

Endometrial Ablation

Many women have heavy periods which interfere with their daily lives. In the past the only treatments for troublesome periods were tablets or a hysterectomy.

Over the last ten years more women with a normal size and shape womb (uterus) have been treated by endometrial ablation. This involves removing the part of the womb lining (endometrium) which builds up every month and then comes away as a period, but leaving the womb muscle wall behind.

The operation can be done by heat treatment of the womb lining with a cauterising instrument, a microwave probe or a fluid filled balloon. It is only suitable for women with a fairly normal size and shape womb.

The operation itself takes about 20 minutes. A telescope slightly thicker than a biro is passed through the neck of the womb (cervix) and then the womb lining is treated from the inside with the type of instrument that is most suitable for you. There are no stitches and no scars on the abdomen. Some treatments can be offered under local anaesthetic (patient awake) if you preferred this or had medical reasons to avoid a general anaesthetic (patient asleep). Your doctor will advise you about this.

Most women go home later that day. Some women have cramps like period pain for a day or two but you can expect to return to normal activity within a week. There is some bleeding like a period for 7-10 days and a watery discharge for 2-3 weeks as everything heals up.

To minimise the risk of infection it is better to use sanitary pads rather than tampons and avoid sexual intercourse until the discharge has settled.

Unlike hysterectomy, endometrial ablation does not guarantee that a woman will never have another period. However, 9 out of 10 women find that their periods are much lighter or stop completely and are pleased that they have avoided the longer recovery time needed after hysterectomy.

Many women find that period pain related to heavy bleeding improves as well.

It may take 3-4 months before you start to see any change in your periods and up to 12 months for the full effect of treatment to show.

Endometrial ablation can only be offered if a woman is sure that she does not want any more children as the womb lining is needed for a healthy pregnancy to develop.

However it is essential to continue with contraception as there is still a small chance that pregnancy could occur and pregnancy after ablation could be dangerous.

Endometrial ablation does not affect hormone production by the ovaries so the menopause will happen at its natural time. Women needing hormone replacement therapy after treatment can take the same types of tablets or patches as any other woman who still has her womb.

Ablation is not guaranteed to help with premenstrual symptoms like bloating or breast tenderness but many women tell us that they have found an improvement after treatment.

Cervical smears are still needed after treatment.

Most women are prescribed preparation treatment before the operation to make sure the womb lining is thin on the day of surgery.

This treatment may be tablets or an 'anti-hormone' injection. The injection *temporarily* gives menopausal symptoms such as hot flushes and maybe some irregular vaginal bleeding. Hormonal contraception or hormonal treatment for period problems needs to be stopped during this time and condoms used for contraception.

There is a very small, less than 1 in 100, risk that a woman coming in for endometrial ablation would need the full operation postponed for 8 weeks if there was concern that the instruments had gone through the womb muscle at the start of the operation. As with any operation, there is also the possibility that further surgery, including hysterectomy, may be needed if unexpected complications developed during the procedure.

Endometrial ablation cannot be offered to all women with heavy periods, but is freeing some women from monthly inconvenience without the need for long term tablets or major surgery.