

## Success Rates

The overall success rate of this operation is about 80%. This means that in about 20 - 30% of cases, periods stop completely. In others (30 - 40%) they continue but are much lighter than before. A small number of women may have one or two heavy periods after the operation before settling down to a lighter pattern. It takes between 6-12 months to be certain of the effects of endometrial ablation. The effect is believed to be permanent, but there is a small possibility that the lining of the womb may regrow to its former condition. If this happens a repeat operation may well be a suitable remedy but should it ever prove advisable, the opportunity to have a hysterectomy still remains.

## Can I get pregnant following the procedure?

This therapy should not be used if you ever want to have children; in fact, pregnancies after ablation can be dangerous for both fetus and mother. Since there is a chance that pregnancy can occur, contraception or sterilisation should be used following the procedure.

## Smears

Cervical smear tests are still necessary after operation, as the cervix is not removed.

## Hormone replacement therapy (HRT)

If you are having HRT before or after endometrial ablation, you should ensure that it still contains a progestogen component, so that you take a combined form of HRT.

# *Outpatient Local Anaesthetic Endometrial Ablation*

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Author: **Professor J. K. Gupta** - Consultant Gynaecologist

For further information visit the  
Birmingham Women's NHS Foundation Trust Website [www.bwhct.nhs.uk](http://www.bwhct.nhs.uk)

## Introduction

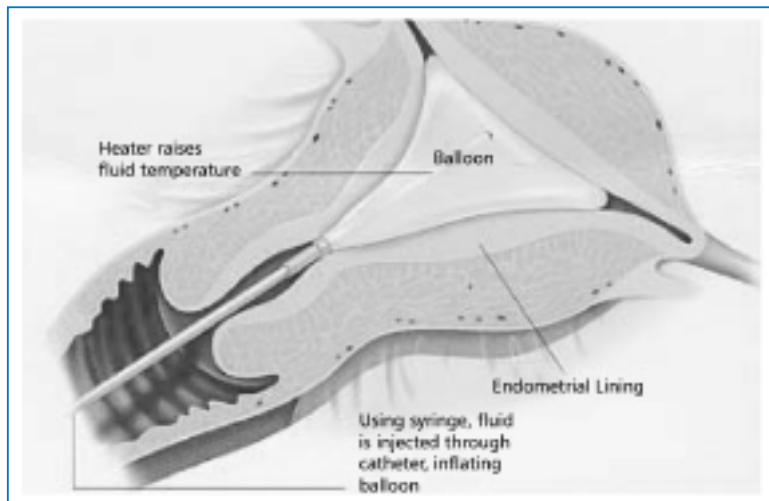
Until recently hysterectomy has been the only surgical treatment for women who have period problems severe enough to interfere with normal daily living. Over the past decade a new operation has been introduced which may replace hysterectomy in many cases. This alternative operation is called endometrial ablation.

This leaflet gives information about your operation and your stay in hospital and advice for when you go home. If you have any questions, please feel free to ask members of staff.

## Endometrial Ablation Procedure

A pre-treatment injection is sometimes required (but not always) to thin the lining of the womb prior to surgery. This is usually given five weeks before the intended operation. This can cause hot flushes and night sweats, which can last well past the time of the operation, but will eventually resolve.

The actual procedure involves a soft flexible balloon attached to a thin catheter (tube) which is inserted into the vagina, through the cervix and placed into the uterus, leaving no scars. Then the balloon is inflated with sterile fluid, which expands to fit the size and shape of your uterus. The fluid in the balloon is heated to 87°C and maintained for 8 minutes while the uterine lining is treated. When the treatment is complete all the fluid is withdrawn from the balloon and the catheter is removed. Nothing stays in your uterus.



## What will I feel during the procedure?

You must **not** fast for the local anaesthetic procedure as you shall not be having a general anaesthetic. The whole procedure will be performed whilst you are awake and conscious as you have indicated that you would like to avoid a general anaesthetic. In fact you should have a good breakfast before coming to hospital. About 1-1½ hours before treatment your doctor / nurse will give you a suppository of Voltarol / oral painkillers which minimises cramping during and after the procedure. You will also be given an anti-sickness tablet. You will be awake during the procedure and may experience cramping and/or discomfort. Your doctor may use a local anaesthetic injection to numb the cervix and uterus.

## What will I feel after the procedure?

You may feel mild or moderate cramping like period-like pains, and if needed the nurse will give you painkillers such as paracetamol or co-dydramol to make you more comfortable. After 1-4 hours you should arrange to be driven home where you should take it easy for the rest of the day. You will also be given tablets of painkillers which you should take on a regular 4 hourly basis for the next 24 hours even if you do not have any pain. Precise instructions will be provided with the tablets.

## What can I expect after I go home?

Most women can return to work and family commitments by the next day. Over the following 2-4 days sexual intercourse should be avoided. After the procedure there may be vaginal blood loss like a period for the next 7-10 days. Try to use sanitary towels rather than tampons during this time. This is usually followed by a watery bloody discharge for up to four weeks as most of the lining of the womb is replaced by inactive tissue.

## What are the risks following the procedure?

The procedure may pose some rare, but possible, safety risks including blood loss, heat burn of internal organs, electrical burn, perforation (hole) or rupture of the wall of the uterus, or leakage of heated fluid from the balloon into the cervix or vagina. As with any type of uterine procedure, there may also be a risk of infection, usually easily managed with oral antibiotic therapy.

You should call your GP or Ward 7 (direct line 0121 627 2757) if you develop a fever, worsening pelvic pain that is not relieved by oral painkillers, nausea, vomiting, bowel and bladder problems and / or greenish vaginal discharge.