

# PATIENT INFORMATION

A publication of Jackson-Madison County General Hospital Surgical Services

## Endometrial Ablation

As an alternative to hysterectomy, your doctor may recommend a procedure called an endometrial ablation. The endometrium is the lining of the uterus. The word ablation means destroy. This surgery eliminates the endometrial lining of the uterus. It is often used in cases of very heavy menstrual bleeding.

Because this surgery causes a decrease in the chances of becoming pregnant, it is not recommended for women who still want to have children. The advantage of this procedure is that your recovery time is usually faster than with hysterectomy.

Your doctor will use general anesthesia or spinal anesthesia to perform the procedure. He will talk with you about the type of anesthesia that will be used in your case. This surgery can be done in an outpatient setting.

During the procedure, a narrow, lighted viewing tube (the size of a pencil) called a hysteroscope is inserted through the vagina and cervix into the uterus. A tiny camera that is attached shows the uterus on a monitor. There are several ways the endometrial lining can be ablated (destroyed). Those methods include laser, radio waves, electrical current, freezing, hot water (balloon), or heated loop. The instruments are inserted through the tube to perform the ablation.

Your doctor may also do a laparoscopy at the same time to be sure there are not other conditions that might require treatment or further surgery. In a laparoscopy, a small, lighted scope is used to look at the other organs in the pelvis.

### What should I do before surgery?

- Do not eat or drink anything after midnight the night before your surgery.
- Please do not chew gum. (This raises the level of acid in your stomach.)
- You may brush your teeth and rinse your mouth as long as you do not swallow any water.
- If you are taking any medicine for your heart, blood pressure, or asthma, you may take this with a small sip of water. If you take diabetes medicines and/or insulin, talk with your doctor about whether you should take them.
- Remove nail polish.
- Remove all jewelry including any body piercings.
- Do not wear makeup.
- If you are checking into the hospital on the day of your surgery:
  - Bring any medicines that you are taking to the hospital with you.
  - Wear comfortable clothing that is loose fitting and easy to get into.
  - Do not bring large amounts of money or valuables with you to the hospital.
  - Have a responsible adult drive you to the hospital, stay during your surgery, and drive you home. **You will not be allowed to drive yourself home.**

## What can I expect the day of surgery?

- If you are coming to the hospital on the day of your surgery, after you have been to the Admitting Office, you will be taken to a room. This may not be the room where you will be taken after surgery.
- You will be given a hospital gown and asked to remove all of your clothes including underwear and socks. Put on the gown opening in the back.
- You will be asked to remove all jewelry, glasses, hairpieces, contact lenses, dentures, prosthesis, and hearing aids.
- You will be asked questions about your medical history. Many of these will be the same questions that you have already been asked. Please know that we need to ask these again so that we can give you the best possible care.
- You may go straight to the operating room or you may go to the Pre-Anesthesia Unit (PAU). If you go to the PAU, you will be there for about one hour before your surgery.
- Your nurse will tell your family where to wait.
- You will have an IV (needle in your arm for fluids) started and you will be given medicine that will help you relax.
- Someone from anesthesia will talk with you about the type of anesthesia that will be used.
- You will be taken to the operating room. This room will be cold and your nurse will give you a warm blanket.
- The operating room staff will include your doctor, his assistant, an anesthetist (the person who will put you to sleep), a circulating nurse, and a scrub nurse. All of these people are there to care for you and no one else.
- You will have sticky pads placed on your chest so that the staff can watch your heart. A blood pressure cuff will be placed on your arm so that your blood pressure can be checked. A device called a pulse oximeter will be put on your finger. It tells how much oxygen is in your blood.
- The anesthetist will put a soft mask over your face. This will give you plenty of oxygen. You will be given medicine in your IV that will relax you until you go to sleep. You will not be awake during your surgery.
- After the surgery starts the nurse will call your family. This surgery usually takes less than one hour. If a laparoscopy is also being done, the surgery will take longer.
- When your surgery is over, the anesthetist will give you medicine that will help you wake up. You will be taken to the Recovery Room. You will be in this room for about 30 minutes to one hour. The doctor will talk with your family.
- While you are in the Recovery Room, a nurse will take care of you. You will have your blood pressure, heart rate, and oxygen level checked.
- If you are in pain or if you feel sick to your stomach, please tell the nurse so that you can be given medicine.
- When you are awake you will be taken to your room.
- The nurse will check you often.
- Call for the nurse to help you the first time that you need to get out of the bed. **Do not try to get up without help.**
- When you are not sick to your stomach, you will be given something to drink and then to eat.

- After you are fully awake, are able to eat and drink without problems, and have emptied your bladder, you will be allowed to go home.

### **What can I expect when I go home?**

After surgery you may have some cramping which can be controlled with pain medicine. It will also be helpful if you empty your bladder often. A full bladder will make your pain and cramping worse.

Some women may no longer have menstrual cycles (periods). Others will continue to have periods but will have a lighter flow. In some instances, the first few periods following the procedure will continue to be heavier but should gradually decrease.

Your vaginal bleeding should not be greater than a normal period and should gradually turn to a pinkish color, which may continue for two to four weeks after surgery.

### **Your doctor will give you guidelines to follow. Be sure to follow his or her instructions.**

Unless your doctor has told you otherwise:

- Do not drive or operate machinery for at least 24 hours.
- Do not drink alcohol for at least 24 hours.
- Do not lift anything heavier than a five-pound bag of potatoes until your doctor tells you that you can.
- You may return to normal activities in two to three days, although you should avoid strenuous activity and heavy exercise until you see your doctor again.
- Do not douche, use tampons, or have sexual intercourse until approved by your doctor.
- Take your pain medicine including over the counter medicines as recommended by your doctor.
- Be sure to keep your follow-up appointment with your doctor after surgery. If biopsies were taken during your procedure, the doctor will talk with you about the results at this visit.

### **Call your doctor if you have:**

- Fever greater than 100.5°F.
- Pain in your lower abdomen that is not relieved by your pain medicine.
- Nausea or vomiting.
- Bleeding that is heavier than a normal period or that does not gradually decrease.
- Bowel or bladder problems.
- Greenish vaginal discharge or a foul odor.
- Any other questions or concerns.