

Gynaecology Department

Endometrial ablation

A treatment for heavy periods (menorrhagia).

How common are heavy periods?

Many women have heavy periods which interfere with their daily lives. Each year about one in five women aged between 35 and 49 years old, consult their General Practitioner (GP) with heavy bleeding. Women outside that age frame can also suffer, although it is less common. Of all patients referred to a gynaecologist, a third will have heavy periods.

What causes heavy periods?

A period occurs when the lining of the womb is shed at regular intervals. This lining, called the endometrium, always leaves behind a layer of cells from which a new lining will grow after each period. In roughly half of all cases there is no obvious explanation of why periods become heavier. In other cases there may be an abnormality of the uterus or a hormonal problem.

What should you do if your periods are heavy?

A heavy period to one woman may be a moderate period to another. It is difficult to define what a normal or abnormal period is, but if your periods are affecting your life you should consult your doctor. Your GP will need to find out how long your periods last and the time interval between them. A pelvic examination may be carried out and a blood test may be taken to check for anaemia. The GP will then suggest a course of action for you.

How is it treated?

Heavy periods can be treated medically or surgically. Medical options, which are the safest and should be tried first, include hormonal or, more frequently, non-hormonal methods to reduce the menstrual blood loss.



Patient Information

Surgical options include hysterectomy or endometrial ablation. Hysterectomy is the removal of the womb and is a major operation requiring general anaesthetic, a long stay in hospital and an even longer recovery period. In endometrial ablation, a variety of techniques are used to destroy the lining of the womb. It is a much smaller procedure, which does not usually require an overnight stay in hospital. Most procedures are carried out under a general anaesthetic in University Hospitals Coventry & Warwickshire (UHCW), but there is a possibility of using local anaesthetic following discussion with your surgeon.

Endometrial ablation

Endometrial ablation is a proven treatment for heavy periods which can only be performed by a gynaecologist. It is a minimal access surgical treatment (i.e. it does not involve major surgery, and requires no incisions) which directly treats the lining of the womb.

Novasure

- The Novasure system uses precisely measured electrical energy delivered via a slender hand-held wand.
- The application of energy is intended to remove the lining of the womb to reduce or eliminate future bleeding.
- Your doctor will slightly dilate your cervix and insert the wand through the cervix into the uterus.
- The doctor then extends the triangular mesh device through the wand where it expands to conform to the dimensions of your uterine cavity.
- Electrical energy is delivered into the uterus for approximately 90 seconds.
- The triangular mesh device is then retracted back into the wand and removed from the uterus.
- Novasure requires no pre-treatment hormonal drug such as prostep.
- The Novasure treatment can be performed at any time during your cycle, even during a period.
- In randomised, controlled clinical studies of the Novasure system a majority of patients had their bleeding reduced to light or moderate periods, and many reported that their bleeding had stopped completely. Many women may also experience a significant reduction in painful menstruation (dysmenorrhea).

Patient Information

- According to the results of a patient satisfaction survey, over 92% of patients were very satisfied with the procedure 12 months after treatment, and 95% indicated that they would recommend the Novasure procedure to a friend.

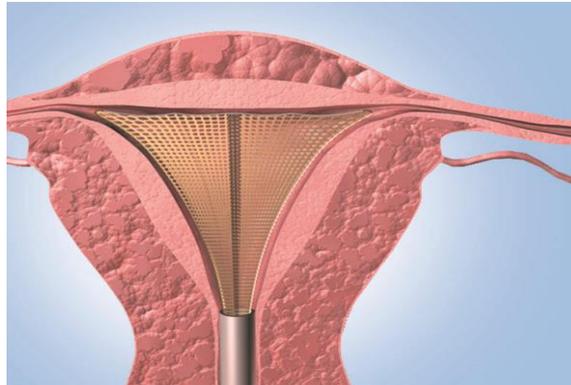


Image shows device deployed prior to treatment

Am I a suitable candidate for endometrial ablation?

Your gynaecologist must rule out other possible causes of heavy periods. Fibroids or polyps may be the cause of, or add to, your heavy bleeding. Endometrial ablation can be used in many cases where fibroids and polyps are present without the need for them to be treated separately. This does not mean that the procedure itself removes the fibroid but it may destroy an existent polyp.

Endometrial ablation is not a treatment for uterine cancer or endometriosis. An endometrial biopsy will be taken prior to the treatment to ensure that it is safe to proceed with the treatment.

Contraception

If you still wish to have children, endometrial ablation is not an option as most of your womb lining is removed and will not grow again. Although the chances of pregnancy are reduced following an endometrial ablation procedure, it is still possible to become pregnant.

However, **pregnancy following an endometrial ablation is very dangerous for both the mother and the foetus.**

Therefore, this procedure should not be considered until your family is complete. It is vital to use an effective form of contraception; please ask for advice regarding contraception.

What other treatments are available to me?

Drug therapies (such as low dose birth control pill or other non-hormonal medication) are usually prescribed. We recommend that this option should be tried first for three months because it is not invasive and has no major side effects. Your GP might have tried this prior to referral to the hospital. These methods are less effective than the surgical methods but are the least invasive.

One other method is the intrauterine system (Mirena), which is a hormonal coil inserted into the uterine cavity. Its success rate is similar to endometrial ablation and it also acts as a good form of contraception. You may experience irregular spotting for three to nine months as a side effect and you have to have it replaced every five years.

What are the benefits of endometrial ablation?

- Unlike hysterectomy, endometrial ablation does not guarantee that a woman will not have a period. However, a very high percentage of women find that their periods are much lighter or stop completely and are pleased that they have avoided major surgery and a very long post operative recovery time.
- It can be performed under local anaesthesia as an outpatient procedure.
- It eliminates the potential side effects of drug treatment.
- There is a rapid recovery time.

What risks are associated with endometrial ablation?

The specialist advisors at National Institute for Health and Care Excellence (NICE) suggest that complications associated with endometrial ablation are uncommon with serious complications occurring with an incidence of less than 1%. Some of the risks associated with endometrial ablation procedures include perforation of the uterus, injury to organs within the abdomen and pelvis, an accumulation of blood within the uterus due to scarring, bleeding and infection.

Post procedure you should call your doctor if you develop a high fever, worsening pelvic pain that is not relieved by pain killers, nausea, vomiting, shortness of breath, dizziness, bowel or bladder problems, and/or a greenish vaginal discharge.

Patient Information

Further Information

If you have any further queries or concerns please call Jules McEnroe or Michelle Lewis on **024 7696 7222**, Monday to Friday, 8.00am - 5.00pm, or you can leave a message on the answering machine and we will call you back.

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 7222 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

References

1. NICE guidelines. Interventional procedure guidelines 7th August, 2003
2. Patient information leaflet: Cytoc, Novasure , You can be free of heavy bleeding

Document History

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