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## **ENDOMETRIAL RESECTION (ABLATION)**

Abnormally heavy or prolonged bleeding during menstruation (menorrhagia) is an incapacitating and distressing problem for many women. Unfortunately it is quite common. A very effective, safe and simple treatment for this is a procedure called Endometrial Ablation.

Endometrial ablation is a technique whereby the lining of the uterus, called the endometrium, is burnt or removed, without affecting the rest of the uterus or the pelvis. This surgery is performed via a fine telescope called a hysteroscope inserted through the neck of the uterus (cervix) and there are no incisions. The endometrium is the tissue from which the menstrual blood flows and therefore by removing this, the periods are stopped or dramatically reduced. The endometrium can either be burnt by different techniques or stripped out first and burnt with a special instrument called a resectoscope and rollerball. Resection of the endometrium is the most effective and most accurate technique as it is performed under direct vision and to ensure all the endometrium is removed. Any benign pathology such as polyps or fibroids can be resected at the same time to ensure a much more effective treatment. By stripping off the endometrium with the resectoscope, samples of the endometrium can be obtained and sent to be examined under the microscope. This is an important check to exclude any serious abnormality. I therefore perform endometrial resection plus rollerball, which is the "gold standard" for this surgery.

Endometrial resection/ ablation has been used around the world and in Australia for well over two decades and has been shown to be a very safe and effective treatment. The success rate is around 90% in relief of period problems. I have been performing endometrial resection and hysteroscopic surgery for over twenty years and was one of the first gynaecological surgeons performing this procedure in Australia. My success rate is over 90% with the vast majority of my patients having no periods at all (amenorrhoea). My safety record is excellent with no major complications. My patients are very happy with their care and their results.

This procedure will certainly reduce fertility but will not guarantee contraception. Therefore this must be considered. Some patients will choose the option of sterilization at the same time.

This procedure is usually performed where the uterus is fairly normal, although fibroids can also be resected with very good results. Therefore to ensure that this procedure is suitable in the individual patient and also to exclude any serious abnormalities, an initial Dilatation and Curettage (D & C) and Hysteroscopy is done.

## **ENDOMETRIAL RESECTION/ ABLATION continued.**

The D & C involves a light scrape of the lining of the uterus so that this can be examined under the microscope to exclude any serious abnormality. The hysteroscopy involves the use of a fine telescope to directly visualize the inside of the uterus cavity. This is far more accurate in diagnosing fibroids or other pathology than a blind D & C alone.

Once the initial D & C, hysteroscopy has confirmed suitability for endometrial ablation, a three week course of Danazol is given. This is a hormonal therapy used to thin the lining of the endometrium to make the operation of endometrial ablation easier and more successful. Danazol may cause side effects in some women including nausea, breast tenderness, and flushes. Side effects usually only occur with long term (six months) Danazol therapy and are therefore unlikely with this short course of treatment. However, if you think you may be having side effects, please ring me.

### **Hospitalisation**

One of the great advantages of endometrial ablation is that it can be performed as a day case. The procedure is performed under a light general anaesthetic and, the majority of women are admitted and discharged on the same day. I will see you before and after the operation, explain the findings and make sure you are well.

### **Post-Op**

After endometrial ablation most women feel the same as after a D & C. There may be mild, crampy, lower abdominal pain or mild abdominal bloating for a few days. There is usually minimal discomfort. Over the next few weeks there is usually a vaginal loss which can range from a light watery discharge to intermittent bleeding similar to a light period. Sexual intercourse and swimming should be avoided and tampons not used for at least two weeks after the operation. Most women feel well enough to return to normal work and daily activities within a day or two, however I would strongly suggest that you rest up for a few days after the operation to ensure good healing and recovery.

You should be given a post-op guidelines sheet when you are discharged from the hospital, as well as a review appointment with me in about six weeks time. If there are any problems or questions at all, please do not hesitate to contact me on the above phone numbers.