

About endometrial ablation

Menorrhagia is the medical term for excessive menstrual bleeding (very heavy periods). Women suffering from menorrhagia can experience fatigue and anaemia, and so find their activities restricted. About 1 in 5 women experience unusually heavy bleeding.

One of the treatments your doctor may suggest for menorrhagia is endometrial ablation. This involves removing the lining of the womb (uterus). The treatment is only recommended for women who do not plan to become pregnant in the future.

How ablation is done

There are two different methods available – your doctor will discuss with you which is more suitable in your case.

Conventional endometrial ablation removes the lining of the uterus with an electrosurgical tool or laser. This is done under local anaesthetic.

Novasure system is a device that uses electrical energy via a hand-held wand to remove the endometrial lining. The procedure is carried out under general anaesthetic as a day case. Once the patient is under anaesthetic the doctor slightly dilates (opens up) the cervix and inserts the Novasure probe into the womb. A triangular

mesh is then released from the probe to fit the inside of the womb. Electrical energy is then delivered into the mesh for about 90 seconds. The triangular mesh is then drawn back into the probe and removed.

You may experience abdominal cramping after this procedure. We will provide you with mild painkillers such as paracetamol or ibuprofen.

Side effects

After conventional endometrial ablation, patients can experience lower back pain; and vaginal bleeding that becomes lighter after 24 hours, and is gradually replaced by discharge. The risk of damage to the womb is slightly higher.

Some Novasure system patients experience nausea and vomiting after the anaesthetic. Watery and/or bloody discharge is also common for several weeks after the procedure. We advise you to use sanitary towels and avoid sexual intercourse for 7-10 days.

You should contact your GP if you experience a persistent high temperature, worsening pelvic pain that is not relieved by mild painkillers, nausea, vomiting, bowel or bladder problems or a greenish vaginal discharge.

Risks

The surgeon will discuss the potential risks and complications of both methods of endometrial ablation with you before you sign the consent form. These

include: perforation of the uterus, bleeding, infection, injury to organs in the pelvis and abdomen and accumulation of blood within the uterus due to scarring. The potential risks of complications are very small.

The chances of becoming pregnant after the procedure is small, but it is still possible. If you become pregnant after endometrial ablation, there can be significant complications. Therefore if you want to become pregnant in the future this procedure is not a suitable treatment.

You should use a form of contraception after the procedure to avoid pregnancy. We will discuss this with you before the procedure.

Alternatives

Menorrhagia can also be treated by drug therapy, dilation & curettage (D&C), intra-uterine system or hysterectomy.

Drug therapy

Drug therapy consists of oral contraceptives or other hormones that treat hormonal imbalances. This can be effective from some patients but needs to be continued to remain effective. Side effects can include headaches, weight gain and nausea.

Dilation and curettage

Dilation and curettage (D&C) is a surgical procedure that involves scraping the uterus. It is a temporary solution that reduces bleeding for a few cycles.

Hysterectomy

Hysterectomy (surgical removal of the uterus) is the only definite cure for menorrhagia. Hysterectomy is a major procedure, requires hospitalisation for 4-5 days and recovery period of up to 6 weeks.

After ablation

This procedure is carried out as a daycase so you will go home on the same day (usually 3-4 hours afterwards). If you have a general anaesthetic, you need to be accompanied home by a responsible adult. You can return to work as soon as you feel well enough. Normal activities can be resumed within a day or two.

Contact details

If you have any questions, please contact the pre-assessment clinic on 020 7794 0500 ext 38523 during office hours.

The procedure takes place on ward 5 East B (tel. 020 7830 2745).

If you would like a large print or audio version of this information, please ask a member of staff.