Procedure Information Guide

Thermal balloon endometrial ablation

Brought to you in association with EIDO Healthcare and endorsed by the Royal College of Surgeons England.

Discovery has made every effort to ensure that we obtained the information in this brochure from a reputable source. We have adapted the content to reflect the South African market or healthcare environment.

You should not only depend on the information we have provided when you make any decisions about your treatment. The information is meant to act only as a guide to the treatment you are considering having. Please discuss any questions you may have about your treatment with your treating healthcare professional.
What is a thermal balloon endometrial ablation?
A thermal balloon endometrial ablation is an operation that uses a special balloon filled with hot water to remove the lining (endometrium) of your uterus (womb). 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.

About this document
We understand this can be a stressful time as you deal with different emotions and sometimes have questions after seeing your surgeon. This document will give you a basic understanding about your operation. We tell you about the things you can do to help make the operation a success. It is also important to remember to tell your surgeon about any medicine you are on so he or she can manage this, if necessary. It will also tell you about what to expect after the operation – while in hospital and in the long term. Your surgeon remains the best person to speak to about any questions or concerns you may have about the operation.

What are the benefits of surgery?
The most common reason for having an endometrial ablation is to relieve the symptoms of heavy periods (menorrhagia). An endometrial ablation is another effective treatment instead of a hysterectomy. It also has fewer complications and a quicker recovery time.
The following conditions can cause heavy periods.
• Fibroids, where the muscle of your womb becomes overgrown.
• Polyps are overgrowths of the lining of your womb that looks like a small grapes on a stalk.
• Excessive thickening of the lining of your womb.
For most women, no specific cause can be found for heavy periods (dysfunctional uterine bleeding).
Most women will have much less bleeding when they have their period. Pain is usually reduced a lot, 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 non-hormonal and hormonal oral (by mouth) medicines. Other alternatives include an intra-uterine device (IUD) that contains a hormone and fits in your womb but these 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 gynaecologist will continue to try to control your symptoms with medicine, 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 are using a reliable method of contraception.
Your gynaecologist may ask you to have a pregnancy test. Sometimes the test does not show an early-stage pregnancy so let your gynaecologist know if you could be pregnant.
The lining of your womb should be thin so that it can be removed more easily. Your gynaecologist may arrange for you to have the operation straight after a period or you may need to have hormonal treatment for 4 to 5 weeks before the operation.
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 and recommend the best form of anaesthesia for you. 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 less than 20 minutes. Your gynaecologist will examine your vagina. They will usually pass a hysteroscope (telescope) through your vagina, across your cervix (neck of your womb) into your womb. Your gynaecologist will pass fluid or gas through the telescope to distend (swell) your womb. They will confirm that your womb is the right size and shape for you to have the operation and they may perform a biopsy. Your gynaecologist will place a thermal balloon into your womb. They will expand the balloon with fluid (see figure 1).

Your gynaecologist will heat the fluid to the right temperature. The fluid moves around the balloon with the heat reducing the thickness of your endometrium.

What should I do about my medicine?
Let your gynaecologist know about all the medicine you take and follow their advice. This includes all blood-thinning medicine as well as herbal and complementary remedies, dietary supplements, and medicine you can buy over the counter.

What can I do to help make the operation a success?
If you smoke, stopping smoking several weeks or more before the operation 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 make the operation as safe as possible but complications can happen. Some of these can be serious and can even cause death. You should ask your gynaecologist if there is anything you do not understand. Any numbers which relate to risk are from studies of women who have had this operation. Your gynaecologist may be able to tell you if the risk of a complication is higher or lower for you.

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

2 General complications of any operation
- Pain is a cramping pain similar to a period and is usually easily controlled with simple painkillers.
- Feeling or being sick. Most women have only mild symptoms and feel better within one to two days without needing any medicine.
- Bleeding or discharge, lasting up to four weeks. It starts off heavy but gradually gets lighter.
- Infection (risk: 3 in 100). Most infections are minor and often happen after leaving hospital. They are usually easily treated with antibiotics.
- 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, medicine, 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 casualty unit.

3 Specific early complications
• Failed procedure, if the equipment fails or if it is not possible to place the thermal balloon into your womb.
• Thermal burns, if some of the heat passes through the wall of your womb and damages nearby structures such as your bowel (risk: less than 1 in 1 000).
• Making a hole in your womb with possible damage to a nearby structure (risk: 8 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).

4 Specific late complications
• Haematometra, where blood and other menstrual fluid collect in pockets in your womb (risk: less than 1 in 100). If these pockets do not drain across your cervix or through your fallopian tubes, they can cause pain. Most women will not have periods and the pockets are usually noticed on a scan.
• Continued bleeding or pain needing another endometrial ablation or a hysterectomy (risk: less than 14 in 100 in the first 5 years).
• If you have been previously sterilised, tubal sterilisation syndrome (risk: less than 1 in 1 000). Menstrual fluid gets trapped in a fallopian tube, causing pain.

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 gynaecologist 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 follow carefully the instructions of the healthcare team if you have been given medicine or need to wear special stockings.
You may get some cramps and mild bleeding similar to a period. Rest for one to two days and take painkillers if you need them.
You should be able to return to normal activities after two to four days. Most women are fit for work after three to four days.
You should expect to have some bleeding or discharge for up to four 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 gynaecologist know if you develop any of the following problems.
• A high temperature.
• Pain in your lower leg.
• Heavy bleeding or an unpleasant-smelling discharge from your vagina.
• Breathing difficulties.
• Your pain does not settle or increases and is not relieved by your medicine.
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 your gynaecologist tells you that you can.
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 gynaecologist should give you an oestrogen and progesterone hormone.

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. Life-threatening complications for you and your baby can happen if you become pregnant after an endometrial ablation.

Even if your periods stop, there is still a risk of becoming pregnant. Do not rely on the operation as a method of contraception. If neither you nor your partner has been sterilised, continue to use a reliable method of contraception.

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 leaflet. Use it to help you if you need to talk to the healthcare team.

Acknowledgements

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You can access references online at www.aboutmyhealth.org. Use reference OG30.