**Patient information**

**Removal of the womb lining/endometrium (endometrial ablation) to treat heavy bleeding**

Endometrial ablation is an outpatient's treatment in which we remove the womb/uterine lining without removing the womb/uterus. This method is extremely effective and 50-80% of women no longer have menstrual bleeding/periods after the treatment. The remaining percentage has lighter bleeding than previously. In very few women, this treatment has no effect.

The treatment is carried out because of very heaving bleeding when other treatment forms have had no effect.

You must have no desire for a future pregnancy, but the treatment cannot be considered to be a safe contraceptive method. If you get pregnant after the treatment, your pregnancy must be followed carefully because there is a higher risk of complications.

Before the treatment you must be checked for other gynaecological disorders, for example cell changes and fibroids. Therefore, a normal gynaecological examination with internal ultrasound must be carried out, as well as cell samples from the womb cavity and the cervix (neck of the womb).

**Before the operation**

The necessary explorations will be performed during the preliminary examination at the Gynaecological Outpatient's clinic, and you will be assessed for treatment suitability.

If you are taking medication, it is important that your medication list is updated. We recommend that you bring your medicines with you when being admitted.

**Treatment method/anaesthetic**

The treatment is carried out under general anaesthetic.

A thin disposable instrument is inserted into the womb cavity via the vagina and cervix. The heat that develops by the instrument destroys the womb lining.

**After the procedure**

You may experience pain similar to menstrual cramps/period pain during the first few hours after the procedure.

Most women are able to go home after 1-3 hours. You cannot drive a car yourself for the first 12 hours after the procedure (due to anaesthetic agents in the blood).

**Complications**

Complications with this treatment are rare, but there is a risk of complications during any operation, both during and after the operation. General anaesthetic/other forms of anaesthesia also involve a slight risk.

Complications that may arise:

* Perforation at the start of the procedure
* Infection in the womb or pelvis
* Scar-like closing off of the cervix, so that blood from the menstruating womb lining accumulates in the womb cavity and causes strong pain during menstruation, but minimal/no bleeding.

**After returning home**

Most women are able to resume normal activity 1-3 days after the procedure.

You should expect some discharge/bleeding over the first days. After the bleeding it is normal to experience a watery discharge for up to 4-6 weeks.

Intercourse, bathing, and use of tampons should be avoided as long as you have a discharge.

If you have a fever, strong smelling discharge, increasing bleeding or pain, acute shortness of breath, or swollen legs you should contact the department where you were treated

**DK Hillevåg**
Contact us on tel.: **51 51 44 99**. Open until 18:00 on weekdays.

After 18:00, or on weekends, contact the Gynaecological Ward 4AC on tel. no.: **51 51 82 92**

**Welcome to the Women's Clinic**

Stavanger University Hospital

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[Siter kilden din her.]

Kvinneklinikken SUS, december 2022
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