you may experience other vaginal discharge. This may last for up to a month. You should use sanitary towels rather than tampons.

**After you return home**

General anaesthesia can temporarily affect your coordination and reasoning skills; so you must not drive, drink alcohol, operate machinery or sign legal documents for 48 hours afterwards.

You should be able to resume your normal lifestyle after a week. This includes returning to work, driving, sports and sexual activity. (You should resume your normal method of contraception).

**Periods after Ablation**

1. Upto 70% may not get periods after the operation.
2. Few people may have scanty periods.

Either way their problem of heavy bleeding is solved.
This information is for you if you are about to have, or you are recovering from, an endometrial ablation. This is a type of operation to thin or remove your endometrium (the lining of the uterus (womb)) in an effort to treat heavy periods. You might also find it useful to share this information with your family and friends.

What is Endometrial Ablation?

Endometrial ablation is treatment to destroy (ablate) the womb lining (endometrium). It is used to treat women who have heavy periods, known as menorrhagia. If medicines don’t reduce your menstrual bleeding, then your doctor 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 is also not suitable for women who may want to have children in the future, because it reduces fertility and makes pregnancy dangerous for you. You must continue using contraception after this operation. This operation does not affect the ovarian hormones or the time of onset of the menopause. You will still need to have regular cervical smears.

How can this operation help you?

Endometrial ablation works well for most women. Around 80% of women are satisfied with the results after endometrial ablation. About half of these women have significantly lighter periods and about half find that their periods stop completely within a year of the operation.

What are the risks of having an Endometrial Ablation?

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

- There is a small risk of developing an infection of the womb for which you may need antibiotics.
- There is a small risk of damage to the womb, vagina, cervix and/or part of the bowel and heavy bleeding from the womb.
- These complications are rare but if they do happen, you may need further surgery.
- There is also a small risk of reaction to the anaesthetic agent but this will be discussed with you by the anaesthetist who will see you before your operation.

The risks after endometrial ablation are far less than the risks of hysterectomy.

About the operation

Endometrial ablation is usually done as a day case but an overnight stay in hospital is sometimes required.

Endometrial ablation is usually performed under general anaesthesia. This means you will be asleep during the procedure and won’t feel any pain.

- After the anaesthesia has taken effect, a telescope—called a hysteroscope—may be inserted through the vagina and into your cervix, so that your doctor can see the womb. Special instruments are then used to destroy the womb lining. There are a variety of methods.
- Microwave endometrial ablation (MEA) - the lining of the womb is destroyed using the heat of microwaves.
- Novasure destroys the lining of the womb with electrical energy.
- Thermal balloon ablation - the lining of the womb is destroyed by using a balloon-like device filled with hot fluid.
- Hysteroscopic Ablation (TCRE).

Your doctor may use any of these techniques for your operation. There is no difference in the end result.

1. After your Operation

If you have had general anaesthesia, you will be taken from the operation theatre to the recovery room, where you will come round from the anaesthesia under close supervision. After this, you will be taken back to your room. A nurse will monitor 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 nurse or doctor. When you feel ready, you can begin to eat and drink, starting with clear fluids.

You must also arrange for someone to stay with you for the first 24 hours or you may not be permitted to have this procedure as a day case.

After the operation you are likely to feel some discomfort similar to period pain for a few days. You will also have some vaginal bleeding, similar in amount to a normal period and

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**Ablated (or Coagulated) endometrium**

**Normal Endometrium**

**Rollerball Resectoscope**

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**Normal Endometrium**

**Rollerball Resectoscope**