

Endometrial Ablation (roller ball)

What happens?

A 9 mm diameter rod-lens telescope with a channel for instruments, attached to a video camera is passed through the cervix (or mouth of the womb). Occasionally a laparoscopy is required at the same time. The roller ball device is attached to a diathermy current (electricity) which burns away the lining of the uterus (endometrium).

Purpose

To lessen or stop menstrual flow. **There must be no plans to conceive afterwards as this procedure is essentially sterilizing - but must not be regarded as contraceptive in itself. For this reason the procedure is often combined with tubal ligation.** A curette may be done at the same time. Generally 90%+ "cure" rate, so in 30% periods stop, 30% very light, 30% back to normal flow. Around 1/5 may eventually need a hysterectomy within five years according to published figures, although my figures are lower than this. This procedure offers control of periods in most cases with a lesser hospital stay and recovery than a hysterectomy, at less cost. No procedure can guarantee cessation of periods apart from a hysterectomy.

If you "must" have zero periods or no chance of requiring further treatment to control periods then an ablation is not for you!

Preparation

Many women require medication to "thin" the endometrium prior to the procedure (Danazol, the Pill). You will need a general (sleeping) anaesthetic, and will be required to fast for around six hours. Please check with my secretarial staff if you are not sure when to fast from. Some patients, depending on the medical condition and associated conditions, may need blood tests, imaging studies or other investigations to be performed. The operation can usually be performed during a patient's period. It may be necessary to prepare the cervix for the examination by using misoprostol pessaries inserted into the vagina which renders the cervix

more pliable and thus the passage of the curette and hysteroscope easier. It is important to give Dr. Thomas a full list of your medications prior to the procedure. This also includes natural therapies, herbal preparations and fish oil tablets, which may have an unpredictable effect on the blood's ability to clot.

Anaesthetic

Carried out under general anaesthetic.

Duration of Procedure

Around one hour.

Post-Procedure Care

After leaving the operating theatre you will usually have a drip or intravenous line in your arm. This is to maintain your hydration as you will have been fasting prior to the procedure. You will be cared for in the Recovery area of the Operating Theatre which involves one on one care by a specialist member of the nursing staff. After around one to two hours you will be offered something to eat or drink if appropriate, will be able to change back into your street clothes and arrangements for discharge will be initiated. The vast majority are performed as day surgery.

Post-Discharge Care

Most patients should be able to resume their regular activities within one to two days. Mild cramping and spotting may occur over a few hours or days. Cramping can be treated with non-steroidal anti-inflammatory medications such as Naproxen or Nurofen in combination with Panadol, Panadeine or Panadeine Forte. Whilst you are actively bleeding it is wise to avoid tampons and to refrain from intercourse. Bathing is allowed but swimming in public pools should be avoided. The next menstrual period usually occurs within four to six weeks of the procedure and may not be the same as your regular period. Excessive bleeding after the procedure is uncommon although I am unable to give you an exact figure as to how long the bleeding will persist. You should notify me should you develop a fever (temperature greater than 37.5 degrees), pain or cramping that does not respond to regular doses of simple analgesics or lasting greater than forty-eight hours, bleeding involving clots or foul smelling vaginal discharge. A watery discharge is common after fibroid resection and may persist for some weeks.

Things to be aware of

This procedure is exceedingly common and major complications are particularly rare. Your safety is my absolute priority!

Heat or physical uterine perforation (<1%)

Rare. May require laparoscopy (keyhole surgery) or laparotomy (larger cut on abdomen) to investigate. I have a policy of telling people the “worst case scenario” and this is probably the worst thing that can happen but it’s never happened to any of my patients and hopefully never will.

Infection

Infection is rare but may arise any time over the first few weeks. The infection generally occurs from the patient’s own bacteria.

Unable to Complete Procedure.

Rarely, the procedure may not be able to be done if the cervix is very tight which means that I can’t get the hysteroscope through the cervix. If there is a lot of floating debris in the cavity of the uterus (bits of endometrium etc), which obscures the view so that I can’t see properly to do the procedure in absolute safety, I may also stop the operation.

Results from Examination

Pathology results, if a curette is done, usually take at least forty-eight hours. In most cases a post-operative visit will be scheduled for between two and six weeks after the procedure, depending upon your particular circumstances.

Questions?

Please don’t hesitate to call us before the day of surgery if you have any questions about your operation.

