Endometrial resection and ablation

Your consultant has recommended that you have endometrial resection and ablation. This leaflet contains answers to some of the questions you may have before the operation takes place. If you wish to know more, please ask your consultant, who will be happy to help.

What is endometrium?
It is the name given to the lining of the womb that is shed on a monthly basis and known as your ‘period’.

Why do I need an endometrial resection and ablation?
The purpose of these procedures is to make your periods lighter, especially for those women whose symptoms are not being controlled by medical treatment.

The treatment is not suitable for women who wish to have more children and is not used for contraception. Therefore a pregnancy could occur.

What are the benefits of the operation?
About 75% of women can expect a good result from this treatment and either experience no more periods (1 in 5 women), or very light to satisfactory periods.

However, some women who have the operation will still have heavy periods. In these cases, it is possible to repeat the treatment and achieve a good result. Some women may be offered the choice of having a hysterectomy.

It is important to remember that it may take up to 6 months before the full benefits of this operation take effect.

What are the risks, consequences and alternatives associated with having this operation?
Most operations are straightforward; however as with any surgical procedure there is a small chance of side-effects or complications.

There is a small risk of perforating the wall of the womb at the time of the procedure. If this occurs, there may be bleeding or damage to other organs within the abdomen and a larger operation called laparotomy may be needed to repair the perforation.

Very rarely, perforation or bleeding at the time of endometrial resection can result in the need to remove the womb ie. hysterectomy (the risk of this is about 1:100 for endometrial resection procedures).

If you are concerned about any of these risks, or have any further queries, please speak to your consultant.
Your consultant has recommended this procedure as being the best option. However, the alternatives to this procedure are medical treatment, intrauterine system (IUS) or Hysterectomy. There is also the option of not receiving any treatment at all. The consequences of not receiving any treatment are continued heavy bleeding and anaemia. If you would like more information please speak to your consultant or one of the nurses caring for you.

Decapeptyl
This is an injection to stop your periods and may be given before your operation. Your consultant will discuss this with you.

Getting ready for the operation
You will be provided with information about how to prepare for your operation, either by staff on the ward or during a clinic appointment.

For a time before certain types of anaesthetic you will need to stop eating, drinking and chewing gum. This will be explained to you and you may also be given a booklet about this. If you have any questions please contact the hospital - telephone number on your admission letter.

You will be asked some routine questions about your general health, the medicines you take at the moment and any allergies you have.

You will be asked to sign a consent form to say that you understand what you have come into hospital for and what the operation involves.

You will be asked to have a bath/shower before coming into hospital (if possible).

You will be given a theatre gown to wear. A nurse will take you to the theatre reception room.

What sort of anaesthetic will I have?
Your operation will be carried out under general anaesthetic, which means you will be asleep throughout. The anaesthetist will visit you before your operation and discuss the anaesthetic with you.

What does the operation involve?
The womb lining is burnt or destroyed so that it cannot grow back again.

Treatment is carried out using a special type of laser or by using electro diathermy, with a small hot wire loop (resection). Either of these instruments is attached to a small telescope and is introduced into the womb through the cervix.

In thermal ablation, an inflatable balloon is inserted into the womb and filled with hot water, which again destroys the lining of the womb.

What should I expect after the operation?
When the operation is over, you will have your pulse, blood pressure and breathing checked regularly by a nurse. It is usual to feel drowsy for several hours. You may be given oxygen through a facemask until you are more awake.

Anaesthetics can sometimes make people feel sick. The nurse may offer you an injection if the sick feeling does not go away, this will help to settle it.

You may have a drip running into a vein in your arm/hand until you are eating and drinking again.
Pain
You may have some lower abdominal discomfort, particularly after the balloon ablation. Ask the nursing staff for pain relief. Often Paracetamol is enough.

Bleeding
You may notice some vaginal bleeding, which should not be heavy. You may get persistent discharge for several weeks after the operation as the lining of the womb comes away. It is advisable not to use tampons for the first month.

Eating and drinking
You can eat and drink as soon as you feel able.

Going home
The operation may be performed as a day case, which means there will be no overnight stay or at most 1 nights stay.

DISCHARGE INFORMATION AND AT HOME ADVICE

For the first 24 hours after your operation
The anaesthetic drugs remain in your body for 24 hours and during this time are gradually excreted from the body. Therefore there are certain things that you should and should not do.

You should:

• Ensure that a responsible adult stays at home with you for 24 hours.
• Rest quietly at home for the rest of the day - go to bed or lie on the settee.
• Drink plenty of fluids, but not too much tea or coffee.
• Eat a light diet eg. soup or sandwiches. Avoid greasy or heavy food as this may cause you to feel sick.
• Lie flat if you feel faint or dizzy.
• Contact your GP if you have not passed urine 12 hours after your procedure.

For at least 24 hours after your operation you must not:

• Drive. Your insurance company may refuse to meet a claim if they feel you have driven too soon.
• Go back to work.
• Lock yourself in the bathroom or toilet or make yourself inaccessible to the person looking after you.
• Operate any domestic appliances or machinery.
• Drink alcohol.
• Make any important decisions or sign any important documents.
• Be responsible for looking after small children.
• Watch too much television, read too much or use a computer as this can cause blurred vision.
Pain relief
It is usual to feel some pain after this operation. Take either the painkillers you were given from the hospital or a mild painkiller such as Paracetamol - follow the manufacturer’s instructions and do not exceed the stated dose.

Sexual intercourse/penetration
You should be advised to wait until any bleeding or discharge settles following the operation before resuming intercourse/penetration. Women who have not been sterilised at the time of the procedure will need to continue to use contraception as before.

Returning to work and normal activities
Following this procedure, it is recommended that you rest for a few days, but you should be able to return to your normal working activities within 1 - 2 weeks.

Any problems, such as a persistent discharge, heavy bleeding, temperature or pain, contact your own GP.

Follow-up appointment
You will be given a letter to give to your GP.

You will be sent an outpatient appointment for 8 - 12 weeks following your operation.

Reference
Endometrial Ablation Technique. David E Parkin. The Obstetrician and Gynaecologist 2000:2 (1) 35-8

If you have any queries, or require further information please contact Ward 209 on 01332 787209.

NHS Direct is a 24 hour nurse led, confidential service providing general healthcare advice and information.
Telephone 0845 4647 or visit the website at www.nhsdirect.nhs.uk

Any external organisations and websites included here do not necessarily reflect the views of the Derby Hospitals NHS Foundation Trust, nor does their inclusion constitute a recommendation.

Reference Code: P0876/1229/12.2011/VERSION3
© Copyright 2011 All rights reserved. No part of this publication may be reproduced in any form or by any means without prior permission in writing from the Patient Information Service, Derby Hospitals NHS Foundation Trust. (P0100/12.2007/V2)