

Endometrial ablation and endometrial resection

Your doctor or nurse has recommended a surgical treatment for heavy periods that allows you to keep your womb (uterus). At our hospital we currently offer two treatment choices: radiofrequency endometrial ablation or endometrial resection. This leaflet explains the treatments in more detail.

If you have any further questions, please speak to a doctor or nurse caring for you.

What causes heavy periods?

There are many different causes of heavy periods (please see leaflet **Heavy periods**). In most cases we do not find a cause.

Who can have endometrial ablation or endometrial resection?

These treatments are suitable for women who have heavy periods with normal-sized wombs (less than 12cm long) and who have not been helped by medicines (such as hormonal tablets or Mirena intrauterine system) or do not wish to try medicines.

Because the treatment involves either destroying (radiofrequency endometrial ablation) or removing (endometrial resection) the inside lining of the womb, **we do not recommend this treatment if you wish to become pregnant in the future. However, the treatment is not a contraceptive so you will still need to use contraception.**

Do they work?

Eight out of 10 women treated are satisfied or very satisfied with the results following treatment. The vast majority of women experience lighter periods and around one in three women experience no periods at all. Importantly, there is a chance that the inside lining of the womb can re-grow after this operation - as a result one in 10 women may require additional medical or surgical treatment after two years.

How does radiofrequency endometrial ablation work?

A probe is inserted inside the womb. The tip of the probe expands into a mesh-like device that sends radiofrequency energy into the lining of the womb. This energy thins the lining of the womb (known as the endometrium).

The womb (uterus) is preserved and not affected by the energy, only the inside womb lining is melted away. The treatment takes around five minutes to complete under a general anaesthetic (when you are asleep).

How does wire loop endometrial resection work?

A wire loop attached to a small hysteroscope (small telescope) is inserted into the womb. This allows us to look inside the womb (uterus). The wire loop is heated and using the camera system we are able to carefully shave away the inside lining of the womb (endometrium) under direct vision.

The treatment takes around 20 minutes to complete and is performed under general anaesthetic (when you are asleep). We can also remove any small polyps or fibroids at the same time with this method (see leaflet **Removal of polyps and fibroids**).

What are the risks?

Both treatments carry very small medical risks. These risks include: womb infection (five in 100 women), excessive bleeding from the womb (one in 100 women) and making a small hole in the wall of the womb (called uterine perforation).

The risk of uterine perforation is higher for wire loop endometrial resection (one in 100 women) than endometrial ablation (one in 1,000 women). If a uterine perforation is suspected we will perform another procedure called a laparoscopy to check and repair any potential damage to the uterus, bowel or bladder. A laparoscopy involves inserting a special thin telescope into your belly button to visually check your pelvic organs (please see leaflet on **Having a laparoscopy**).

For information on the risks of having a general anaesthetic, please see our leaflet **Having an anaesthetic**.

Are there any alternative treatments?

Other treatments, which you may have tried or wish to consider instead of endometrial ablation or endometrial resection include:

1. Hormonal treatments: combined oral contraceptive pill, progestogen only pill
2. Hormonal coil inside the uterus (Mirena, or levonorgestrel releasing hormone system)
3. Hysterectomy (surgical removal of the womb). For further advice please see our leaflets on **Heavy periods** or **Having a hysterectomy**.

How can I prepare for the treatment?

It is very important that you take full contraceptive precautions to ensure you are not pregnant before the procedure. On the day of the procedure we will check that you understand and consent to the procedure. A pregnancy test will be done. However it may not detect if you have fallen pregnant in that menstrual cycle.

You will be given instructions on fasting (not eating or drinking) before the procedure to prepare for having a general anaesthetic.

Will I feel any pain during the treatment?

You will not experience any discomfort during the procedure as you will be under general anaesthetic (you are asleep) for this treatment.

What happens after endometrial ablation or endometrial resection?

Soon after the procedure you may experience strong period-like pain for a few hours afterwards. Some women may experience some pain or discomfort for up to two weeks following the procedure. We will provide you with painkiller tablets and send you home with a supply of tablets to last the next seven days. You may also have some light bleeding for around 14 days.

Once the bleeding has stopped you can experience a vaginal discharge for several weeks which can be pink or clear in colour. You may need to take two to three days sick leave from work due to the period pain, although many women require less time to fully recover.

What should I do after the procedure?

- **Contact your GP immediately if you have symptoms to suggest a womb (uterine) infection.** Any of the following features suggest infection: high temperature, very heavy bleeding, severe abdominal pain not relieved by your usual painkillers, or offensive smelling green or yellow vaginal discharge.
- **Avoid using tampons or having sexual intercourse for at least two weeks** as this will reduce your risk of developing infection.
- **Continue to use contraceptive precautions** (for example condoms or hormonal pills) **after endometrial ablation or endometrial resection.** However, pregnancy after these treatments is extremely rare.

Contact us

If you have any questions or concerns about endometrial ablation, please contact the McNair women's outpatient clinic on 020 7188 3023 (answer phone except Wednesdays 2 – 4pm) or email GynaecologyResults@gstt.nhs.uk.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.guysandstthomas.nhs.uk/leaflets

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk

t: 020 7188 3514 (complaints) **e:** complaints2@gstt.nhs.uk

Language and Accessible Support Services

If you need an interpreter or information about your care in a different language or format, please get in touch:

t: 020 7188 8815 **e:** languagesupport@gstt.nhs.uk

NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

t: 111

NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: www.nhs.uk

Get involved and have your say: become a member of the Trust

Members of Guy's and St Thomas' NHS Foundation Trust contribute to the organisation on a voluntary basis. We count on them for feedback, local knowledge and support. Membership is free and it is up to you how much you get involved. To find out more, and to become a member:

t: 0800 731 0319 **e:** members@gstt.nhs.uk **w:** www.guysandstthomas.nhs.uk/membership