

**Endometrial ablation
Endometrial (and fibroid) resection**

Treatment options for menstrual problems

Women's Health Unit

**Royal Victoria Infirmary
Newcastle upon Tyne**

What is covered by this leaflet?

The contents of this leaflet covers two similar procedures (endometrial ablation and endometrial resection) that are treatment options for women with menstrual problems, particularly heavy periods. Both procedures are effective but the resection procedure may also be used to remove small fibroids that can fill the womb cavity and cause heavy or irregular menstrual bleeding.

This leaflet aims to describe these operations, and what you might expect before, during and after the procedure. If you have further questions, your GP may be able to answer them or, alternatively you may use contact numbers given at the end of this leaflet. To check a booking of a procedure that has been discussed, you can contact the relevant consultant's secretary. You will also be able to discuss your treatment again at the time of your admission for surgery.

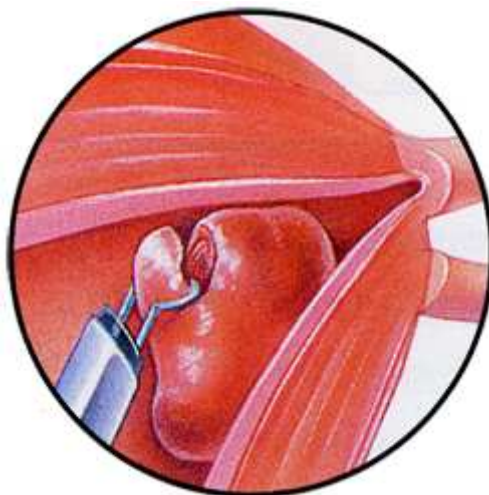
Who would benefit from endometrial ablation or resection?

Menstrual problems are common; most settle over time or can be treated with either simple medication or a Mirena system (a device placed in the womb that contains a progesterone type of hormone). Those women with persistent problems may consider endometrial ablation or resection.

These procedures are simple alternatives to hysterectomy (surgical removal of the womb). They are particularly suited to women with heavy or prolonged menstrual bleeding but are not so effective in controlling menstrual pain or cramps. These procedures will not be possible to perform if the womb is excessively enlarged (because of fibroids) and before treatment any abnormal bleeding may need to be investigated.

Endometrial ablation and resection are only offered to women that have completed their family and do not wish to have any more children. It would be difficult to fall pregnant after one of these procedures but if pregnancy does occur, it is often associated with complications, and may be quite dangerous. A secure method of contraception is therefore advised after treatment.

The resection procedure may, however, be used in a number of women with fertility problems and found to have small fibroids that have grown into the womb cavity. The aim in these women is to remove (resect) the fibroids leaving the womb lining (endometrium) intact. Most fibroids, however, cannot be removed using this method.



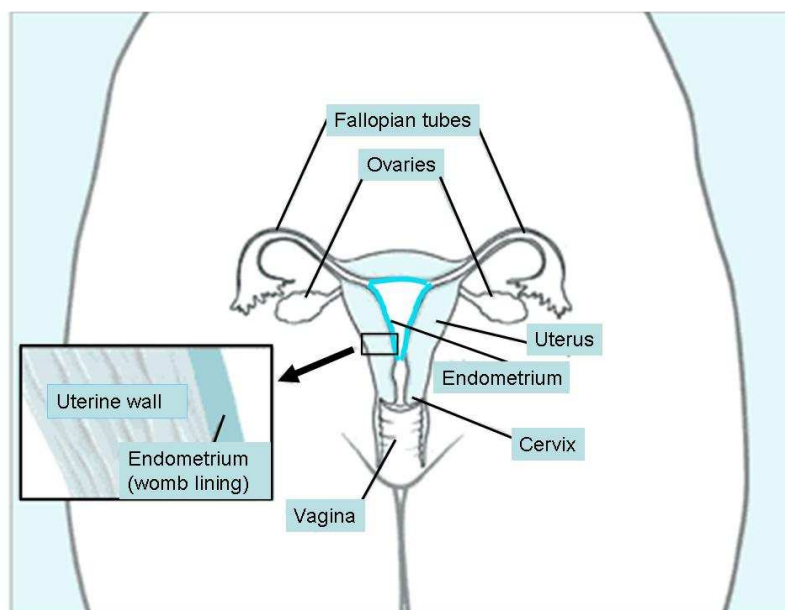
Resection of a fibroid using a cutting loop

If the procedure is not effective the first time, it can occasionally be repeated. More commonly, however, an alternative treatment should be considered as a repeat procedure may be more complicated.

How does endometrial ablation and resection work?

Menses or periods are due to breakdown of the womb lining (see diagram below - endometrium), usually within a monthly cycle, which leads to vaginal bleeding. Sometimes this bleeding can be too heavy or prolonged, often without any particular reason.

Endometrial ablation and resection attempts to permanently destroy or remove most or all the womb lining, which in turn is intended to reduce or stop menstrual bleeding.



There are different methods of endometrial ablation aimed at destroying the womb lining, most are done under general anaesthetic or light sedation but some are done with a simple local anaesthetic with you awake. This option and what to expect can be discussed with your specialist team.

Endometrial resection employs a small loop to remove the womb lining under direct camera control (known as TCRE or TCRM if removing fibroids). It is often used if other forms of ablation are not possible.

Is it effective?

Most women (90%) will be satisfied with their amount of menstrual bleeding after either an endometrial ablation or resection. More than a half will have little or no periods at all. Many women avoid hysterectomy or the long term need to take medications to control periods. A small number of women will find no improvement and some go on to have a hysterectomy at a later date.

Cervical smears, contraception and HRT

The cervix is not removed as in hysterectomy so that cervical smears will still be needed after these procedures. A secure method of contraception will be required until the menopause. The chance of falling pregnant is actually small but pregnancies

are likely to be complicated if they do occur. Some women request sterilisation at the same time as an endometrial ablation or resection. If you use HRT you must take a combined (oestrogen and progesterone) preparation.

What are the risks of endometrial ablation?

- Infection is uncommon but can occur. If you have an infection after surgery you are likely to notice worsening pain or bleeding, your GP will be able to treat most cases with antibiotics. If problems persist you should be referred back to hospital
- Damage or perforation of the womb occurs in around 1% of patients and if this happens there is a small risk of damage to surrounding organs. Hence it may be necessary to carry out laparoscopy (key-hole surgery) or laparotomy (open abdominal surgery) if damage is suspected
- The irrigation fluid used during the endometrial resection procedure (TCRE and TCRM) can be absorbed into the blood stream. A rare complication is fluid overload which needs emergency treatment to reduce the risk of breathing difficulties and seizures (less than 1 in 1000 cases)
- Heavy bleeding can occur during or immediately after surgery. Rarely a hysterectomy is needed to stop the bleeding (less than 1 in 500 cases)

Is any special preparation needed?

Endometrial and fibroid resection (TCRE, TCRM) are more effective if the womb lining is thinned out and fibroids reduced in size prior to surgery. This is achieved by an injection (Prostap or Zoladex) given a month prior to surgery (sometimes additional doses are given). In most cases your GP or practice nurse will organise and administer this. The injection will often cause temporary menopausal symptoms during its use but symptoms do resolve.

Your specialist team will let you know if a preparation is needed. Endometrial ablation using the bipolar ablation device (Novasure) that is commonly used in Newcastle can be carried out without any preparation.

What should I expect after the operation?

Most women are discharged from hospital the same day. You need an adult to take you home and stay with you overnight. Women commonly take a few days or up to a week off work, rarely longer.

You may have a little bleeding, cramp and discharge that may continue for a few weeks. Simple pain killers may help. Some women notice bloating or abdominal discomfort which usually settles quickly. If you have any concerns you should contact your GP or hospital specialist team using the contact numbers at the end of this leaflet.

- Driving should be avoided for 48 hours after an anaesthetic
- Alcohol should be avoided for 24 hours
- Sexual intercourse should be avoided until bleeding stops
- Use sanitary towels and not tampons until bleeding settles

What if I have a problem after I go home?

If you have any concerns you can contact the gynaecology ward or clinic staff in the Women's Health Unit directly for advice. Alternatively you can contact your GP and in emergency attend an accident and emergency unit who will contact the gynaecology team if required.

Hospital contacts

Ward 40 Gynaecology (0191) 282 5640

Women's Health Unit (weekdays only) (0191) 282 0140

(Please note: If nurses are busy with ward or clinic duties it will usually be possible for a nurse to call back later in the day)

The Patient Advice and Liaison Service (PALS) can offer on-the-spot advice and information about the NHS. You can contact them on freephone 0800 032 02 02 or e-mail northoftynepals@nhct.nhs.uk

Further information on the management of menstrual problems and endometrial ablation from following web pages:

<http://guidance.nice.org.uk/CG44/PublicInfo/pdf/English>

<http://www.rcog.org.uk/information-for-you-after-an-endometrial-ablation>

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