

**Patient
Information**

Outpatient endometrial ablation under local anaesthetic

Introduction

You have been given this leaflet because you are going to have the outpatient endometrial ablation treatment. The leaflet gives you information about the treatment, your visit to the hospital and advice following your discharge.

What is endometrial ablation?

Endometrial ablation is a procedure that reduces the heaviness of your period by destroying the lining of the womb using heat energy. This procedure can be safely performed in an outpatient clinic avoiding the need for anaesthetic and an inpatient admission.

Endometrium is the name given to the lining of your womb that is shed on a monthly basis resulting in a period.

This procedure is used to treat period problems in women who are certain that they have completed their family.

There are several kinds of endometrial ablation techniques. In the Gloucestershire Hospitals NHS Foundation Trust for the outpatient endometrial ablation procedure, we use a small hand-held device called NovaSure®. It takes about 10 to 15 minutes for the entire procedure including the preparation, local anaesthetic and treatment.

How is endometrial ablation performed?

The procedure involves introducing the NovaSure®, which is a plastic device, into the vagina, through the neck of the womb (cervix) and placing it in the womb (uterus). This instrument then uses heat energy (radiofrequency electrical energy) to destroy the lining of the womb. The heat treatment normally takes no more than 2 minutes.

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Department

Gynaecology

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This procedure does not involve general anaesthetic so you can eat and drink as normal before your appointment. Please take all of your usual medications at the normal times.

We advise you to take 2 paracetamol and 2 ibuprofen tablets (if you are not allergic or sensitive) an hour before your scheduled appointment. This will help with any pain you may feel during the procedure. Patients with kidney and liver problems cannot take ibuprofen. If this is the case with you, please avoid and just take paracetamol or codeine.

You will be sent a prescription for a single dose of antibiotic. This antibiotic should be taken by mouth along with your pain relief. The antibiotic is a penicillin type medication. If you are allergic to penicillin, please let your gynaecologist know and you will be given an alternative medication. The antibiotic will help to reduce the risk of infection and should be taken 1 hour before your appointment.

The procedure

On the day of your procedure any questions you may have will be answered before you are asked to sign a consent form.

You will then be taken to the procedure room where you will meet the nurses who will be assisting the gynaecologist and looking after you during and after the procedure.

You will be shown to a changing room where you will change into a hospital gown. You will then be asked to lay on the examination couch where you will have an internal examination. The gynaecologist will then insert a speculum into your vagina. A speculum is an instrument that is normally inserted into your vagina when a cervical smear is taken. Following the insertion of the speculum, the gynaecologist will give you a local anaesthetic injection into your cervix. They will also insert an anaesthetic gel into your womb.

In order to introduce the NovaSure® the cervix will need to be opened up further using the speculum (known as cervical dilatation). The local anaesthetic injection will help to reduce the discomfort that you will feel when the cervix is dilated.

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This will be followed by a procedure called hysteroscopy which is an examination to assess the lining of your womb before the ablation procedure. This examination will make sure that your womb is the appropriate size to carry out treatment with no distortion by fibroids or polyps (innocent swelling in the womb wall and lining) that may interfere with the treatment.

You may experience mild period cramps during this quick examination of your womb.

Following this assessment, if you are suitable, the gynaecologist will inform you that they are ready to proceed with the endometrial ablation procedure.

Will I feel any pain during the procedure?

The procedure is likely to cause period type pains which can vary from patient to patient. The pain relief that you take before the procedure, along with the local anaesthetic gel inserted into your womb and the local anaesthetic injection given to your cervix will help reduce the pain. You will also be offered Entonox[®] (gas and air) that you can inhale during the treatment which will give you further pain relief. If you prefer to have the procedure under a general anaesthetic (while you are asleep), please discuss this with your gynaecologist so that arrangements can be made.

The following are comments from women who have had similar outpatient hysteroscopy procedure and given us feedback regarding their experiences:

“Everyone attending the procedure was lovely. They introduced themselves, made sure I was comfortable throughout and ensured I was informed and in control.”

“The Doctor was excellent in explaining what treatment I was about to have. The nurses gave clear instructions & looked after me so well. Gas & air was given to me when I needed it. After procedure by lovely Dr the nurses read me aftercare instructions. This was the best NHS treatment I have had in hospital. Thank you”

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Excellent care from start to finish. The whole team that carried out the hysteroscopy were very professional and caring. Everything was explained to me clearly by the Doctor and nurses and I was encouraged to say when anything was painful. I felt very supported throughout the experience.”

“I feel it's so important that positive stories are told about this procedure”

In a recent survey of over 100 patients, all said they would be happy to see the team again for this procedure if they needed it and would recommend it to their friends or family in the outpatient setting if it was required.

After the procedure

You will be taken to a room to recover. You may feel some period like cramping. You will be advised about regular pain relief to take when you go home for the first 48 hours.

We advise that you bring someone along to drive you home after the procedure. Most patients leave the clinic within an hour of their appointment time.

What should I expect when I get home?

- You will be contacted by a member of staff 24 hours after the procedure. This will be to check on your pain and bleeding.
- You can expect to have some period type pains during the first couple of days following the procedure.
Continue to take regular pain relief such as paracetamol. You can also take ibuprofen, if you are not allergic or sensitive to it, for additional pain relief.
- You can also expect to have some light to moderate vaginal bleeding which may gradually change to a heavy discharge and darken in colour. This may last up to 3 to 4 weeks but will vary from patient to patient. Most patients would have stopped bleeding by about 6 weeks. Use sanitary towels rather than tampons until the discharge has settled to reduce risk of infection.

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- You can return to your normal daily activities, including driving, the day after the procedure.
- It is advisable to refrain from intercourse for at least a week or until you feel ready.
- If you have heavy or prolonged bleeding or an offensive discharge this may be due to an infection in your womb. Please contact your GP for advice.

Risks

The risks associated with this procedure are rare but include infection and perforation (making a hole in the womb). The antibiotic you take before the procedure will help to reduce the risk of infection.

If your womb is perforated, you will not be able to have the procedure due to safety concerns. Your gynaecologist will discuss your future options with you.

Success rate

The overall success rate of this operation is about 90 in every 100 patients. This means that 40 in every 100 patients find that their periods stop completely and in around 30 to 40 patients in every 100 find that their periods continue but are lighter than before. It can take about 6 months for you to feel the benefits of having this treatment.

Cervical smear test

You will still have your cervix (neck of the womb), so cervical smears are still necessary.

Contraception

This procedure is not a contraceptive. You will therefore need to continue using contraceptives as before. If you do become pregnant after this procedure it could be dangerous to both you and the fetus. Our advice would be not to have this procedure to treat your period problems until you have completed your family.

**Patient
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If you have any questions, please ask your gynaecology consultant or contact one of the numbers listed below.

Gloucestershire Hospitals Switchboard

Tel: 0300 422 2222

When prompted ask for the operator, then for your gynaecology consultant.

If you have any concerns following the procedure, please contact:

Gynaecology Outpatient Nurses

Tel: 0300 422 6246

Monday to Friday, 9:00am to 4:00pm

If your problem is more urgent, please contact:

NHS 111

Tel: 111

To rearrange an appointment:

Booking Office - Appointments

Tel: 0300 422 4500

Monday to Friday, 9:00am to 5:00pm

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 MADIC programme, supported by the Health Foundation.

* Ask 3 Questions is based on Shephard HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options. *Academy on Patient Education and Counseling*, 2011;84: 379-83.



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>