



Spire Healthcare

Treatment summary

Endometrial ablation

What is endometrial ablation?

Endometrial ablation is treatment to destroy (ablate) part of the womb lining (endometrium) for women who have heavy periods, known as menorrhagia.

Heavy blood loss each month can lead to a reduced number of red blood cells in the bloodstream (anaemia) making you feel tired and unwell. If medicines don't reduce your menstrual bleeding, then your GP or consultant may suggest endometrial ablation as an alternative to major surgical options such as hysterectomy.

This treatment is not usually recommended if the bleeding is due to growths in your womb (fibroids). It's also not suitable for women who may want to have children in the future, because it affects fertility.

More than a third of women who have this operation stop having periods. Others find that their periods become lighter. It can take up to three months to see whether the operation has been successful. Some women need to have the procedure repeated.

Endometrial ablation is usually performed under general anaesthesia. This means you will be asleep during the procedure and won't feel any pain. Certain endometrial ablation techniques can be performed under local anaesthesia. 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 still be awake.

Endometrial ablation is usually done as a day-case procedure but an overnight stay in hospital is sometimes required. Your consultant will explain the benefits and risks of having endometrial ablation, and will discuss the alternatives to the procedure.

About the operation

A telescope called a hysteroscope is inserted through the vagina and into your cervix so that your consultant can see the womb. Special instruments are then used to remove the womb lining.

There are a variety of methods:

- electrocautery, also known as diathermy – the womb lining is burnt off using a low-voltage electric current through a wire or probe
- loop electrosurgical excision procedure (LEEP) – this is similar to electrocautery, but the wire or probe has a loop on the end to remove the womb lining
- laser ablation – a high-energy beam of light destroys the womb lining
- hot fluid – this can be pumped into the womb, either directly or using a balloon-like device, to destroy the womb lining
- microwave endometrial ablation (MEA) – the lining of the womb is destroyed to a depth of 3 to 6mm using the heat of microwaves. This is a fairly new technique. The advantage of MEA is that it is quicker, the hysteroscope isn't needed and it can be done under local anaesthesia.

Endometrial ablation usually lasts up to half an hour.

You are likely to feel some discomfort similar to period pain for a few days after the operation. You will also have some vaginal bleeding after the operation, similar in amount to a normal period. This may last for up to a month.

Endometrial ablation is a commonly performed and generally safe procedure. For most women, the benefits are greater than the disadvantages. However, all surgery carries an element of risk.

Complications specific to endometrial ablation include infection of the womb after the operation and damage to the womb, vagina, cervix and/or part of the bowel. These complications are rare but if they do happen, you may need further surgery.

The chance of complications depends on the exact type of operation you are having and other factors such as your general health. Ask your surgeon to explain in more detail how any risks apply to you.

To find out more about having endometrial ablation in a Spire Healthcare hospital, please contact your local Spire hospital.



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