Endometrial ablation: second-generation techniques — endometrial destruction

This sheet, given to you by your gynaecological surgeon, is intended to complement the explanations provided during your consultation. Do not hesitate to ask if you have any questions.

What is an endometrial ablation?

Endometrial ablation consists of removing the endometrium, that is, the lining of the inside of the uterus, in order to reduce bleeding during periods (in the case of very heavy or very long periods, also known as menorrhagia) or to carry out a complete analysis of the endometrium.

The aim of the operation is to reduce the volume of the periods, or even to make them stop altogether.

Effectiveness

The effectiveness of thermal destruction (in terms of reduced bleeding and/or pelvic pain) is around 50 to 80%. If it fails, your surgeon will offer you other alternatives.

What type of anaesthesia?

The operation is performed under general anaesthesia, regional anaesthesia (spinal anaesthesia) or local anaesthesia (paracervical block and block of the uterine fundus).

The anaesthetist will inform you in particular of the details and risks of the technique chosen.

How does the operation take place?

This operation lasts between 10 and 30 minutes. In most cases it is performed as day surgery, with a return home the same evening, or under local anaesthesia (paracervical block, sometimes combined with a block of the uterine fundus).

What are the techniques of endometrial destruction?

There is only one surgical technique. But there are different devices. The choice of technique depends on your anatomy and on your surgeon's practice.

The operation leaves no scar, as it is carried out through the natural passages. It requires a speculum to be inserted. It consists of introducing a small camera, the hysteroscope, through the vagina and then through the cervix. This makes it possible to see the inside of the cavity, in order to make sure there is no condition that would prevent this type of operation from being performed, for example a malformation of the uterus, a very large fibroid, etc.

In that case, a resection system using a loop under visual guidance may be proposed, and a more or less complete resection of the whole endometrium will be carried out.

A sample of the lining is taken for analysis, and the results will be communicated by the surgeon within about two weeks.

When the shape of the cavity allows it, a small balloon system or other types of applicator are then placed in the cavity and, by raising the temperature, destroy the lining by simple contact with the endometrium. The procedure lasts between 3 and 10 minutes depending on the type of device.

This procedure can be combined with other operative hysteroscopy procedures, such as the removal of small polyps and fibroids before thermocoagulation, so as to have a cavity free of any deformity.

During these procedures, as in any gynaecological surgery, we may need to perform a vaginal or rectal examination, or inject a blue dye into the uterus, bladder or rectum. Finally, in some cases, a urinary catheter and/or a vaginal pack may be put in place temporarily.

Pre-operative recommendations

Where possible, and as a general rule, the operation is performed outside periods of heavy bleeding or outside menstruation. There is a risk that your operation will be postponed if you have your period or heavy bleeding on the scheduled day of the operation. Remember to tell the surgeon and the anaesthetist about your personal treatments, so that it can be determined whether any of them need to be stopped before the procedure.

This operation can only be offered to women who no longer wish to become pregnant, since the absence of the endometrial lining impairs future fertility.

Although endometrial ablation reduces fertility, it is not a form of contraception, and preventive contraceptive measures will therefore be required; the arrangements for these can be decided before the operation.

What happens after the operation?

You will spend time in the recovery room before returning to your room. The nursing team will monitor any bleeding.

You will be able to eat and return home as soon as the surgeon gives approval. The recovery involves little or no pain.

You will be given a prescription for simple painkillers.

In the following days you will notice some minor bleeding, which may last two to three weeks. You can resume activity from the next day.

The only restrictions concern baths, which should be avoided for about two weeks. Tampons or menstrual cups must not be used after the operation.

Should I expect complications?

Certain risks may be increased by your condition, your medical history or by treatment taken before the operation. It is essential to inform the doctor of your medical history (personal and family) and of all the treatments and medicines you take. Despite all the precautions taken, problems may occur in isolated cases during and after the operation.

In practice

Before the operation

- A pre-anaesthetic consultation must always be carried out before any operation.
- Except in urgent cases, this consultation takes place at least 48 hours before you go to the operating theatre.

During the operation

- Haemorrhage or complications of anaesthesia are extremely rare.
- Perforation of the uterus may occur, in which case the procedure will have to be stopped, but it can be rescheduled at a later date. This risk is higher in post-menopausal patients, in those who have never given birth vaginally, and in those with a history of conisation (cone biopsy).

After the operation

- You will feel a pulling sensation or mild period-like pain in the first few hours, which will be well relieved by the painkillers prescribed.
- Bleeding or watery discharge may be present for several weeks after the procedure.

In the longer term

- Afterwards, the volume of the periods is greatly reduced. They may be absent, or so light that they are barely noticeable.

Will I be menopausal if I no longer have periods after the surgery?

No. The menopause corresponds to the ovaries ceasing to secrete hormones for 12 months. In this surgery, it is the reduction in the volume of the lining that explains the reduction in menstrual flow. There is no effect on ovarian function.

What recommendations should I follow after the operation?

It is recommended to avoid any sexual intercourse, use of tampons, baths or water activities for about two weeks, and for as long as there is still bleeding related to the operation.

Will I need time off work?

A few days off work are generally prescribed, but this is not compulsory, and work is generally possible from the next day. In the event of a complication, the period off work may be extended.

Reasons to seek medical advice before the post-operative check-up

After the operation, if you notice very heavy continuous bleeding, foul-smelling discharge, unusual pain or fever, do not hesitate to contact the surgical team.