Patient Information for Consent

Belfast Health and Social Care Trust

OG30 Endometrial Ablation

Expires end of June 2021

Local information

You can get information locally from your ward or consultant's secretary as below

Belfast Trust Hospitals

Belfast City Hospital **028 90 329241**

Royal Victoria Hospital **028 90 240503**

Emergency Surgical Unit (EmSU)

Ward 6C **028 9063 4355**

Ward 6B **028 9063 5549**

Assessment area **028 9063 1907**

Mater Hospital **028 90 741211**

Ward Name	Ward Direct Line Number	Consultant's Name	Consultant's Secretary Telephone Number

Get more information and references at **www.aboutmyhealth.org**
Tell us how useful you found this document at **www.patientfeedback.org**

The Preoperative Association

Royal College of Surgeons ADVANCING SURGICAL CARE

THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH

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The Information Standard Certified Member

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Information about COVID-19 (Coronavirus)

Hospitals have robust infection control procedures in place. However, you could still catch coronavirus either before you go to hospital or once you are there. If you have coronavirus at the time of your procedure, this could affect your recovery. It may increase your risk of pneumonia and in rare cases even death. The level of risk varies depending on factors such as age, weight, ethnicity and underlying health conditions. Your healthcare team may be able to tell you if these are higher or lower for you. Talk to your surgeon about the balance of risk between going ahead with your procedure and waiting until the pandemic is over (this could be many months).

Please visit https://www.gov.uk/coronavirus for up-to-date information.

Information about your procedure

Following the Covid-19 (coronavirus) pandemic, some operations have been delayed. As soon as the hospital confirms that it is safe, you will be offered a date. Your healthcare team can talk to you about the risks of having your procedure if you have coronavirus. It is then up to you to decide whether to go ahead or not. The benefits of the procedure, the alternatives and any complications that may happen are explained in this document. If you would rather delay or not have the procedure until you feel happy to go ahead, or if you want to cancel, tell your healthcare team.

If you decide to go ahead, you may need to self-isolate for a period of time beforehand (your healthcare team will confirm how long this will be). If you are not able to self-isolate, tell your healthcare team as soon as possible. You may need a coronavirus test a few days before the procedure. If your test is positive (meaning you have coronavirus), the procedure will be postponed until you have recovered.

Coronavirus spreads easily from person to person. The most common way that people catch it is by touching their face after they have touched anyone or anything that has the virus on it. Wash your hands with alcoholic gel or soap and water when you enter the hospital, at regular intervals after that, and when you move from one part of the hospital to another.

Even if you have had the first or both doses of a Covid vaccine, you will still need to practise social distancing, hand washing and wear a face covering when required.

If your healthcare team need to be close to you, they will wear personal protective equipment (PPE). If you can't hear what they are saying because of their PPE, ask them to repeat it until you can. Chairs and beds will be spaced apart. You may not be allowed visitors, or your visiting may be restricted.

Your surgery is important and the hospital and health professionals looking after you are well equipped to perform it in a safe and clean environment. Guidance about coronavirus may change quickly — your healthcare team will have the most up-to-date information.

What is an endometrial ablation?

An endometrial ablation is an operation to prevent the lining (endometrium) of your uterus (womb) from growing, either completely or partially each cycle (month).

There are three common devices used to perform an endometrial ablation.

- Radiofrequency.
- Thermal balloon.
- Microwave.

Each device uses heat to treat the endometrium. Your gynaecologist will explain the differences and their own preferred method in specific detail.

After the operation most women have a noticeable reduction in their periods and, for some women, periods stop altogether.

Your gynaecologist has recommended an endometrial ablation. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, it is important that you ask your gynaecologist or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point before the procedure.

What are the benefits of surgery?

The most common reason for having an endometrial ablation is to relieve the symptoms of heavy periods (abnormal uterine bleeding). An endometrial ablation is an effective alternative to a hysterectomy. It also has fewer complications and a quicker recovery time.

For most women, no specific cause can be found for heavy periods.

An endometrial ablation may not be suitable if your heavy periods are caused by one or more of the following conditions.

- Fibroids, where the muscle of your womb becomes overgrown.
- Polyps – A polyp is an overgrowth of the lining of your womb that looks like a small grape on a stalk.
- Excessive thickening of the lining of your womb.

Most women will have much less bleeding when they have their period. Pain is usually significantly reduced, although for some women mild cramping may still happen.

About a third of women who have the operation will not have periods anymore.

Are there any alternatives to surgery?

Heavy periods can be treated using a variety of medical treatments. Some treatments contain hormones and some do not.

There are a number of alternative treatments.

- Oral (mouth) tablets.
- Injections.
- An implant (a small device which sits under the skin in your arm).
- An IUS (intra-uterine system – an implant containing a synthetic form of the hormone progesterone that fits in your womb).

These options are usually tried before surgery is recommended. You should discuss the options with your gynaecologist.

What will happen if I decide not to have the operation?

Your doctor will continue to try to control your symptoms with medication, or you can continue without treatment. For some women this is acceptable if the cause of the symptoms is not serious.

What happens before the operation?

You will need to have an ultrasound scan of your womb to find out if it is the right size and shape for you to have the operation.

Depending on your age and symptoms, your gynaecologist may also recommend that you have a biopsy (removing small pieces of tissue from the lining of your womb). They will also check that you are up-to-date with your smear tests, and that you have a permanent method of contraception.

Your gynaecologist will ask you for a urine sample to perform a pregnancy test before your procedure. Sometimes the test does not show an early-stage pregnancy so let your gynaecologist know if you could be pregnant.

If you are having a general anaesthetic, your gynaecologist may arrange for you to have a pre-admission assessment. They will carry out several tests and checks to find out if you are fit enough for the operation. If you have any questions about the operation, you should ask the healthcare team at this visit.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your gynaecologist and the healthcare team your name and the operation you are having.

The operation can be performed under a local or general anaesthetic. Your anaesthetist or gynaecologist will discuss the options with you. If you have a general anaesthetic, you may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection. The operation usually takes about 20 minutes.

Your gynaecologist will examine your vagina. They will pass a hysteroscope (telescope) through your vagina, across your cervix (neck of your womb) into your womb to look at the shape and size of your womb to check you are suitable for an endometrial ablation.

At this point your gynaecologist may perform a biopsy, particularly if you have not had one before the operation.

Your gynaecologist will place the endometrial ablation device into your uterus and treat the endometrium. Your gynaecologist will usually use the hysteroscope again afterwards to check the endometrium has been treated.

What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the operation a success?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight. Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious and can even cause death. You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Pain is a cramping pain similar to a period and is usually easily controlled with simple painkillers such as paracetamol.
- Feeling or being sick. Most women have only mild symptoms and feel better within 1 to 2 days without needing any medication.
- Bleeding or discharge, lasting up to 4 weeks. It starts off heavy but gradually gets lighter.

- Blood clot in your leg (deep-vein thrombosis – DVT) (risk: less than 1 in 200). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straightaway if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straightaway if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.
- Infection (risk: less than 3 in 100). Most infections are minor and often happen after leaving hospital. They are usually easily treated with antibiotics.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your gynaecologist know if you have any allergies or if you have reacted to any medication or tests in the past.

Specific early complications

- Failed procedure, if the equipment fails or if it is not possible to place the ablation device into your womb.
- Making a hole in your womb with possible damage to a nearby structure (risk: 4 in 1,000). You may need to stay overnight for close observation in case you develop complications. If your gynaecologist is concerned that an organ has been damaged, you may need keyhole surgery or another operation involving a larger cut (risk: 1 in 650).

Specific late complications

- Haematometra, where blood and other menstrual fluid collect in pockets in your womb (risk: less than 1 in 100). If this fluid cannot drain through your cervix or fallopian tubes, it can cause pain. Most women will not have periods and the fluid is usually noticed on a scan.
- Continued bleeding or pain needing another endometrial ablation or a hysterectomy (risk: around 14 in 100 in the first 5 years).
- If you have been previously sterilised, post-ablation tubal sterilisation syndrome (PATSS), where menstrual fluid becomes trapped in the fallopian tubes, causing pain (risk: up to 8 in 100, depending on the type of ablation device used).

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. The healthcare team will tell you what was found during the operation and discuss with you any treatment or follow-up you need.

You should be able to go home the same day. However, your doctor may recommend that you stay a little longer. If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination. If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

To reduce the risk of a blood clot, make sure you carefully follow the instructions of the healthcare team if you have been given medication or need to wear special stockings.

You may get some cramps and mild bleeding similar to a period. Rest for 1 to 2 days and take painkillers if you need them.

You should be able to return to normal activities after 2 to 4 days. Most women are fit for work after 3 to 4 days.

You should expect to have some bleeding or discharge for up to 4 weeks. This may be heavy and red to start with but will change to a red-brown discharge. Use sanitary pads, not tampons.

To reduce the risk of infection, do not have sex, or have a bath or swim until the discharge has settled.

Let your doctor know if you develop any of the following problems.

- A high temperature.
- Heavy bleeding or an unpleasant-smelling discharge from your vagina.
- Your pain does not settle or increases and is not relieved by your medication.
- Pain in your lower leg.
- Breathing difficulties.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

Will I need hormone replacement therapy (HRT)?

An endometrial ablation will not affect when you go through menopause. At the time of menopause, if you want to go on HRT, your doctor should give you a HRT which contains both oestrogen and progesterone.

Do I still need smear tests?

As the operation has no effect on your cervix, continue to have regular smear tests.

Will I still be able to have children?

The operation is not recommended for women who still want children. Serious complications for you and your baby can happen if you become pregnant after an endometrial ablation.

Summary

An endometrial ablation is a common gynaecological operation. It helps relieve the symptoms of heavy periods. You should get less bleeding and pain.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements
Reviewer: Jeremy Hawe (MBChB, MRCOG)