

Women's Services Patient Information

Endometrial Ablation

This leaflet aims to answer your questions about having an endometrial ablation. It explains the benefits and risks, as well as what you can expect when you come to hospital.

This is a procedure to treat heavy periods for women who do not want to have any more children.

The most common current method uses microwave energy to destroy the lining of the womb. Other, older techniques can be used when necessary and these involve using electricity to ablate (burn) or resect (cut away) the lining of womb, however can be less effective at treating heavy periods.

Before the procedure the lining of the womb needs to be as thin as possible as this makes the procedure more likely to work. Tablets or injections may be used to thin the lining of the womb which will usually stop your periods before the procedure. The timing, in which these are given, will vary depending on the particular drug chosen, generally over one month before. During this time you may have temporary menopausal symptoms, but these are likely to stop within the week after the procedure has been performed.

How are endometrial ablations performed?

The procedure can be carried out while you are awake under local anaesthetic (local anaesthetic is injected into the neck of the womb) or can be carried out while you are asleep (general anaesthetic).


The doctor gently opens (dilates) the neck of the womb (cervix) and places a small telescope into the womb itself. The womb is filled with clear fluid so the doctor can see the inside of the womb. The lining of the womb is then treated via the method your specialist has discussed with you.

The entire procedure can take up to 15 minutes, from the time you enter the procedure room, to the time you are ready to leave. The actual ablation part of the procedure only takes two minutes (at the most). The rest of the time is taken up checking the womb, as described above, and if the procedure is done under local anaesthetic, injecting this into the neck of the womb. Patients undergoing the procedure either under local or general anaesthetic go home on the same day.

Usually you are in the hospital for a morning or an afternoon. If there are complications or you have other health problems, you might need to stay overnight, however this is uncommon and we do not usually ask you to bring an overnight bag. As with all hospital appointments, we ask that you bring in all the medication you are currently taking.

Are there any risks involved?

These will all be discussed by the specialist taking your consent. Please feel free to ask further questions during this time if anything is not clear. It is important that you fully understand any procedure and are happy to go ahead. The information below briefly outlines the risks involved with the procedure to help with any questions you may have.



Bleeding: Very rarely there can be bleeding during the procedure. On the rare occasions this happens, we can give medicines to help stop the bleeding and sometimes a small, fluid-filled balloon can be placed inside the womb for a few hours to stop the bleeding. This fluid is drained, deflating the balloon to allow its removal before you go home. You may need a drip to give you fluids to replace any blood lost. Very rarely patients will need a blood transfusion.

Perforation: Sometimes, 1 case in 100, the telescope may accidentally pass through the wall of the womb. Usually, if there is no bleeding and the hole was only made with the telescope, we would admit you to hospital overnight for observation and give a short course of antibiotic tablets. If this happened and there was concern about heavy bleeding, or concern that one of the organs inside your body had been injured (e.g. your bowel or your bladder) you would have an immediate operation to fix the hole, stop any bleeding and repair any damage which had occurred. This would involve a keyhole or open operation on your tummy to check inside the cavity of your tummy. Very rarely, (less than one case in thousands of procedures like this) it would not be possible to close the hole and you would need to have the womb removed straightaway (hysterectomy). This would mean a longer stay in hospital.

Infection: You will be given a strong dose of antibiotics during, or before the procedure. However, if you get lower abdominal pain, a temperature and smelly discharge after your operation, you may have an infection in the womb. This needs treatment with a course of antibiotics. Please contact your GP to get a prescription.

Failure: Sometimes it will not be possible, for technical reasons, to safely perform your operation and we would need to abandon it. If this happens, your specialist will discuss your options and next steps.

How successful is endometrial ablation?


After an endometrial ablation:

- over 40% of women have no periods at all.
- over 40% of women continue to have periods that are lighter than before.
- 20% of women have no change in their periods.

The chance of needing another procedure, either a repeat ablation or hysterectomy, is about 15%.

What happens after the endometrial ablation?

A doctor or nurse specialist will see you before you are discharged and talk to you about your procedure. You should be able to go home later the same day unless there have been any complications.

- You must not drive home. Ideally, someone should collect you from the ward or outpatient clinic. You can drive after 24 hours.
- 

- You should rest for 24 hours and you can bathe or shower the following day.
- You can resume sexual intercourse once the bleeding and discharge has stopped.
- You should be able to resume work after a week.

Will I have any pain or bleeding?

You may have some period like pain for a few days. Simple pain killers such as paracetamol should relieve this. You will bleed for a few days, then you will get a bloodstained discharge for 2-3 weeks as the womb heals.

Until the bleeding and discharge have stopped you should only use sanitary towels as tampons can introduce infection.

Contact numbers:

If you have any concerns please telephone:

The Women's Health Unit where the lilac team will be available on 01274 364895 8.00am – 5.00pm Monday – Friday

or Ward 25 Gynaecology Assessment Trauma Unit (GATU) for urgent advice on 01274 364338 (24hr contact).

You can contact us using the Relay UK app. Textphone users will need to dial 18001 01274 364895.

If you need this information in another format or language, please ask a member of staff to arrange this for you.

Smoking

Bradford Teaching Hospitals NHS Foundation Trust is a smoke-free organisation. You are not permitted to smoke or use e-cigarettes in any of the hospital buildings or grounds.

Wristbands

When you are in hospital it is essential to wear a wristband at all times to make sure you are safe during your stay. The wristband will show accurate details about you on it including all the information that staff need to identify you correctly and give you the right care.

If you do not have a wristband whilst in hospital, then please ask a member of staff for one. If it comes off or is uncomfortable, ask a member of staff to replace it.