NHS
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Patient Information

Endometrial ablation

Introduction

This leaflet gives you information about endometrial ablation and aims to answer some of the questions you may have about the procedure.

What is endometrial ablation?

This is a treatment for heavy periods and is only for women who do not want children (or to have any more children). The operation reduces the heaviness of periods by destroying the lining of the womb using heat (ablation).

During ablation, an instrument is inserted through the cervix into the womb. Once in place, it will deliver heat to the lining of the womb.

The consultant may recommend that the lining of the womb is thinned before the operation as this will help to give a good result. This is done by giving an injection about 3 to 5 weeks before the operation. Your consultant will discuss this with you and may ask your GP to arrange the injection once a date for your operation is known.

This injection might stop your period before the operation. During this time, you may have irregular bleeding as well as temporary and reversible menopausal symptoms such as hot flushes and night sweats. These symptoms will last no longer than 4 to 6 weeks.

How is the operation performed?

The operation is usually carried out under a general anaesthetic (while you are asleep).

The doctor will stretch open (dilate) the neck of the womb (cervix), and place a telescope into the womb. The womb is then filled with fluid so that the doctor has a clear view. The lining of the womb can then be destroyed by ablation as mentioned earlier in the leaflet. The operation usually takes between 10 and 30 minutes.

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Sometimes it will not be possible for the operation to go ahead due to technical reasons; very rarely equipment can fail or it may not be possible to position the equipment correctly.

Possible complications

The majority of ablation operations are very straight forward, but on rare occasions there can be complications. These include:

Bleeding

Sometimes there can be bleeding during the operation, if this happens, a small tube (catheter) is placed inside the womb for a few hours to stop the bleeding. The catheter is removed before you go home. You will be given fluids via a drip (thin tube) in the back of your hand, this will replace any blood loss.

Perforation

In as few as 1 in 100 patients, the telescope may go through the wall of the womb.

If this happens, the operation would be stopped and you would be observed for any bleeding. Very rarely, we would have to carry out a bigger operation to close the hole. This would involve performing key hole surgery to stop the bleeding from the hole in the womb and assess any damage to other organs such as the bowel and bladder and repair this. If any organ injury has been sustained, you may need a bigger cut in your tummy to manage the complication. Thiswould mean a longer stay in hospital. We must stress again that this is a very rare complication.

Fluid overload

Very rarely, the fluid used to fill the womb can get into your blood stream. If this happens the operation would have to be stopped and medication given to remove the excess fluid. Again, you would need to stay in hospital for longer than planned.

Infection

If you get lower abdominal pain and an offensive smelling vaginal discharge after your operation, you may have an infection in the womb. This will need treatment with antibiotics from your GP.

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Important information

You should not have this procedure if there is any chance you would like to become pregnant in the future. If you do become pregnant, this treatment could increase the risk of complications.

The operation itself is not a birth control method, so you will need to continue your contraception afterwards.

Alternative treatments for heavy periods

Hormonal therapy, including the combined contraceptive pill and progesterone pills can regulate and reduce periods.

Tranexamic acid, which is not a hormone, can reduce blood loss and is taken just on the heavy days of the period.

The Mirena® coil is a very popular treatment as it can reduce periods by 75% to 90%. This coil provides contraception and only has to be changed every 5 years.

How successful is this operation?

After an endometrial ablation, 40 to 60 in every 100 women have no periods at all. A further 30 to 40 in every 100 continue to have periods that are lighter than before, and around 10 in every 100 women have no change in their periods. The chance of needing another operation, either a repeat ablation or hysterectomy, is about 15 in every 100 cases.

What happens after the operation?

A doctor will talk to you about your operation before you are discharged home. You should be able to go home later the same day unless there have been any complications or you have other health problems, in which case you may need to stay overnight.

You will need a responsible adult to collect you and be with you overnight. You must not drive after having a general anaesthetic.

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Will I have any pain or bleeding?

You may have some period-like pain for a few days. Simple pain relief such as paracetamol or ibuprofen should relieve this. Usually, you will bleed for a few days. During this time, it is best to use sanitary towels rather than tampons to reduce the risk of infection. As the womb heals you will continue to have a watery blood-stained discharge which may alternate between light bleeding to heavy bleeding for up to 6 weeks.

It takes the womb up to 4 months to settle into a pattern with bleeding and hence irregular bleeding pattern likely to continue until it settles completely. If you are no better 6 months from the operation date, it is reasonable to assume that the procedure has unfortunately not worked for you.

After your operation

- You should rest for 24 hours
- You can have a bath or shower the day after your operation
- You can have sex again as soon as the discharge stops but you should use contraception as you did before the operation
- You can continue with your normal activities 2 to 3 days after your operation

A follow up hospital appointment is not routinely arranged. If you have any problems or further questions, please contact your GP.

Further information

Gloucestershire Domestic Abuse Support Service (GDASS)
This is a county-wide service offering a variety of support programmes for women and men over 16 years old who are experiencing domestic abuse.

Tel: 01452 726 570
Monday to Friday, 9:00am to 5:00pm

Domestic Violence Helpline
Tel: 0808 2000 247 (24 hours)
Email: support@gdass.org.uk
Website: www.gdass.org.uk

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Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.

Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation.

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84:379-85

AQuA NHS https://aqua.nhs.uk/resources/shared-decision-making-case-studies/