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Excessive Uterine Bleeding and Endometrial Ablation

Issued by Obstetrics and Gynaecology

This leaflet provides information about uterine bleeding and some treatments.

Menstruation

The regular and normal shedding of the lining of the womb by a vaginal bleed often referred to as a period. This is part of the normal female reproductive cycle and last between three and seven days.

The average cycle is 28 days, but many normal women will have longer or shorter cycles.

The first day of the period is taken to be the start of a new cycle.

Menorrhagia

Clinically heavy periods are defined as a heavy regular vaginal bleed which the woman herself feels is problematic. The actual blood lost is not measured, so one woman may have a heavy period that would seem light to another, and vice versa.
To try to evaluate your loss you may be asked questions about

- flooding
- clots
- pain
- how often you need to change pads or tampons, and
- whether your periods stop you going to work or socialising

Causes of heavy periods

Most heavy periods are due to hormonal imbalance within the womb itself. However, there are some local causes that can be identified

- fibroids
- polyps
- contraceptive coils
- systemic illness, such as under-active thyroid gland, or inherited bleeding disorders

Risks associated with unmanaged heavy periods

- anaemic
- lifestyle effects

Alternative options for treatment

- Medicines, including the combined oral contraceptive pill, transdermic acid and NOAMI (non-steroidal anti-inflammatory drugs)
- An intra-uterine system (Mirana coil)
- Endometrial ablation (destruction of the lining of the womb)
- Hysterectomy (the surgical removal of the womb)

You will be given more information about these treatments by your doctor. The options, their suitability for you and any risks will be discussed with you.

You may be advised to try medicines first. If they do not reduce your menstrual bleeding your GP or Gynecologist (a doctor specializing in women's reproductive health) may suggest endometrial ablation rather than the major surgical option of hysterectomy.

Endometrial ablation

With this treatment part of the womb lining (endometrium) is destroyed (ablated).

This treatment would not normally be recommended if the womb is enlarged because of fibroids. It is also not suitable for women who may want to have children in the future because it affects fertility.

Endometrial ablation is often performed under general anaesthesis in theatre, however this can also be performed in an outpatient setting with local anesthetic.

This means you will be asleep during the procedure and won't feel any pain.

Certain endometrial ablation techniques can be performed under local anaesthesis. This involves one or two injections into the neck of the womb. The local anaesthesia numbs the area so that the procedure is painless, but you will stay awake.

If you are having local anaesthesia, you may be given a medicine to help prevent the womb from cramping, which is a normal response to treatment. You may also be offered a sedative to help you relax.

Endometrial ablation is usually done as a day case but an overnight stay in hospital is sometimes required. Endometrial ablation is a commonly performed and generally safe procedure.

For most women, the benefits are greater than the risks However; all surgery carries an element of risk. In order to make an informed decision and give your consent, you need to be aware of the benefits, risks and possible side-effects.

Benefits

More than a third of women who have this operation stop having periods altogether. Others find that their periods become lighter. It can take up to 3-6 months to see whether the operation has been successful.

Risks, side effects and complications

After the procedure you may feel sick as a result of the anaesthetic or painkillers. You are likely to feel some discomfort similar to a period pain for a few days after the operation.

You will also have some vaginal bleeding similar in amount to a normal period. This may last up to a month. You should use sanitary towels rather than tampons.

Please contact the hospital if the bleeding becomes heavy. Complications are when problems occur during or after the operation. Most women are not affected. Possible complications of endometrial ablation include:

- Excessive bleeding during or very soon after the operation
- Infection of the womb after the operation
- Damage to the womb, vagina, cervix and/or part of the bowel
- DVT, (a blood clot in the vein in one of your legs)

The complications are rare, if they do happen you may need further treatment which in some cases may include surgery.

Ask your doctor to explain how these risks apply to you. The exact risks will differ for every person. This is one of the reasons we have not included statistics in this leaflet.

About the operation

After the anaesthesia has taken effect, a telescope - called a hysteroscope, will be inserted through the vagina and into your cervix, so that your doctor can see the inside of your womb. Special instruments are then used to remove the womb lining. There are a variety of methods.

Radiofrequency impedence (Novasure)

An electric current is used to destroy the womb lining. The advantages of Novasure are:

- It is quick
- No endometrial pre-treatment is required
- It can be performed at any time during your cycle and
- It can be done under local anaesthesia

In the long term, the treatment may fail to control your periods to your satisfaction. Unfortunately it can not be repeated, so you will need to decide whether to try medication or proceed to hysterectomy.

Microwave endometrial ablation (MEA)

The lining of the womb is destroyed to a depth of 3-6mm using the heat of the microwaves. The advantages of MEA are:

- It can be done under local anaesthesia
- It can be used to treat larger womb cavities

Endometrial ablation usually takes less than five minutes but your overall time in theatre will be about half an hour if you have decided to have a general anaesthetic.

After your operation

You may have had a local or general anaesthesia, you will be taken from the operating theatre or procedure room to a recovery room. This is where you will come round from the anaesthesia under close supervision. Your heart rate, and blood pressure and general condition will be monitored. After this, you will be taken back to your ward.

Back on the ward or clinic

A nurse will continue monitoring your heart rate and blood pressure at regular intervals. You will be wearing a sanitary towel, as you will have some vaginal bleeding.

You will need to rest until the effects of the anaesthesia have passed. You may feel discomfort similar to period pain as the anaesthesia wears off. Painkillers will be available to help with this. If you continue to feel pain, please discuss this with your nurses or doctors. When you feel ready, you can begin to eat and drink, starting with clear fluids.

Going home

If your operation has been planned as a day case, you will be able to go home once you have made a full recovery from the anaesthesia. However, you will need to arrange for someone to drive you home. You should try to arrange for someone to stay with you for the first 24 hours.

Even if your treatment has been performed under local anaesthesia it may be better to have someone drive/escort you home as you may be uncomfortable.

Before you leave, your nurse will give you a contact telephone number for the hospital.

Routine follow-up appointments are not usually given. If you feel that things are not right, or if after six months you feel your periods are no better, we would be happy to see you again at your request.

After you return home

If you need them, continue taking painkillers as advised. General anaesthesia can temporarily affect your co-ordination and reasoning skills; so you should not drink alcohol, operate machinery or sign legal documents for 48 hours afterwards.

Follow your doctor's advice about going back to your normal lifestyle, including driving, sports, sexual activity and contraception. Most women go back to work within a few days.

Useful contact numbers

Wansbeck General Hospital

Gynaecology outpatients	01670 564 140

North Tyneside General Hospital

Gynaecology outpatients	0191 293 4374
Ward 6	0191 293 2568

Hexham General Hospital

Woman's Health Unit	01434 655 353

The Northumbria

Emergency Gynae Clinic	0191 6072908

Other sources of information

www.nhsdirect.nhs.uk
www.rcog.org.uk

Alternative Formats

If you would like a copy of this information in large print, another language, audio tape or other format please call the Contact Centre on **03 44 811 8118**

Other sources of information

NHS 111

NHS Choices
www.nhs.uk/pages/homepage.aspx

NICE (National Institute for Health and Clinical Excellence)
www.nice.org.uk

Patient Advice and Liaison Service (PALS)
Freephone: **0800 032 0202**
Text: 01670 511098
Email: northoftynepals@nhct.nhs.uk

Northumbria Healthcare NHS Foundation Trust
General Enquiries **03 44 811 8111**
www.northumbria.nhs.uk

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