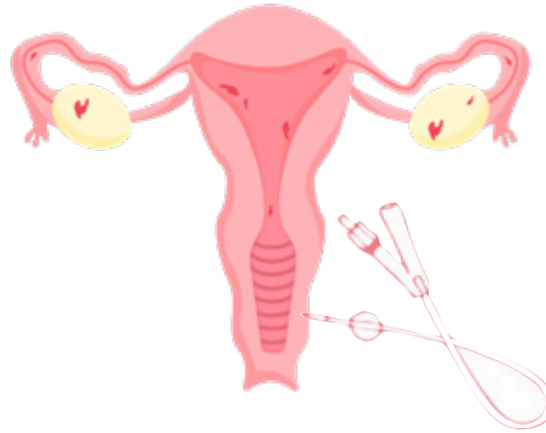


Endometrial Ablation



Endometrial ablation

Endometrial ablation is a procedure that removes the thin layer of tissue, also known as the endometrium that lines the uterus. The surgery aims to reduce heavy menstrual bleeding.

Because we remove the endometrial lining, it is important to note that you may not be able to get pregnant. Because the endometrial lining, where the egg would normally implant after fertilisation, has been removed. Whilst it may still be possible, it can be extremely dangerous for both mother and baby.

Why you might need an endometrial ablation

Most commonly, endometrial ablation is performed to reduce excessive menstrual bleeding. Some of the reasons why you may need an endometrial ablation include:

- Heavy periods that may affect your daily activity.
- Bleeding between periods.
- Unusually long periods.

To determine the cause of the bleeding, your doctor will perform a physical examination, take a sample of your uterine lining and arrange for an ultrasound.

Preparing for an endometrial ablation

- Your doctor will thoroughly explain the procedure to you and answer any questions.
- Dr Kothari will give you a consent form to sign that provides permission to proceed with the procedure. Please ensure you read this carefully and ask questions if anything is unclear.
- A few weeks before the procedure, you may be given medication to thin the endometrial tissue.
- As you will be under general anaesthetic, you will need to arrange for someone to pick you up after the procedure.
- You may wish to bring sanitary pads to wear home after the procedure.

How is an endometrial ablation performed?

There are a few different ways your doctor will perform an endometrial ablation can. The method chosen will depend on your circumstances, such as symptoms, medical history, and other medical factors.

Generally, we perform an endometrial ablation under a light general anaesthetic. This procedure is not a surgery; therefore, you will not have any incisions. Instead, your cervix will be dilated (widened and your doctor will use a hysteroscope (a narrow telescope-like tool) to examine your uterus.

Based on your circumstances, your doctor will perform the procedure using one of the following methods.

(P.T.O)

IMPORTANT

- Only women who do not plan to have any children in the future can undergo this procedure.
- If you want to ensure there is no bleeding after the treatment, speak to your doctor about alternative options such as a hysterectomy.

You may not be able to have an endometrial ablation if you have a

- Vaginal or pelvic infection
- Recent pregnancy
- Pelvic inflammatory disease
- Cervical or uterine cancer
- Before the procedure, let your doctor know if you are allergic to any medication or anaesthetic drug (local and general).
- If you think you may be pregnant, let your doctor know before the procedure, as this could lead to a miscarriage.
- Inform your doctor of any bleeding disorders and if you are taking any blood-thinning medication.

Endometrial resection

Your doctor will use a wire loop connected to electricity to cut strips of the endometrium until it is completely removed. Once we completely remove the endometrium, your doctor will check for any bleeding, and if all is well, the procedure is complete.

An advantage of this procedure is that it can be performed at any time of the month with minimal preparation.

Endometrial rollerball ablation

This procedure is similar to endometrial resection. But instead of a wire loop, a special ball is used to pass an electrical current through to destroy the endometrial lining instead of cutting through it.

One of the plus points of this procedure is that because it does not involve any cutting, there is no risk of bleeding. Hence, proving to be a beneficial treatment for women suffering from blood conditions or who are on blood thinning medications.

Microwave endometrial ablation

Your doctor will insert a sterilised single-used device into the uterine cavity, which is then opened. The wire-mesh surface of this device is then attached to a generator with a suction device through which an electric current is passed to destroy the entire endometrium.

Balloon endometrial ablation

During this procedure, your doctor places a thin catheter (tube) with a deflated balloon at the end of it into your uterus. The balloon is then filled with hot water or oil, which transmits thermal energy to heat and destroy the endometrial lining.

Recovery phase

After the procedure, you are taken to the recovery room, and once you get the all-clear from your doctor, you can go home. You can then get on with your normal daily activities unless your doctor has advised otherwise. This procedure will not affect your hormones, so you need not worry about being catapulted into menopause. You may also continue to enjoy your sex life as per usual.

You are likely to bleed for approximately 48 hours after the procedure and may continue to experience red-brown discharge for up to six weeks.

The recovery phase varies from person to person and can also depend on the type of endometrial ablation you have undergone.

However, these are some of the symptoms you can expect to experience.

- It can take up to six months for your period to settle
- Heavy periods
- Cramping
- Nausea/vomiting

Should you experience any of the following, let your doctor know immediately.

- Foul-smelling discharge
- Fever or chills
- Severe abdominal pain
- Heavy bleeding that lasts longer than two days
- Trouble urinating

Next Steps

More information
Contact our advice team on
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Diagnosis and treatment
Contact us to book an appointment
with Dr Kothari
02 4225 1999

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