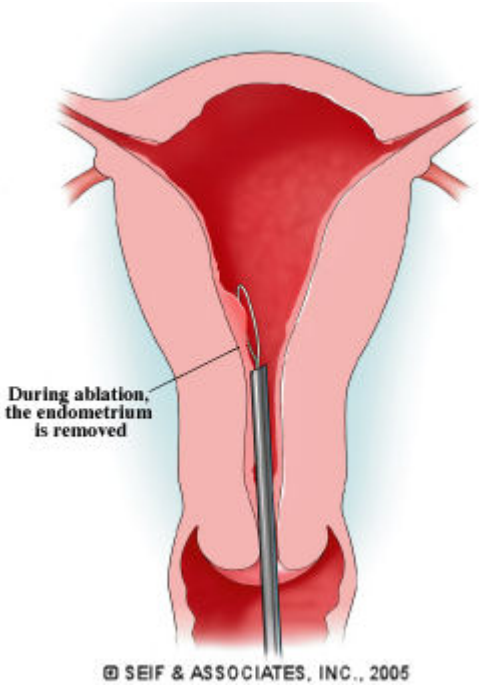
Endometrial Ablation

Endometrial ablation removes the lining of the uterus (*endometrium*). It is usually a same day, outpatient treatment. Ablation helps avoid major surgery (such as a hysterectomy). A hysterectomy is removal of the cervix and uterus. Endometrial ablation has less risk and complications, has a shorter recovery period and is less expensive. After endometrial ablation, most women will have little or no menstrual bleeding. You may not keep your fertility. Pregnancy is no longer likely after this procedure but if you are pre-menopausal, you still need to use a reliable method of birth control following the procedure because pregnancy can occur.



REASONS TO HAVE THE PROCEDURE MAY INCLUDE:

- Heavy periods.
- Bleeding that is causing anemia.
- Anovulatory bleeding, very irregular, bleeding.
- Bleeding submucous fibroids (on the lining inside the uterus) if they are smaller than 3 centimeters.

REASONS **NOT** TO HAVE THE PROCEDURE MAY INCLUDE:

- You wish to have more children.
- You have a pre-cancerous or cancerous problem. The cause of any abnormal bleeding must be diagnosed before having the procedure.
- You have pain coming from the uterus.
- You have a submucus fibroid larger than 3 centimeters.
- You recently had a baby.
- You recently had an infection in the uterus.
- You have a severe retro-flexed, tipped uterus and cannot insert the instrument to do the ablation.
- You had a Cesarean section or deep major surgery on the uterus.
- The inner cavity of the uterus is too large for the endometrial ablation instrument.

BEFORE PROCEDURE:

- The lining of the uterus must be tested to make sure there is no pre-cancerous or cancer cells present.
- Medications may be given to make the lining of the uterus thinner.
- Ultrasound may be used to evaluate the size and look for abnormalities of the uterus.
- Future pregnancy is not desired.

RISKS AND COMPLICATIONS:

- Perforation of the uterus.
- Bleeding.
- Infection of the uterus, bladder or vagina.
- Injury to surrounding organs.
- Cutting the cervix.
- An air bubble to the lung (*air embolus*).
- Pregnancy following the procedure.
- Failure of the procedure to help the problem requiring hysterectomy.
- Decreased ability to diagnose cancer in the lining of the uterus.

PROCEDURE

There are different ways to destroy the lining of the uterus.

- Resectoscope - radio frequency-alternating electric current is the most common one used.

- Cryotherapy - freezing the lining of the uterus.
- Heated Free Liquid - heated salt (*saline*) solution inserted into the uterus.
- Microwave - uses high energy microwaves in the uterus.
- Thermal Balloon - a catheter with a balloon tip is inserted into the uterus and filled with heated fluid.

Your caregiver will talk with you about the method used in this clinic. They will also instruct you on the pros and cons of the procedure. Endometrial ablation is performed along with a procedure called operative hysteroscopy. A narrow viewing tube is inserted through the birth canal (*vagina*) and through the cervix into the uterus. A tiny camera attached to the viewing tube *(hysteroscope)* allows the uterine cavity to be shown on a TV monitor during surgery. Your uterus is filled with a harmless liquid to make the procedure easier. The lining of the uterus is removed. The lining can also be removed with a *resectoscope* which allows your surgeon to cut away the lining of the uterus under direct vision. Usually, you will be able to go home within an hour after the procedure.

HOME CARE INSTRUCTIONS

- **Do not** drive for 24 hours.
- No tampons, douching or intercourse for 2 weeks or until your caregiver approves.
- Rest at home for 24 to 48 hours. You may then resume normal activities unless told differently by your caregiver.
- Take your temperature two times a day for 4 days, and record it.
- Take any medications your caregiver has ordered, as directed.
- Use some form of contraception if you are pre-menopausal and do not want to get pregnant.

Bleeding after the procedure is normal. It varies from light spotting and mildly watery to bloody discharge for 4 to 6 weeks. You may also have mild cramping. Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver. **Do not use aspirin, as this may aggravate bleeding.** Frequent urination during the first 24 hours is normal. You will not know how effective your surgery is until at least 3 months after the surgery.

SEEK IMMEDIATE MEDICAL CARE IF:

- Bleeding is heavier than a normal menstrual cycle.
- An oral temperature above 100º F (37.8º C) develops.
- You have increasing cramps or pains not relieved with medication or develop belly (*abdominal*) pain which does not seem to be related to the same area of earlier cramping and pain.
- You are light headed, weak or have fainting episodes.
- You develop pain in the shoulder strap areas.
- You have chest or leg pain.
- You have abnormal vaginal discharge.
- You have painful urination.

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