

OG31 Radio-Frequency Endometrial Ablation

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What is a radio-frequency endometrial ablation?

A radio-frequency endometrial ablation is an operation that uses radio-frequency energy to remove the lining (endometrium) of the womb (uterus). After the operation most women experience a noticeable reduction in their periods and, in some cases, periods stop altogether.

Your gynaecologist has recommended an endometrial ablation. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you make an informed decision.

If you have any questions that this document does not answer, you should ask your gynaecologist or any member of the healthcare team.

Why do I need an endometrial ablation?

The most common reason for having an endometrial ablation is to relieve the symptoms of heavy periods (menorrhagia). The following conditions can cause heavy periods.

- Fibroids, where the muscle of the womb becomes overgrown.
- Polyps – A polyp is a small skin tag that looks like a small grape on a stalk.
- Excessive thickening of the lining of the womb.

In most women, no specific cause can be found for heavy periods (dysfunctional uterine bleeding).

What are the benefits of surgery?

For heavy periods, an endometrial ablation is another effective treatment instead of a hysterectomy. It also has fewer complications and a quicker recovery time. Most women will have much less bleeding when they have their period. Pain is usually reduced a lot, although in some cases mild cramping may still happen.

Just under half of the women who have the operation will not have periods anymore.

Are there any alternatives to surgery?

Heavy periods can be treated using a variety of non-hormonal and hormonal oral (by mouth) medications. Other alternatives include a hormonal coil that fits in the womb. However, these are usually tried before surgery is recommended.

You should discuss the options with your gynaecologist.

What will happen if I decide not to have the operation?

Your doctor will continue to try to control your symptoms with medication, or you can continue without treatment. For some women this is acceptable if the cause of the symptoms is not serious.

What happens before the operation?

You will need to have an ultrasound scan of your womb to find out if it is the right size and shape for you to have the operation.

Depending on your age and symptoms, your gynaecologist may also recommend that you have a biopsy (removing a small piece of tissue from the lining of the womb). They will also check that you are up-to-date with your smear tests, and that you are using a reliable form of contraception.

Your gynaecologist may ask you to have a pregnancy test to make sure you are not pregnant. The test is usually performed using a sample of your urine.

The operation can usually be performed at any stage of your menstrual cycle. However, your gynaecologist may ask you to have the operation straight after a period or to take a hormonal treatment before the operation.

If you are having a general anaesthetic, your gynaecologist may ask you to go to a pre-admission clinic. They will carry out several tests and checks to find out if you are fit enough for the operation. If you have any questions about the operation, you should ask a member of the healthcare team at this visit.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your gynaecologist and the healthcare team your name and the operation you are having.

A radio-frequency endometrial ablation can be performed under local or general anaesthetic.

Your anaesthetist or gynaecologist will discuss the options with you and recommend the best form of anaesthesia for you. You may also have injections of local anaesthetic to help with the pain after surgery. You may be given antibiotics during the operation to reduce the risk of infection. The operation usually takes less than twenty minutes.

Your gynaecologist will examine your vagina. They will usually pass a hysteroscope (telescope) through your vagina and cervix (neck of the womb) into your womb.

Your gynaecologist will pass fluid or gas through the telescope to distend (swell) the womb. They will confirm that your womb is the right size and shape for you to have the operation and they may perform a biopsy.

Your gynaecologist will place a radio-frequency probe into your womb. The probe is attached to a radio-frequency generator. They will then expand a mesh from the probe inside your womb. Your gynaecologist will check that your womb is intact and then pass radio-frequency energy through the mesh. The radio-frequency energy will be delivered for about 90 seconds to reduce the thickness of your endometrium (see figure 1).

What should I do about my medication?

You should let your doctor know about all the medication you are on and follow their advice. This includes herbal remedies and medication to control diabetes and blood pressure. If you are on beta-blockers, you should continue to take them as normal. You may need to stop taking warfarin, clopidogrel, oral contraception or hormone replacement therapy (HRT) before your operation.

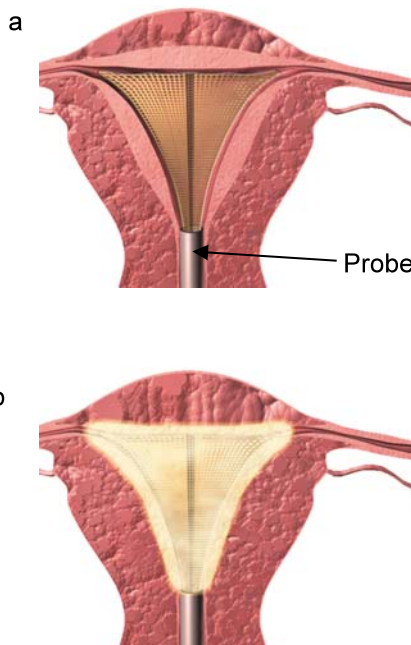


Figure 1

a Mesh expanded inside the womb

b Radio-frequency energy through the mesh

What can I do to help make the operation a success?

If you smoke, stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher chance of developing complications if you are overweight.

Regular exercise should help prepare you for the operation, help you recover and improve your long-term health. Before you start exercising, ask a member of the healthcare team or your GP for advice.

What complications can happen?

The healthcare team will try to make your operation as safe as possible. However, complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of women who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

1 Complications of anaesthesia

Your anaesthetist will be able to discuss with you the complications of having an anaesthetic.

2 General complications of any operation

- **Pain**, which happens with every operation. Pain after an endometrial ablation is a period-like cramping pain and is usually controlled with medication.
- **Feeling or being sick**, which is common after the operation. Most women have only mild symptoms and feel better within 24 hours without needing any medication.
- **Bleeding or discharge** often happens after the operation, lasting up to four weeks. It starts off heavy but gradually gets lighter.
- **Infection** is one of the most common complications (risk: 3 in 100). Most infections are minor and often happen after leaving hospital. They are usually easily treated with antibiotics.
- **Blood clots** in the legs (deep-vein thrombosis – DVT) (risk: less than 1 in 200), which can move through the bloodstream to the lungs (pulmonary embolus), making it difficult for you to breathe. The healthcare team will assess your risk. Nurses will encourage you to get out of bed soon after surgery and may give you injections, medication, or special stockings to wear.

3 Specific early complications of this operation

- **Making a hole in the womb with possible damage to a nearby structure** (risk: 8 in 1,000). If this happens, you may need to stay in hospital overnight for close observation in case you develop complications. If your gynaecologist suspects that an organ has been damaged, a laparoscopy ('keyhole' surgery) may be needed or, rarely, an open operation (risk: 1 in 650).
- **Thermal burns** (risk: less than 1 in 1,000). This can happen if radio-frequency energy passes through the wall of the womb, damaging nearby structures such as the bowel.

- **Failed procedure**, if the equipment fails or if it is not possible to place the radio-frequency probe into your womb.

4 Specific late complications of this operation

- **Haematometra**, where blood and other menstrual fluid collect in pockets in the cavity of the womb (risk: less than 1 in 100). If these pockets do not drain through the cervix or fallopian tubes, they can cause pain. Most women will not have periods and the pockets are usually noticed on a scan.
- **Continued bleeding or pain** needing another endometrial ablation or a hysterectomy (risk: less than 1 in 10 in the first five years).
- **Tubal sterilisation syndrome**, where menstrual fluid gets trapped in a fallopian tube causing pain (risk: less than 1 in 1,000). This can happen only if you have been sterilised.

How soon will I recover?

• In hospital

You should be able to go home the same day. However, your doctor may recommend that you stay a little longer. If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. You should be near a telephone in case of an emergency.

A member of the healthcare team will tell you the results of the operation and will discuss with you any treatment or follow-up you need.

If you are worried about anything, in hospital or at home, contact a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

• **Returning to normal activities**

You should not drive, operate machinery (this includes cooking) or do any potentially dangerous activities for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination. If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

To reduce the risk of developing a blood clot, make sure you follow carefully the instructions of the healthcare team if you have been prescribed drugs or have to wear compression stockings. If you develop pain, swelling or redness in your leg, or the veins near the surface of your leg appear larger than normal, you may have a DVT. Let your doctor know straightaway. If you become short of breath, feel pain in your chest or upper back, or if you cough up blood, you may have a pulmonary embolism. You should go to your nearest Accident and Emergency department or call an ambulance.

You may experience some period-like cramps and mild bleeding. You should rest for the first one to two days and take painkillers as you need them.

You should be able to return to normal activities after two to four days. Most women are fit for work after about a week.

You should expect to have some bleeding or discharge for up to four weeks after the operation. This may be heavy and red to start with but will change to a red-brown discharge. You should wear a sanitary pad and avoid using tampons. It is best not to have sex and avoid having a bath and swimming until the discharge has settled, to reduce the risk of infection.

If you develop any problems such as a temperature, pain in your lower leg, heavy bleeding or an unpleasant-smelling discharge from your vagina, breathing difficulties or your pain does not go away or increases and is not relieved by your medication, you should let your doctor know.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

Will I need HRT?

An endometrial ablation will not affect when you go through the menopause. At the time of menopause, if you want to go on HRT, your doctor should prescribe an oestrogen and progesterone hormone.

Do I still need smear tests?

As the operation has no effect on your cervix, you should continue to have smear tests.

Will I still be able to have children?

The operation is not recommended for women who still want children. However, even if your periods stop, there is still a risk of becoming pregnant. Do not rely on the operation as a form of contraception. If neither you nor your partner has been sterilised, you should continue to use a reliable form of contraception. There are significant risks with pregnancy after an endometrial ablation.

Summary

An endometrial ablation is a common gynaecological operation. It helps relieve the symptoms of heavy periods. If the operation is successful, you should have less bleeding and pain.

Surgery is usually safe and effective. However, complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information leaflet. Use it to help you if you need to talk to a healthcare professional.

Acknowledgements

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