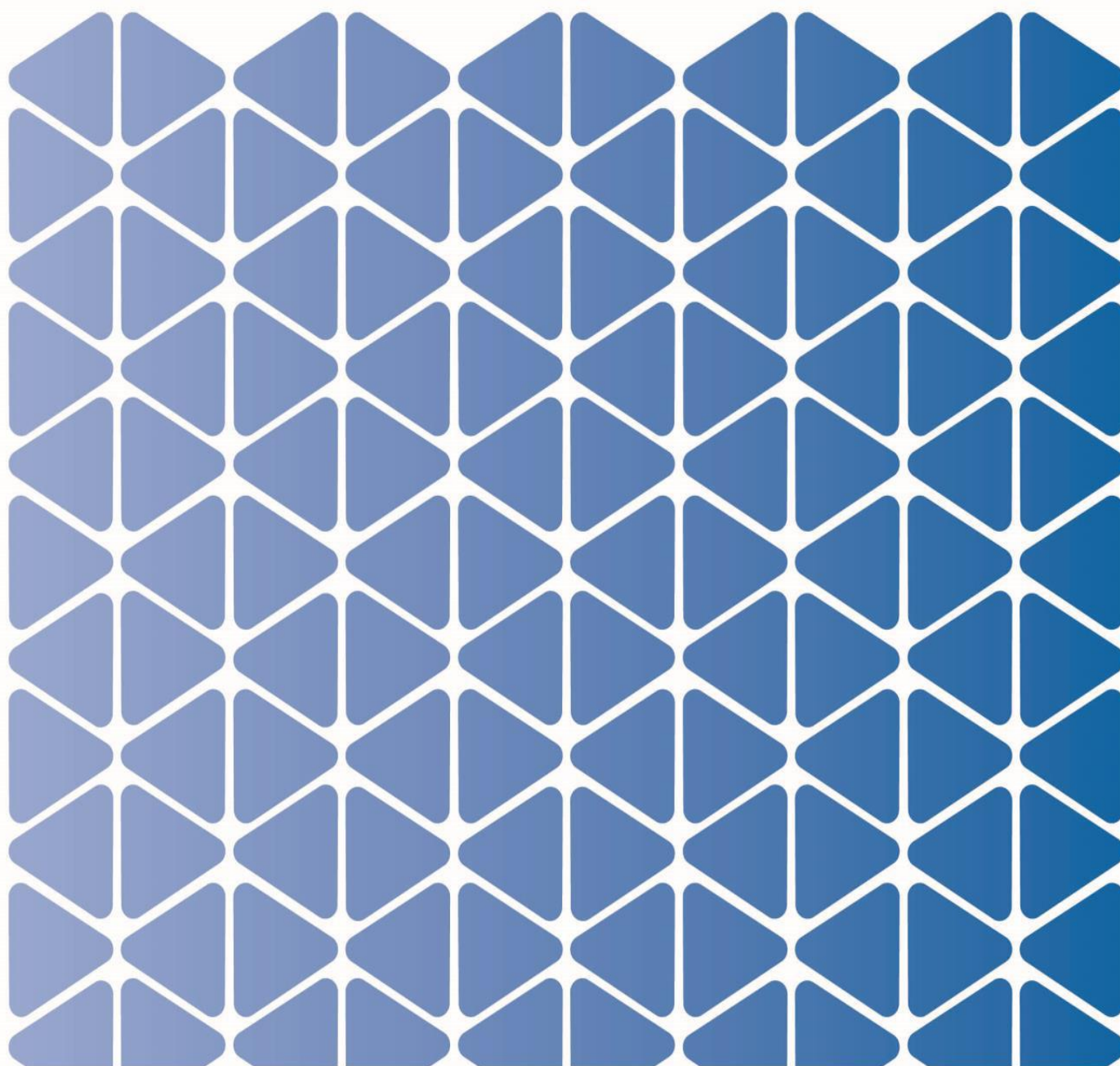


PATIENT INFORMATION

ENDOMETRIAL ABLATION



We hope that this information leaflet will help you to understand your care options. We hope that you will feel comfortable to ask questions of your health professional so that you can work together to make a plan that meets your needs and priorities.



Remember you can always ask the healthcare professional to explain things differently, explain things again, or to write down information for you.

What is endometrial ablation?

Endometrial ablation is a procedure which destroys the lining of the womb (endometrium). A period (menstruation) is the shedding of the lining of the womb. Therefore, endometrial ablation is used to reduce heavy or prolonged periods.

The procedure can be done in multiple ways. Within this trust we either use Novasure® endometrial ablation or thermal endometrial ablation. Both these methods involve a device which is passed through the neck of the womb (cervix) into the womb (uterus). Once inserted, the device expands to fit the womb and gently destroys the lining of the womb over two to three minutes. The device is then removed.

The NovaSure Procedure



Your doctor slightly opens your cervix (the opening to the uterus), inserts a slender wand, and extends a triangular mesh device into the uterus



The mesh expands, fitting to the size and shape of your uterus



Precisely measured radio frequency energy is delivered through the mesh for about 90 seconds



The mesh device is pulled back into the wand, and both are removed from the uterus

Why has endometrial ablation been recommended?

Endometrial ablation is usually suggested as an alternative to major surgical options for controlling heavy bleeding. It is usually recommended when medication has not been effective.

Endometrial ablation is generally safer, faster and more convenient than the other surgical options. The procedure is usually done under local anaesthetic, which means the risk is lower. You can go home on the same day, as soon as you feel comfortable to.

It is only recommended if you are certain that you do not want to have children in the future. Although it is possible to become pregnant after the procedure, it is dangerous. There is a higher chance that the pregnancy ends in a miscarriage or occurs outside the uterus (ectopic pregnancy). You cannot have this procedure if there is a chance you could be pregnant, or you have been pregnant in the last 6 weeks.

Contraception

It is important to note that this procedure is NOT for contraceptive purposes. Long-lasting contraception is advised after endometrial ablation as becoming pregnant after the procedure can be dangerous.

Where will I have my procedure?

Within our trust most outpatient endometrial ablation procedures are carried out at the Women's Health Unit at the Alexandra Hospital. This is a specialist unit which carries out many outpatient gynaecological procedures every day. All the staff are specially trained to care for women undergoing outpatient gynaecological procedures and have a lot of experience. They will listen and respect your wishes throughout the procedure. They are happy to answer any concerns you have and will work hard to ensure that you feel in complete control of your procedure and care.

How should I prepare for my visit?

As the procedure is done under local anaesthetic, there is no need to fast beforehand. It is recommended that you eat and drink as normal and continue your regular medications.

It is recommended that you take some painkillers 1 hour before your appointment time. This can be ibuprofen (800mg) or paracetamol (1g). It is important that you take ibuprofen with food as it can irritate the stomach lining.

On the day of your procedure, we will do a pregnancy test. There is a risk that your procedure will be cancelled if there is a chance of very early pregnancy. In order to be sure you are not pregnant at the time of the procedure you must not have sex or you

must use reliable contraception between the first day of the last NORMAL period to the date of procedure.

What will happen during the procedure?

If you choose to go ahead with the procedure, you will need to remove your underwear and lie on an examination couch. There will be a sheet to cover you. You will remain awake during the procedure.

Firstly, the doctor will administer local anaesthetic to the neck of the womb. They will then gently stretch the neck of the womb to ensure there is enough space to insert the ablation device.

Prior to the ablation the doctor will assess the inside of the womb with a camera (hysteroscopy). This ensures there is nothing to prevent the ablation happening safely. They may or may not take a biopsy of the lining of the womb, if this has not been done before.

The doctor will then begin the procedure and insert the ablation device into your womb. This then gently heats up to destroy the lining of the womb. The whole procedure takes about 10-20 minutes.

What will I feel during the procedure?

The level of discomfort during this procedure varies greatly between individuals. It is common to experience cramping pains, similar to period pains, especially towards the end of the procedure. Taking painkillers before the procedure is advised. There is also the option of gas and air (Entonox®) during the procedure if you feel it is required.

If at any point you feel that the discomfort is too much, please let any of the team know. You can stop the procedure at any time. It is important to know that you are in control, and your wishes will be listened to.

What are the risks of having this procedure?

The risks vary between individuals, but generally they include:

- *Pain* during and after the procedure is common. This can be managed with over-the-counter painkillers.
- *Feeling sick or fainting* affects a small number of patients and normally resolves quickly on its own or with anti-sickness medication.
- *Bleeding or spotting* is normal after the procedure. This usually settles after a few days, but can continue for up to a month.
- *Infection* develops in around 1 in 400 women. You will be given three days of prophylactic antibiotics to help reduce this. If you develop a fever or smelly vaginal

discharge after the procedure, it may be a sign of infection and you may need to see a doctor.

- *Failure to complete the procedure* can happen if your womb is not the right size and shape for the ablation device.
- There is also a chance that the procedure is unsuccessful in reducing or stopping your periods
- Very rarely, there can be damage to the internal structures such as the vagina, neck of the womb (cervix), womb or bowel. Usually no action is required and the damage heals itself. However, there is a chance that the damage may require surgery to repair.
- Due to scarring that can happen inside the womb following ablation it may make any future investigations for abnormal bleeding more difficult.

There will be a chance to discuss the risks of having this procedure in further detail before signing a consent form.

What happens after the procedure?

There is no need for you to stay in the hospital after the procedure, providing there are no complications. Most patients feel comfortable to go home anywhere from 10 minutes to one hour after the procedure. It is advised that you arrange a lift home to avoid driving yourself.

It is recommended that you avoid strenuous activity for the rest of the day and you may feel tired as your body recovers. Remember that this is general advice and recovery times vary between individuals.

Most women experience black/grey vaginal discharge for up to a week after the procedure. This is caused by the burnt lining of the womb being expelled and will settle with time.

It is important to note that pain and bleeding can persist for up to one month. To avoid infection, you must avoid internal sanitary products, such as tampons, for 7 days. Equally, you must avoid sexual intercourse for at least 7 days after the procedure.

What follow up will I have after the procedure?

Usually there is no specific follow up. Most patients will be placed onto 'Patient Initiated Follow-up' for six months after the procedure. This means that if your bleeding does not improve, or you develop other symptoms then you can call the consultant's secretary and be booked back in for an appointment to discuss further treatment. Should you not contact us you will be automatically discharged after six months.

What are the other options?

Alternative options to endometrial ablation include:

- Not having any treatment;
- Medication that helps to reduce bleeding;
- The contraceptive pill or intrauterine coils;
- Having the endometrial ablation procedure done under general anaesthetic. It is important to be aware that general anaesthesia comes with more risks and a slower discharge from hospital.
- Trans-cervical resection of the endometrium involves inserting a camera into the womb to see inside and then using heat (diathermy) to remove the lining of the womb.
- Major surgical options, such as hysterectomy. It is important to be aware that these carry more risk.

Your doctor will be able to explain these options in more detail and answer any questions that you may have.

What if I am bleeding/having a period on the day of my procedure?

This procedure can be performed at any time during your cycle, including during your period.

What should I do if I don't want the procedure?

Please inform us as soon as possible so we can utilize the appointment for others. Not having the procedure does not mean we won't see you, but we may be able to divert you to a different clinic and utilize the specialist endometrial ablation appointment for others.

When should I call a doctor?

It is important to contact the Women's Health Unit or Emergency Gynaecology Assessment Unit (EGAU) if you experience any of the following after the procedure:

- Heavy or prolonged bleeding
- Severe pain, which does not resolve with painkillers
- High temperature, especially if associated with other symptoms
- Smelly discharge
- Burning or stinging when you pass urine

Your notes

You can fill out the following table with your healthcare professional. This will help you to think about which option is best for you, given your individual situation. Doing nothing is also an option.

My Options include...	The Benefits	The Risks
	Why is this option good for me?	What is not so good about this option for me?
To have treatment		
To do nothing		
Alternative treatment(s)		

You might also want to ask...

- How quickly should I expect to see an improvement?
- Who should I contact if I have questions after I leave today?
- Do I need to come back to the hospital again? Or to see my GP after today?
- Where can I go to get more information?
- What lifestyle changes could I make to support my recovery?

Your notes

Remember you can always ask the Doctor to explain things differently, explain things again, or to write down information for you.

Who should I contact if I have any problems?

The Women's Health Unit is open 9-5pm Monday to Friday. Please feel free to call with any concerns you may have after your treatment.

The Emergency Gynaecology Assessment Unit (EGAU) is open 24 hours a day, 7 days a week. If you have any concerns outside of these hours you can ring EGAU to speak to one of the gynaecology nurses for advice. You can also speak to your GP who may be able to help with many issues.

Emergency Gynaecology Assessment Unit – 01905 761 489

Women's Health Unit – 01527 512 131 (Monday-Friday 0900-1700).

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.