

# ENDOMETRIAL ABLATION

## Questions & Answers for Patients

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### What is an endometrial ablation?

Endometrial ablation (EA) is an operation to destroy the lining of your womb (endometrium) using an energy source. There are 4 types of endometrial ablation (Table 1).

*“Endometrial ablation is unsuitable if you want to be able to get pregnant later”*

### Am I suitable for this procedure?

Endometrial ablation is only suitable for very small fibroids of less than 4 cm which have grown in the thinner layer of the womb.

**Table 1. Different Types of Endometrial Ablation**

Type	Heat Source	Anaesthetics
Diathermy	Electrical current	General
Balloon	Thermal	Local (optional)
Laser	Laser beams	General
Microwave	Microwave	Local or general

Often, EA is used in conjunction with other procedure such as hysteroscopic resection.

### Will I still be able to have children afterwards?

This procedure is **NOT** recommended for women who still want children.

### What can I expect from the procedure?

This procedure mainly relieves the symptom of heavy periods. Most women will see a noticeable difference in their periods afterwards and in some cases the periods stop altogether.

### What are the alternatives?

A short-term solution is a D&C (dilation and curettage) which may give relief for a few cycles.

Other alternatives for heavy periods caused by fibroids include:

- Non-hormonal oral medications, or
- Hormonal oral medications, or
- A hormonal coil (e.g. Mirena) or
- Minimum invasive procedure such as TCRF or UAE/UFE, or
- MRgFUS or
- Extensive surgery such as abdominal myomectomy, or
- A long-term permanent solution of hysterectomy.

### What are the risks or complications of the procedure?

Like all operations, endometrial ablation carries risks and complications which include

- Adverse reactions due to anaesthetics.
- Blood clots.
- Excessive bleeding during the operation: if bleeding is not controlled by diathermy coagulation, it may be necessary to use pressure from an inflated catheter that is inserted into the womb.
- Infection of the womb: usually presented as offensive vaginal discharge. This is treatable with antibiotics.
- Physical damage to the womb and other adjacent organ: this is applicable to laser or diathermy ablation. If un-repairable damage to the womb occurs, it may be necessary to perform an emergency hysterectomy.
- Excessive fluid absorption: only applicable in laser or diathermy ablation. This is rarely, but can be very serious when the fluid used to expand the womb gets into the body.
- Haematometra: blood and clots are collected and accumulated inside the womb cavity.

## What are the risks of anaesthesia?

The risk of general anaesthetic (GA) depends very much on your general health. A fit, healthy 20 year old person would be at far less risk than an 80 year old person would with some serious disease. Possible risks of general anaesthesia include:

- **Nausea and Vomiting.** This does not always occur. May be caused by the surgical procedure or pain relief medication. Medications and fluids may be required to resolve it. This may also be from a tube in the mouth or throat during anaesthetic and in this case, cough lozenges, gargle, and a simple pain killer may help.
- **Muscle weakness.** Muscle pain may be from spasm around the wound or the use of certain anaesthetics. Pain killers and rest usually settle it.
- **Blurred or double vision.** This usually settles down with rest.
- **Allergic reactions.** Your anaesthetist will avoid any known drugs that you know you are allergic to. In case of unexpected reaction, the team is well trained and qualified to deal with it.
- **Damage to teeth.** Once you are deeply asleep, tubes may be placed inside your mouth and throat. The shape of your mouth varies and different types of dental diseases, loose teeth, bridge and crowns may be present. The anaesthetist talks about the possible damage to you before the operation. If damage occurs, you will be told about it afterwards and repair is arranged.

## What are pre-surgery treatments?

A few weeks before the procedure, your gynaecologist prescribes you medicine that thins the lining of the womb and reduces its blood supply. It can be, for example, Danazol, oral drug or injectable hormone such as GnRH analogues (e.g. Zoladex™ or Decapeptyl™).

## What happens BEFORE surgery?

Pre-assessment usually takes place a week before the actual operation and lasts an hour. At pre-assessment, certain tests are carried out to make sure that you are fit for the procedure, which include:

- Physical examination.
- Pregnancy test.
- Check what medications you are taking regularly.
- Check your blood levels for haemoglobin to see if you are fit enough to go through.
- Check blood pressure, heart rate and ECG to see if the heart is fit.

## What happens ON THE DAY and BEFORE the operation?

- You will be taken to a waiting room where a nurse will check you in.
- A pregnancy test will be carried out.
- You will be seen by gynaecologist who will ask the date of last menstrual period. You will also have the procedure explained to you and be asked to sign a written consent form.
- One hour before the ops, you will be given anti-inflammatory & pain killers as well as anti-sickness/nausea medications.
- An anaesthetist will meet you to go through the type of anaesthesia applicable for your case and ask questions on previous operation(s) if you had any and also your family.
- If you choose to have GA, in the pre-op room, an intravenous line is inserted for drugs to be given. Then next 2 steps are applicable to you.
- You will be moved to the operating theatre where various monitors will be connected to help to care for you while you are anaesthetised.
- The anaesthetist will put you to sleep. Tube may be put into your mouth to help you to breathe and taken out at the end of the operation. She/he will stay with you throughout the surgery to make sure that you remain safe throughout.

## What happens DURING surgery?

- Under general anaesthetics, the cervix is gently stretched by a number of gradually increased size dilators one after the other.
- When sufficient stretch is achieved, the surgeon inserts a hysteroscope (a telescope with operating instruments) into the womb. The view of the inside of your womb is aided by a camera system connected to the hysteroscope and a monitor.
- For laser, diathermy, and microwave EA, your surgeon, through a hysteroscope, fills the womb cavity with fluid.
- Energy is then applied to destroy/remove the lining of your womb, as described in Table 2 for each different type of endometrial ablation
- The whole procedure takes about 30–45 minutes to complete with microwave endometrial ablation requiring as little as 20 minutes.

**Table 2. Description of the removal of the lining of the womb by different EA techniques**

Procedure	How
<b>Roller Ball Diathermy</b>	Roller Ball Diathermy instrument has an electrically heated ball on one end which is rolled back and forth across the lining of the womb to destroy it and also shave away any polyps and small fibroids as found. The burning process takes about 10–15 minutes. Electric current also seals any bleeding areas.
<b>Balloon</b>	A special thin-walled silicone balloon on the end of a tiny tube is inserted into the womb cavity. It is then filled with water/fluid so that it inflates to the size and shape of your womb. The water/fluid inside the balloon is gently heated and circulates around the womb. The temperature of the water/fluid and how long the balloon being left inside your womb is controlled electronically. Typically, the water/fluid remains inside for around 8 minutes. After this, the fluid/water is drained and the balloon is deflated and carefully pulled out. The “burnt” endometrial tissue is shed away like period by normal natural contraction of the womb. This technique <b>does not</b> remove any fibroid tissues.
<b>Laser</b>	This is done in the similar way as roller ball diathermy.
<b>Microwave</b>	A microwave probe is inserted and microwave heat is applied for 1–3 minutes on average (4 minutes maximum).

## What happens AFTER surgery?

- If you choose to have general anaesthetic, you will be moved to the recovery room to be cared for by a specialist nurse until you are stable to be transferred to the ward awaiting discharge.
- You may have some cramping abdominal pains and pain relief is given for this and sometimes a mild sedative to help you to relax.
- Some vaginal blood loss may occur but not too much to cause concerns.
- You will be given a follow-up appointment in 3 months and for balloon endometrial ablation, in particular, this could be 7–14 days after hospital discharge.

## Going home.....

You should be able to go home the same day.

## Care at Home Guide

- After getting home, take it easy for the rest of the day.
- You should be able to return to normal activity after 2–4 days and for a balloon procedure, this could be next day.
- You may experience cramping symptoms. If this is the case, you can take paracetamol (e.g. Panadol) or ibuprofen such as Nurofen (only if you are not allergic to it, or asthmatic or have history of stomach ulcer). If you are in doubt, ask your pharmacist.

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**Care at Home Guide (Continued)**

- You should expect some light bleeding or pinkish watery vaginal discharge up to 6 weeks after the procedure.
- Do not use tampon, only use sanitary towels to prevent infection.
- Use shower instead of bath in the first 2 weeks.
- You should NOT have sexual intercourse for at least one week, preferably 2 weeks.
- Avoid strenuous activity in the first week.
- Regular exercise is recommended to help you to get back to normal activity quickly.
- Most women are fit for work after about a week.

**GMC & MHRA Risk Grading**

Low risk <5%

Very low risk <1%

Extremely low risk <0.1%

**Medical Terms**

**Fibroids.** Non-cancerous (benign) growths on or in the muscle layer of the uterus (womb).

**GnRHa.** Gonadotropin Releasing Hormone analogue.

**Hysterectomy.** A surgical removal of the womb.

**Myomectomy.** A surgical removal of fibroids leaving the womb intact.

**When should I seek emergency medical attention?**

While it is unusual to have problem once you are at home, seek immediate medical attention if you develop heavy bleeding, severe abdominal pain that is not relieved by pain killers or high fever.

**Do I still need contraception after endometrial ablation?**

The procedure makes pregnancy unlikely. However, even if your periods stop there is still a risk of you becoming pregnant. You are advised to continue your effective birth control.

If pregnancy occurs, it is highly risky for you and your baby because the lining of your womb is no longer able to sustain the foetus life.

**MRgFUS.** A procedure that uses magnetic resonance imaging (MRI) to locate the fibroids and then direct the high intensity ultrasound wave energy/heat to destroy them.

**NICE.** National Institute for Health and Clinical Excellence.

**UAE (Uterine Artery Embolisation).** A procedure to block the blood supply to the fibroids.

**UFE (Uterine Fibroid Embolisation).** See UAE.

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