



Information for patients and carers

Outpatient Endometrial Ablation

What is an endometrial ablation?

Endometrial ablation is a treatment to destroy (ablate) the lining of the womb (endometrium). It is a common treatment for women with heavy bleeding. It may be a good alternative to a hysterectomy when medical treatments are not working.

An endometrial ablation does not affect your hormones or the onset of the menopause. You will still need smear tests and to use contraception.

How effective is it?

Around 80% of women are happy with the results after an endometrial ablation. These women either have lighter periods or their periods stop completely within 1 year of the procedure.

What does the procedure involve?

1. You will need to arrive 1 hour prior to your appointment time. This will enable you to be given diclofenac and dihydrocodiene (depending on your allergies) for pain management.
2. At your appointment time you will be seen by a doctor who will review your case and confirm your consent for the procedure.
3. In the examination room, you will be asked to undress from the waist down and given a sheet to cover yourself with. You can expect a doctor and two nursing staff to be present. There may also be a junior doctor or a medical student.
4. **Hysteroscopy** – this may be performed first. This is a small camera that passes into the womb via the vagina. This is to check the womb is an appropriate size and shape for an ablation.
5. **Biopsy** – if a biopsy has not been taken recently then one may be taken prior to the ablation. This is to be sure the lining of the womb is healthy.
6. **Local Anaesthetic** – A speculum (as used for a smear test) will be used to enable access to your cervix (neck of the womb). Local

anaesthetic will be injected into your cervix. This can be a little uncomfortable however quickly goes numb. The local anaesthetic allows your cervix to be opened a little to let the ablation device pass into your womb. It also provides some pain relief for the procedure.

7. **Ablation** – The ablation device is passed through the neck of the womb. Once in place it will produce a burst of radiofrequency energy for roughly 90 seconds. During this time you will experience period type pain and the staff will support you through this. Once completed the pain will start to ease. The device will then be removed.
8. **Recovery** – After the procedure and once dressed you will be taken to our recovery area, offered a drink and remain with us for at least 20 minutes for observation.

The ablation only takes up to 10 minutes though total appointment time could be over an hour including pre-procedure pain relief.

What to expect after an ablation?

After an ablation you can expect to experience the following symptoms:

- Bleeding and discharge. This is usually like a light period. Once the bleeding has stopped you may be left with a discharge. This can carry on for 3 – 4 weeks in some women. Please use sanitary towels rather than tampons to manage this
- Pain. There will be some period type cramps for a couple of days after the procedure. This should be manageable with usual pain killers such as ibuprofen or paracetamol

If you experience any of the below symptoms please contact GAU or your GP:

- Burning or stinging when you pass urine. This may be an infection and need treatment with antibiotics

- Heavy or prolonged bleeding. If you are changing towels more than once an hour, your bleeding goes on for over a week or you begin to feel faint or dizzy you must contact the Gynaecology Assessment Unit (GAU).
- High temperature. If you experience a high temperature in the first few days following the procedure you may have an infection in the uterus. This will need antibiotics and you should contact your GP or GAU

Returning to normal:

- Driving – there are no limitations to driving however, you may want someone to drive you home after the procedure
- Having sex – we advise you wait until your discharge and bleeding has stopped

What are the risks of an endometrial ablation?

An endometrial ablation is a commonly performed procedure. However, all interventions carry an element of risk and they include:

- Pain or cramping during the procedure
- Feeling sick, dizzy or faint during or immediately after the procedure
- Pain during your periods despite a lack of bleeding
- Infection in the womb – antibiotics will be required
- Damage to the womb (perforation), vagina, cervix, bladder or bowel. If these do occur you may need further surgery (this occurs in less than 1% of procedures)

What about pregnancy?

This is a procedure to be considered by women who have completed their family. You should **not** attempt pregnancy after an endometrial ablation. The lining of the womb will be damaged and pregnancy may result in significant complications for you and a developing baby.

An endometrial ablation is **not** a method of contraception and therefore it is very important you are using a reliable method of contraception following an endometrial ablation.

Procedure checklist

- ✓ Use reliable contraception for three weeks before the procedure and decide your long term contraception plans
- ✓ Bring a sample of urine as we routinely do a pregnancy test before an endometrial ablation
- ✓ Take all your routine medication on the day of your procedure (unless advised not to)
- ✓ Eat and drink as normal
- ✓ Arrive one hour before your appointment for prescribed pain killers

Contact information

If you have any more questions please discuss these with the doctor or nurse looking after you.

Should you require urgent advice following your procedure please contact the gynaecology assessment unit (GAU): 01772 524415.

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.patient.co.uk

www.accessable.co.uk

All our patient information leaflets are available on our website for patients to access and download:

www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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Lancashire Teaching Hospitals is a smoke-free site.

On 31 May 2017 Lancashire Teaching Hospitals became a smoke-free organisation. From that date smoking is not permitted anywhere on any of our premises, either inside or outside the buildings. Our staff will ask you about your smoking status when you come to hospital and will offer you support and advice about stopping smoking including Nicotine Replacement Therapy to help manage your symptoms of withdrawal. If you want to stop smoking you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

Cantonese:

如果你希望以另外一種格式接收該資訊，請和我們聯絡，不必猶豫。

Gujarati:

જો તમને આ માહિતી બીજી રચના કે ફોર્મેટમાં મેળવવાની ઇચ્છા હોય, તો કૃપા કરી અમારો સંપર્ક કરતા અચકાશો નહિ.

Hungarian:

Kérjük, vegye fel velünk a kapcsolatot, ha más formában kéri ezt az információt.

Polish:

Jeżeli chciał(a)by Pan/Pani otrzymać niniejsze informacje w innym formacie, prosimy o kontakt.

Punjabi:

ਜੇ ਤੁਸੀਂ ਕਿਸੇ ਹੋਰ ਫਾਰਮੈਟ ਵਿਚ ਇਹ ਜਾਣਕਾਰੀ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰਨ ਤੋਂ ਨਾ ਝਿਜਕੋ।

Urdu:

اگر آپ اس معلومات کو کسی اور صورت میں حاصل کرنا چاہتے ہیں تو برائے مہربانی ہم سے رابطہ کرنے میں ہچکچاہٹ محسوس نہ کریں۔

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