home and if you are planning to take a taxi, you will need to be accompanied by a friend or relative). You may be required to stay overnight if you have complicated medical problems.

What happens when I go home?

Anaesthetic drugs remain in the body for 24 hours and gradually wear off over this time. If you have nobody with you at home for the first 24 hours, you will need to stay in hospital overnight. Our pre-admission staff will arrange an overnight stay should you need it but if a bed is not available, your operation date may be affected. If you do not have pre-admission, please contact the area you are being admitted to, or contact your gynaecologist's secretary.

As you will be under the influence of drugs it is very important to follow these instructions for 24 hours after your anaesthetic:

- Do have a responsible adult with you in your home
- Do not drive a car, or any other vehicle, including bicycles
- Do not operate machinery or appliances such as cookers or kettles

- Avoid alcohol
- Do not lock the bathroom or toilet door, or make yourself inaccessible to the person looking after you
- Drink plenty of fluids and eat a light diet, avoiding heavy or greasy foods
- Take things easy the day after your operation and do not attempt to go to work
- Do not make important decisions, or sign any important documents
- Do not smoke as it may cause nausea, vomiting, dizziness or fainting

You may experience some discomfort following the procedure:

- Some discomfort similar to period cramps and / or shoulder tip pain may be present and simple painkillers such as paracetamol or codeine should provide effective relief.
- Some discomfort or bruising in the area of your anaesthetic injection that may last for seven to ten days.
- A sore throat for several days.
- You may have a bath or shower, as preferred, and as soon as you wish after the operation. There is no need to alter your normal hygienic procedures but it is advisable not to use talcum powder.
- You should rest for one or two days following endometrial ablation but should be able to resume normal activities after two to four days. Returning to work is up to the individual concerned. You are the best judge of how you are feeling.

- Because of the risk of infection, it is advisable not to have penetrative sex for about 48 hours after the operation. Apart from this, you can resume your normal sexual activities at your own preference although you may feel a little tender in the first few days after the operation.
- Bleeding can last for approximately six to eight weeks depending on the type of endometrial ablation used. If at first it is fairly heavy and red, it should change to watery red-brown. You may notice what appears to be tissue or brownish / black debris in your vaginal loss. Again this is normal but if it becomes a problem, or you are at all worried, do not hesitate to contact the hospital or your GP for advice.
- The aim of the treatment is to stop or considerably reduce your periods. Depending on the type of the ablation used, the first period you have following the operation may be heavy. The next period will then hopefully be a little shorter and lighter. It takes about six months to fully see the success of endometrial ablation. Over the following months, periods are expected to gradually become shorter and lighter and may even stop.
- We advise you to use sanitary towels in preference to tampons to help reduce the risk of infection and to monitor your blood loss and discharge. If you prefer to use tampons, remember to change them frequently to avoid infection.
- For most women an endometrial ablation makes them infertile and unable to have any more babies but because the womb is not removed during the operation, you must continue with your normal contraception to avoid unplanned pregnancies.
- Women who are taking hormone replacement therapy (HRT) need to ensure that it contains a ‘progestogen’. Please ask the doctor who prescribes your HRT if you are unsure.

If you have any of the following symptoms, you should contact your GP:

- Vaginal bleeding, which is heavy and fresh, bright red or the passing of clots
- Pain which is severe and not controlled by your recommended painkillers
- A smelly vaginal discharge.
- Feeling unwell, hot and feverish.
- Pain in the calf muscles or chest.

Breathing exercises

The recommended breathing exercises mentioned should help maintain a clear chest, tone up muscles and ease wind pain following surgery. Start this exercise as soon as you wake up from the anaesthetic and do regularly until you increase your walking.

Bend your knees up with feet flat on the bed, breathe in through your nose until your lungs are as full as possible, then relax as you breathe out through your mouth. Repeat five times every half hour or so, and follow with two huffs.

Huff: Position as above with hands or pillows supporting any area of discomfort. Take a medium breath in, then force the air out quickly through an open mouth, as though you are trying to mist up a large mirror. Follow this with a cough – take a big breath in first, and do not worry about this doing any damage in the area of your surgery.

Foot and knee exercises: These should help the circulation and help prevent clots from forming in your legs. Repeat every time you do your breathing exercises and until you are walking about. Bend feet up and down at the ankle firmly and quickly. Draw circles with your feet. Press back of the knees into the bed and tighten up the thigh muscles.

We hope you have found this information helpful. Please remember our staff will be happy to answer any questions you have about any aspect of your care and welcome any comments about this leaflet.

The James Cook University Hospital	**The Friarage Hospital**
Appointments Desk: 01642 854861 / 282714 / 854883	Appointments Desk: 01609 764814
Gynaecology Outpatients Dept. (Including Pre-admission Service): 01642 854243	Gynaecology Outpatients Dept: 01609 764814
Surgical Admissions Unit: 01642 854603	Pre-admission Service: 01609 764845 / 01609 763769
Women's Health Unit / Ward 27: 01642 854527	Surgical Admissions Unit Reception: 01609 764847 Nursing Staff: 01609 764657
	From 7am Mondays until 5pm Fridays, Allen POS.D.U.: 01609 764405
	From 5pm Fridays until 7am Mondays, Allerton Ward: 01609 764404

Your notes

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Comments, compliments, concerns or complaints

South Tees Hospitals NHS Foundation Trust is concerned about the quality of care you receive and strives to maintain high standards of health care.

However we do appreciate that there may be an occasion where you, or your family, feel dissatisfied with the standard of service you receive. Please do not hesitate to tell us about your concerns as this helps us to learn from your experience and to improve services for future patients.

Patient Advice and Liaison Service (PALS)

This service aims to advise and support patients, families and carers and help sort out problems quickly on your behalf.

This service is available, and based, at The James Cook University Hospital but also covers the Friarage Hospital in Northallerton, our community hospitals and community health services. Please ask a member of staff for further information.

All information contained in this booklet, as advised by: The Gynaecology Medical and Nursing Team at The James Cook University Hospital.

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