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Aneurin Bevan
University Health Board

Patient Information Leaflet

Endometrial ablation

What is endometrial ablation?

Endometrial ablation is a procedure used to destroy (ablate) the lining of the womb (endometrium). This form of treatment is offered to women with heavy periods especially if medical treatment has not been effective or as an alternative to major surgical procedure such as hysterectomy. This procedure can be performed under a general or local anaesthetic.

How is it performed?

At ABUHB we use a device called NovaSure®. As part of the procedure, a thin telescope (hysteroscope) is passed through your vagina and cervix (neck of the womb) to check if your womb is a suitable size and shape. A small sample of the lining of your womb (endometrial biopsy) may also be taken. The NovaSure device is then introduced into your womb through your vagina and opened inside the womb. The lining of your womb is then destroyed by the use of energy waves produced by the device and takes around 1-2 minutes. The device is then closed and the is removed. The whole procedure takes 10 to 20 minutes.

The NovaSure Procedure

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

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

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

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

What are the advantages of the procedure?

- Quick procedure – takes less than five minutes
- 91% of women have reduced menstrual bleeding or stopped bleeding within one year
- 41% of women reported that their periods stopped completely
- No surgical cuts, no major surgery
- Treatment does not use hormones
- Does not affect the time onset of the menopause

The commonest risks are:

- Irregular bleeding which may last for several weeks.
- Infection - we can give you antibiotics if required.
- Pain that occurs immediately after the procedure, and occasionally leaves dull aches for a few hours.
- We might not be able to perform the ablation.

The serious but very rare risks include:

- Accidental uterine perforation (a small hole opens in the uterus)
- Damage to other organs such as the bladder or bowel, needing another operation to repair any damage or a colostomy.
- Accidental burn injury to the area of skin on the vulva or vagina

Long Term and very rare risks include:

- Cyclical pain caused by haematometra which is retention of blood in the womb due to obstructed menstrual flow (post ablation tubal sterilisation syndrome).
- Endometrial ablation can cause scar tissue which can make it difficult to visualise with telescope in cases of abnormal vaginal bleeding. This can cause difficulty in diagnosis of womb cancer in future.

Important points to note:

- You **must use contraception** in the three weeks prior to the procedure. The procedure cannot be done if you are, or think you may be pregnant or if you were pregnant in the last six weeks prior to the procedure.
- **Your family must be complete before having this procedure.** You will need to use some form of contraception afterwards to ensure you do not become pregnant, as this can be dangerous for you.

- This treatment is also not usually recommended if the bleeding is due to growths in your womb (fibroids).

What happens after the procedure?

- You should be able to go home the same day. We advise that you have someone to take you home.
- You may need to take over the counter painkillers for a few days.
- Most women go back to normal activities / work very soon
- It is normal to have spotting / light bleeding / watery discharge for a few days, or sometimes longer. If the bleeding becomes heavy and smells offensive, please contact your GP.
- If you had a biopsy, your doctor will inform you of the result.
- Your periods should be much lighter, or you may not bleed at all. Some women still get period pains even if they do not bleed.
- Unfortunately this procedure does not work for everyone. If you still have heavy bleeding after 3-6 months see your GP so he can refer you back to discuss alternatives

Are there any other do's/don't following the procedure?

We advise that you;

- Use sanitary pads rather than tampons for the bleeding.
- Refrain from sexual intercourse or swimming for at least 7 days or until any bleeding/discharge has stopped.
- **Use effective contraception**, as this procedure will not stop you getting pregnant. Any pregnancy after NovaSure can be dangerous for you and the baby.
- **Continue with your regular cervical smears.**

If you would like more information regarding NovaSure procedure you can also access the website below: <https://novasure.com/>

What are the alternative methods of treatment available?

- Drug therapy such as tranexamic acid or contraceptive pills
- Hormone releasing intrauterine device such as Mirena IUS.
- Hysterectomy - surgical procedure to remove uterus usually offered if other methods have been ineffective. This procedure has greater risks and slower recovery than endometrial ablation
- No management – do nothing and monitor

Useful Contact numbers

EGAU in the Grange University Hospital - 01633 - 493557

Ambulatory unit in Neville Hall Hospital - 01873 - 733239

References:

- Endometrial ablation - Information for patients, relatives and carers. Obstetrics and Gynaecology the York Hospital
- NovaSure® endometrial ablation leaflet. Hologic.
- Endometrial Ablation for Heavy Menstrual Bleeding. Gynaecology patient information. Royal Berkshire NHS foundation trust.
- Information for you after an endometrial ablation. Recovering well. RCOG patient leaflet.

**“This document is available in Welsh /
Mae’r ddogfen hon ar gael yn Gymraeg”.**

Name of procedure: Hysteroscopy, endometrial biopsy, endometrial ablation with NovaSure®

Inspection of the uterine cavity with or without biopsy, photography, destruction of the lining of the womb.

1. Statement of patient/parent

You have the right to change your mind at any time, even after you have signed this form.

I have read and understand the information in the attached booklet and on the form. I understand the benefits and any risks

I agree to the procedure described in this booklet and on the form. **I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience. When a trainee performs the examination it will be undertaken under the supervision of a fully qualified practitioner.

I have read the patient information booklet and understand the procedure and the associated risks.

Signature..... Name (print):..... Date.....

If you would like to ask any further questions, please do not sign the form now. Bring it with you and you can sign it after you have talked with a healthcare professional

2. Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient/parent has signed the form in advance)

I have confirmed that the patient/parent understands what the procedure involves, including the benefits and any risks. The patient has no further questions and wishes the procedure to go ahead.

Signed..... Date.....

Name (PRINT)..... Job title.....

3. Statement of health professional (to be filled in by the health professional with appropriate knowledge of proposed procedure, as specified in consent policy). In response to a request for further information have explained the procedure to the patient/parent. In particular I have explained:**The intended benefits:**

- Diagnostic- find cause of heavy periods
- Treatment- management of heavy periods

Significant, unavoidable or frequently occurring risks:

- Uterine perforation, injury to bowel or bladder, irregular and unpredictable vaginal bleeding, pain, infection, thermal injury.
- Persistent vaginal discharge post ablation, cramping
- Risk of conception. You must use reliable contraception. This is not a sterilisation procedure.
- Failure to treat your symptoms or perform the procedure
- Rarely uterine necrosis, air embolism and serious injury or death.

Long term

- Cyclical pain possibly to hematometra.
- Difficulty in obtaining biopsy or performing hysteroscopy in future to identify atypical hyperplasia or cancer of the womb.
- Accidental pregnancy resulting in adverse outcomes
- Post ablation tubal sterilisation syndrome(pelvic pain, hydrosalpinx, pelvic abscess adhesions)

I have also discussed what the procedure is likely to involve the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of those involved.

In the event of a suspected uterine perforation we may need to look inside your abdomen with a surgical telescope or you may need major surgery called a laparotomy (a larger cut to your abdomen).

Signed..... Date.....

Name (PRINT)..... Job title.....

4. Statement of interpreter (where appropriate) I have interpreted the information above on the patient/parent to the best of my ability and in a way in which I believe she can understand.

Signed..... Date.....

Name (PRINT)..... Job title.....

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