OG30 Endometrial Ablation

Expires end of February 2023

You can get information locally from:
Huddersfield Royal Infirmary

- Main switchboard, who can connect you to the relevant department, on 01484 342 000
- Patient Advice and Liaison Service (PALS) on 01484 342 128

Calderdale Royal Hospital

- Main switchboard, who can connect you to the relevant department, on 01422 357 171
- Patient Advice and Liaison Service (PALS) on 01422 222 417

You can also contact:

_____

_____

_____

You can get more information from www.aboutmyhealth.org
Tell us how useful you found this document at www.patientfeedback.org

What is an endometrial ablation?

An endometrial ablation is an operation to prevent the lining (endometrium) of your uterus (womb) from growing, either completely or partially each cycle (month).

There are three common devices used to perform an endometrial ablation.

- Radiofrequency.
- Thermal balloon.
- Microwave.

Each device uses heat to treat the endometrium. Your gynaecologist will explain the differences and their own preferred method in specific detail.

After the operation most women have a noticeable reduction in their periods and, for some women, periods stop altogether.

Your gynaecologist has suggested an endometrial ablation. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you to make an informed decision.

If you have any questions that this document does not answer, it is important that you ask your gynaecologist or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

What are the benefits of surgery?

The most common reason for having an endometrial ablation is to relieve the symptoms of heavy periods (abnormal uterine bleeding). An endometrial ablation is an effective alternative to a hysterectomy. It also has fewer complications and a quicker recovery time.

For most women, no specific cause can be found for heavy periods.

An endometrial ablation may not be suitable if your heavy periods are caused by one or more of the following conditions.

- Fibroids, where the muscle of your womb becomes overgrown.
- Polyps – A polyp is an overgrowth of the lining of your womb that looks like a small grape on a stalk.
- Excessive thickening of the lining of your womb.

Most women will have much less bleeding when they have their period. Pain is usually significantly reduced, although for some women mild cramping may still happen.

About a third of women who have the operation will not have periods anymore.

Are there any alternatives to surgery?

Heavy periods can be treated using a variety of medical treatments. Some treatments contain hormones and some do not.

There are a number of alternative treatments.

- Oral (mouth) tablets.
- Injections.
- An implant (a small device which sits under the skin in your arm).
- An IUS (intra-uterine system – an implant containing a synthetic form of the hormone progesterone that fits in your womb).

These options are usually tried before surgery is recommended. You should discuss the options with your gynaecologist.

What will happen if I decide not to have the operation?

Your doctor will continue to try to control your symptoms with medication, or you can continue without treatment. For some women this is acceptable if the cause of the symptoms is not serious.

What happens before the operation?

You will need to have an ultrasound scan of your womb to find out if it is the right size and shape for you to have the operation.

Depending on your age and symptoms, your gynaecologist may also recommend that you have a biopsy (removing small pieces of tissue from the lining of your womb). They will also check

that you are up-to-date with your smear tests, and that you have a permanent method of contraception.

Your gynaecologist will ask you for a urine sample to perform a pregnancy test before your procedure. Sometimes the test does not show an early-stage pregnancy so let your gynaecologist know if you could be pregnant.

If you are having a general anaesthetic, your gynaecologist may arrange for you to have a pre-admission assessment. They will carry out several tests and checks to find out if you are fit enough for the operation. If you have any questions about the operation, you should ask the healthcare team at this visit.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your gynaecologist and the healthcare team your name and the operation you are having.

The operation can be performed under a local or general anaesthetic. Your anaesthetist or gynaecologist will discuss the options with you. If you have a general anaesthetic, you may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection. The operation usually takes about 20 minutes.

Your gynaecologist will examine your vagina. They will pass a hysteroscope (telescope) through your vagina, across your cervix (neck of your womb) into your womb to look at the shape and size of your womb to check you are suitable for an endometrial ablation.

At this point your gynaecologist may perform a biopsy, particularly if you have not had one before the operation.

Your gynaecologist will place the endometrial ablation device into your uterus and treat the endometrium. Your gynaecologist will usually use the hysteroscope again afterwards to check the endometrium has been treated.

What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

How can I prepare myself for the operation?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight. Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

If you have not had the coronavirus (Covid-19) vaccine, you may be at an increased risk of serious illness related to Covid-19 while you recover. Speak to your doctor or healthcare team if you would like to have the vaccine.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These health problems include diabetes, heart disease or lung disease.

Some complications can be serious and can even cause death. You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Feeling or being sick. Most women have only mild symptoms and feel better within 1 to 2 days without needing any medication.
- Blood clot in your leg (deep-vein thrombosis – DVT) (risk: less than 1 in 200). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straight away if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straight away if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.
- Infection (risk: less than 3 in 100). Most infections are minor and often happen after leaving hospital. They are usually easily treated with antibiotics.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your gynaecologist know if you have any allergies or if you have reacted to any medication or tests in the past.
- Chest infection. If you have the operation within 6 weeks of catching Covid-19, your risk of a chest infection is increased (see the 'Covid-19' section for more information).

Specific early complications

- Failed procedure, if the equipment fails or if it is not possible to place the ablation device into your womb.
- Making a hole in your womb with possible damage to a nearby structure (risk: 4 in 1,000). You may need to stay overnight for close observation in case you develop complications. If your gynaecologist is concerned that an organ has been damaged, you may need keyhole surgery or another operation involving a larger cut (risk: 1 in 650).

Specific late complications

- Haematometra, where blood and other menstrual fluid collect in pockets in your womb (risk: less than 1 in 100). If this fluid cannot drain through your cervix or fallopian tubes, it can cause pain. Most women will not have periods and the fluid is usually noticed on a scan.
- Continued bleeding or pain needing another endometrial ablation or a hysterectomy (risk: around 14 in 100 in the first 5 years).
- If you have been previously sterilised, post-ablation tubal sterilisation syndrome (PATSS), where menstrual fluid becomes trapped in the fallopian tubes, causing pain (risk: up to 8 in 100, depending on the type of ablation device used).

Covid-19

A recent Covid-19 infection increases your risk of lung complications or death if you have an operation under general anaesthetic. This risk reduces the longer it is since the infection. After 7 weeks the risk is no higher than someone who has not had Covid-19. However, if you still have symptoms the risk remains high. The risk also depends on your age, overall health and the type of surgery you are having.

You must follow instructions to self-isolate and take a Covid-19 test before your operation. If you have had Covid-19 up to 7 weeks before the operation you should discuss the risks and benefits of delaying it with your surgeon.

Consequences of this procedure

- Pain is a cramping pain similar to a period and is usually easily controlled with simple painkillers such as paracetamol.
- Bleeding or discharge, lasting up to 4 weeks. It starts off heavy but gradually gets lighter.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. The healthcare team will tell you what was found during the operation and discuss with you any treatment or follow-up you need.

You should be able to go home the same day. However, your doctor may recommend that you stay a little longer.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

If you had sedation or a general anaesthetic and you do go home the same day:

- a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours;
- you should be near a telephone in case of an emergency;
- do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination; and
- do not sign legal documents or drink alcohol for at least 24 hours.

To reduce the risk of a blood clot, make sure you carefully follow the instructions of the healthcare team if you have been given medication or need to wear special stockings.

You may get some cramps and mild bleeding similar to a period. Rest for 1 to 2 days and take painkillers if you need them.

You should be able to return to normal activities after 2 to 4 days. Most women are fit for work after 3 to 4 days.

You should expect to have some bleeding or discharge for up to 4 weeks. This may be heavy and red to start with but will change to a red-brown discharge. Use sanitary pads, not tampons.

To reduce the risk of infection, do not have sex, or have a bath or swim until the discharge has settled.

Let your doctor know if you develop any of the following problems.

- A high temperature.
- Heavy bleeding or an unpleasant-smelling discharge from your vagina.
- Your pain does not settle or increases and is not relieved by your medication.
- Pain in your lower leg.
- Breathing difficulties.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you can control your vehicle, including in an emergency, and always check your insurance policy and with the healthcare team.

Will I need hormone replacement therapy (HRT)?

An endometrial ablation will not affect when you go through menopause. At the time of menopause, if you want to go on HRT, your doctor should give you a HRT which contains both oestrogen and progesterone.

Do I still need smear tests?

As the operation has no effect on your cervix, continue to have regular smear tests.

Will I still be able to have children?

The operation is not recommended for women who still want children. Serious complications for you and your baby can happen if you become pregnant after an endometrial ablation.

Summary

An endometrial ablation is a common gynaecological operation. It helps relieve the symptoms of heavy periods. You should get less bleeding and pain.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

Reviewer

Jeremy Hawe (MBChB, MRCOG)