

Outpatient Treatment Options For Heavy Periods (Menorrhagia)

PLEASE BOOK IN AT THE MAIN RECEPTION DESK

Appointment Date.....

Time to arrive.....

Please take paracetamol 2 hours before your arrival time

This information leaflet describes the gynaecological procedures that can be performed without general anaesthetic offered in the clinic. These include:

- **Endometrial Ablation (Novasure / Thermablate/Minitouch)**
- **Removal of polyps and fibroids (MyoSure®)**

What is Endometrial Ablation?

Endometrial ablation is a procedure that can reduce heavy periods by removing the endometrial (womb) lining, using Novasure, Thermablate or Minitouch. The aim of this procedure is to significantly reduce or completely stop heavy period bleeding whilst avoiding major surgery such as hysterectomy. Reducing the amount of bleeding **may** also reduce the amount of pain that you get during periods.

Novasure - a thin handheld wand is inserted into the uterus and expanded to fit the shape inside. Precisely measured radio frequency energy is then delivered through the wand lasting approximately 90 seconds.

Thermablate - a soft flexible balloon is inserted into the uterus and inflated to fit the shape of your womb. The balloon is then filled with a heated solution lasting approximately 120 seconds.

Minitouch – a flexible device is inserted into the uterus then opened to fit the shape inside. A gentle warming microwave energy is used, lasting approximately 120-180 seconds which then automatically stops and gently removed.

You should not have this procedure if you want to have children, if you have had a myomectomy, or you have had three or more caesarean sections.

How effective is it?

Bleeding is significantly reduced in 90% of cases. Of these, 40% will have no bleeding whatsoever and 50% will continue to experience monthly bleeding, but only spotting. Overall, the procedure is more likely to be successful in the long term if you are over the age of 40.

What is MyoSure?

MyoSure is a tissue removal system that removes polyps, fibroids or intrauterine tissue without having to cut the womb. The device uses a mechanical action, and has a blade with a unique side window, that rotates and removes tissues.

Why should I have this procedure?

MyoSure is helpful for women who have heavy or irregular bleeding due to polyps or fibroids. The product is particularly beneficial for the fertility patient since no thermal

energy is used and the risk of perforating the uterus is minimized with the MyoSure® design.

How effective is it?

The overall effectiveness for reducing heavy bleeding caused by fibroids and polyps is greater than 90%. However, it is important to give your body about three months to fully heal inside and resume its normal cycle.

What do I need to do before the procedure?

Eat a good breakfast and light lunch on the day of treatment, there is no need to starve. Take two Paracetamol 500mg tablets two hours before your appointment time. On your arrival to hospital, we will give you a painkiller tablet as well as an antisickness and anti-spasmodic tablet.

You will have a wait of approximately **40 minutes** to allow this medication to work. You must make sure you are not pregnant before the procedure, so use contraception if needed.

How will I feel during the procedure?

The painkillers you take at home and on arrival should be working by the time you have the procedure so hopefully the pain should be manageable – there will be some cramping. Some women do feel that the pain can be fairly intense but only lasts for a couple of minutes. The doctor will also use a local anaesthetic in and around the cervix to make the procedure more comfortable for you.

Most women manage this procedure under local anaesthetic but if you feel you need to have this procedure asleep, under general anaesthetic, please discuss it with your doctor in clinic today. If you want the awake, local anaesthetic procedure, but feel very anxious you can ask your GP to prescribe a small dose of Diazepam, which is a tablet to swallow at home before you come to the hospital, but you must not drive after taking this medication. There will normally be 1 doctor and 2 nurses in the room during the procedure.

How will I feel after the procedure?

Vaginal bleeding and discharge: You can expect some vaginal bleeding for a few days after your procedure, usually like a light period. The bleeding will gradually lessen and become like a heavy discharge, and may darken in colour. For some women this discharge can last for three to four weeks. You should use sanitary towels rather than tampons, as using tampons could increase the risk of infection.

Pain and discomfort: You can expect some cramps (similar to period pains) in your abdomen (tummy) for a day or so after your procedure. It is a good idea to have some simple pain relief, such as paracetamol or ibuprofen, at home just in case. Sometimes painkillers that contain codeine or dihydrocodeine can make you sleepy, slightly sick and constipated. If you do need to take these medications, try to eat extra fruit and fibre to reduce the chances of becoming constipated.

Starting to eat and drink: You will usually be able to eat and drink as normal following your procedure.

Tiredness: You may feel much more tired than usual after your procedure as your body is using a lot of energy to heal itself. A short nap may help you recover your

energy. Your energy level should return to normal after a few days, especially if you no longer have heavy periods. It is advisable to have someone drive you home after the procedure.

Getting back to normal.

Around the house: You may feel slightly tired for the first few days after your procedure, so it is a good idea to plan to have some support with normal activities such as shopping and childcare. Most women are able to continue to do every day domestic activities within a day or two.

Driving: You should not drive until you are free from the sedative effects of any pain relief.

Having sex: It is advisable to wait until your vaginal bleeding or discharge has stopped and you feel ready. You must make sure you have adequate contraception after endometrial ablation procedure. Pregnancies after endometrial ablation treatment is unlikely but possible and can be dangerous for both mother and baby – this treatment should not be used if you are considering further pregnancies.

Returning to work: Most women will want to rest for a day or so before being very active, and it is advisable to avoid heavy work or substantial exercise for a couple of days until the uterus starts to heal. Most women need between two and five days before they feel able to return to work, although this will depend on the type of job you do. If your work is physically demanding, it is advisable to return gradually, doing less physical work or fewer hours for the first couple of days.

What can help me recover?

Eat a healthy balanced diet: Ensure that your body has all the nutrients it needs by eating a healthy balanced diet. A healthy diet is a high fibre diet (fruit, vegetables, wholegrain bread and cereal) with up to two litres per day of fluid intake, mainly water. Remember to eat at least five portions of fruit and vegetables each day!

Stop smoking: Stopping smoking will benefit your health in all sorts of ways, such as lessening the risk of chest problems after your anaesthetic. By not smoking - even if it is just while you are recovering - you will bring immediate benefits to your health. If you would like information about a smoking cessation clinic in your area, speak with the nurse in your GP surgery.

A positive outlook: Your attitude towards how you are recovering is an important factor in determining how your body heals and how you feel in yourself. You may want to use your recovery time as a chance to make some longer term positive lifestyle choices such as: starting to exercise regularly if you are not doing so already and gradually building up the levels of exercise that you take; eating a healthy diet - if you are overweight, it is best to eat healthily without trying to lose weight for the first couple of weeks after the operation; after that, you may want to lose weight by combining a healthy diet with exercise.

Are there any risks?

You will have the opportunity to discuss the procedure with the consultant beforehand as well as any alternative treatments. We will also ask you to sign a consent form. The risks to this treatment are:

- Pain/ cramping
- Bleeding
- Infection

When should I seek medical advice after any hysteroscopic procedure?

You should seek medical advice from your GP, the hospital where you had your procedure, NHS 111 or NHS 24 if you experience:

- Burning and stinging when you pass urine or pass urine frequently: This may be due to a urine infection. Treatment is with a course of antibiotics.
- Heavy or prolonged bleeding or yellow/green or foul smelling discharge: If you are also feeling unwell and have temperature (fever), this may be due to an infection in your uterus (womb). Treatment is usually with a course of antibiotics. Occasionally, you may need to be admitted to hospital where the antibiotics can be administered via a drip.
- Pain in your lower abdomen: If you have pain across your lower abdomen, especially if you also have a temperature (fever), this may be a sign of a more serious complication associated with endometrial ablation. You will need to be admitted to hospital.

Contact details:

Lily clinic, treatment Centre Hinchingbrooke Hospital Huntingdon, PE29 6NT Monday-Friday 0900-1600 01480 416084	The Emergency Gynaecology Assessment Unit (EGAU) 1 st floor, woman and child unit, Bretton Gate Peterborough (City Hospital) PE3 9GZ Open: Weekdays 0800-1800-phone line open until 1730 Weekends/Bank holidays 0800-1200
www.womenshealthpeterborough.co.uk	
For emergencies only, out of these hours, please attend the Emergency Department	

Within this leaflet we use the term woman/women, however we acknowledge that it is not only people who identify as women for whom it is necessary to access our services. We recognise the importance of providing inclusive and respectful care to all people and their families, including those whose gender identity does not align with the sex they were assigned at birth. Please let us know if there is anything we can do to make you feel more comfortable while you are under our care.