



**Birmingham Women's
and Children's**
NHS Foundation Trust

Information leaflet on

Outpatient Radiofrequency Endometrial Ablation (NovaSure®)



By your side

Introduction

This information leaflet is for women considering or planning to undergo an endometrial ablation in an outpatient setting.

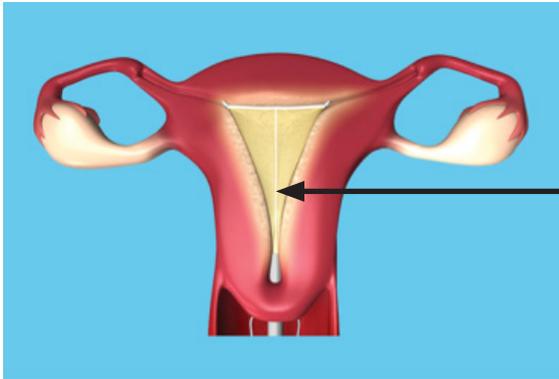
What is endometrial ablation?

Endometrial ablation is a simple treatment which aims to remove the lining (endometrium) of the womb (uterus) to relieve the symptoms of heavy periods. Unlike more major surgery such as hysterectomy, there is no cutting or visible scarring and so recovery is much quicker. The procedure is suitable for women who are certain that they have completed their family or do not want children. Most women experience a noticeable reduction in the heaviness of their periods and in some cases the bleeding stops completely.

Endometrial ablation can be done in hospital with you put to sleep (under general anaesthetic) but because it is quick and simple it can also be done with you awake using local anaesthetic. The most commonly used endometrial ablation technique used at the Birmingham Women's & Children Hospital is called 'radiofrequency ablation' which we will abbreviate to 'RFA'. The brand name for the procedure is NovaSure®.

What is RFA?

RFA is a minimally invasive procedure in which heat energy (radiofrequency) is used to destroy the endometrium of the uterus (womb). The risk of complications and side effects are low with RFA and recovery is rapid.



**NovaSure®
radiofrequency
ablation device
placed within the
uterus (womb)**

Do I need to do anything before the procedure?

You should attend the hospital at the appointment time given to you. As you will be awake for the procedure you can eat and drink as usual and do not need to fast. In the hospital you will be given some simple pain killers about one hour before your treatment.

What does the outpatient RFA procedure involve?

The whole procedure takes about 10 minutes. A speculum (an instrument used during a cervical smear) is introduced into the vagina to see the cervix (neck of the womb) and local anaesthetic is injected using a fine needle. This allows the narrow canal inside the cervix to be gently dilated (stretched).

A small telescope ('hysteroscope') is then used to look inside the womb to check that the RFA procedure is possible and that it is safe to proceed.

This takes about one minute to do. The RFA device is then placed inside the womb and the treatment started. The RFA treatment cycle takes 90 seconds on average but may last up to two minutes. A further hysteroscopy may be undertaken once the RFA device has been removed and if so takes less than one minute.

What will I feel during the outpatient RFA procedure?

You will be familiar with the experience of having a speculum placed in your vagina when having cervical smears. This feeling is the first thing you will experience. Injection of local anaesthetic anywhere in the body causes a sharp, stinging sensation and so you will feel this around your cervix. This discomfort is short-lived and it takes less than one minute to complete. You will shortly afterward feel fluid within the vagina because salt water (saline) runs through the hysteroscope to gently distend the inside of uterus (womb) so that a good view can be obtained. The hysteroscopy causes mild 'period-like' cramping as the womb is stretched a little. After the hysteroscopy, the RFA device is placed and can cause a similar discomfort.

When the RFA device is switched on and begins to heat up, most women will feel a stronger abdominal cramping sensation like a bad period pain. Some women have described more severe pain similar to contractions in labour whereas other women feel much milder pain. However, the treatment cycle is no more than two minutes and nine out of 10 women find the procedure to be acceptable. If above pain relief is not enough for you then mild sedation using Entonox (nitrous oxide) can be provided.

This involves breathing in the Entonox through a facial mask – many women use this 'gas & air' mixture during childbirth to relieve the pain of contractions. The procedure can be stopped at any time.

What are the benefits of outpatient RFA treatment?

It is performed in an outpatient setting using local anaesthesia which means you can eat and drink as normal before the treatment. The inconvenience of day-case hospital admission and the risks related to general anaesthesia are also avoided. Discharge from hospital is quick, usually within two hours of the procedure and recovery rapid such that return to work and normal daily activities is expected within a few days.

The procedure is highly successful with 9 out of 10 women reporting satisfaction with the effect of the RFA treatment on their menstrual bleeding. 4 in 10 women find that their periods stop completely and about 5 in 10 women find that their periods continue but are much lighter than before. It may take up to six months for you to see the benefits of the treatment. Less than one in 10 women ultimately requires a hysterectomy to treat on going symptoms.

What are the risks of outpatient RFA treatment?

Some women will experience severe pain and be unable to tolerate the procedure. However, 9 out of 10 women report the outpatient procedure to be acceptable and they would recommend it. RFA is a simple surgical procedure which avoids surgical incisions and is safe. However, as with any procedure there are possible complications. These include a less than 1 in 100 risk of perforation of the uterus which requires further surgery to check whether there is any internal bleeding or injury to organs inside the abdomen. There is a small risk of infection to the endometrium ('endometritis') which causes vaginal discharge which is foul smelling, bleeding, abdominal pain and sometimes a fever a few days after the procedure. The condition is easily treated with antibiotics.

Whilst most women notice a substantial improvement in their bleeding and associated period pain, about 5 in 100 women may complain of new or worsening pain at the time of their menstrual period despite a reduction in the amount of bleeding.

Are there any alternative treatment options?

The same endometrial ablation treatment can be done as an inpatient, day-case procedure under general anaesthesia. Other treatments for heavy menstrual bleeding are available and you should have discussed these with your doctor. These include medical treatments including tablets that help the blood clot or a variety of hormones to keep the endometrium thin which can be taken by mouth, injected, implanted or attached to a coil placed inside the uterus. Alternative surgical treatments include hysterectomy which is a bigger operation where the uterus is removed.

What happens after the RFA procedure?

You will be then taken to a recovery area and offered pain relief if you need it. We advise you bring someone along to take you home. Most women leave the clinic within an hour or two of completing the RFA procedure.

What can I expect after I go home?

You will need to rest for the remainder of the day. You can expect to have some period type pains for first couple of days. Continue to take regular pain relief that you are familiar with such as paracetamol or ibuprofen.

You will experience some fresh red or old brown blood loss for a few days and we recommend you use sanitary towels rather than tampons. Some women can have a watery or blood stained vaginal discharge. You can return to your normal routine activities as soon as you feel comfortable which in most cases is within one to two days but may take a little longer in a minority of women.

If you experience on going or new abdominal pain and tenderness, a bad smelling discharge or heavy bleeding or feel feverish then you should contact your GP or the hospital because these symptoms suggest that you may have endometritis which is easily treated with antibiotics. In the rare circumstance that you have more severe pain or fever you should consult your GP or contact the hospital urgently.

Do I still need contraception after having an RFA procedure?

Pregnancy is not likely after RFA because in most women their fertility is dramatically reduced when the endometrium (womb lining) is removed. However, it can happen and these pregnancies can be complicated for both mother and baby. It is therefore very important that you continue to use some form of reliable contraception.

References:

Novasure website: www.novasure.com

Bipolar radiofrequency compared with thermal balloon ablation in the office: a randomized controlled trial.

Smith PP1, Malick S, Clark TJ. *Obstet Gynecol.* 2014 Aug;124(2 Pt 1):219-25. doi: 10.1097/AOG.0000000000000395

Bipolar radiofrequency compared with thermal balloon ablation in the office: a randomized controlled trial.

Clark TJ1, Samuel N, Malick S, Middleton LJ, Daniels J, Gupta JK. *Obstet Gynecol.* 2011 Jan;117(1):109-18. doi: 10.1097/AOG.0b013e3182020401

Finally please remember if you have any worries or concerns following your appointment please contact:

0121 4721377 (switchboard) and ask them to refer to One Stop Clinic Monday – Friday 8.30 am – 5.00 pm
Otherwise Ward 8 for out of hours.

We have updated our Privacy Notices in line with the data protection legislation (General Data Protection Regulation (GDPR)/Data Protection Act 2018. For more information about how we use your personal data please visit our website at:

<https://bwc.nhs.uk/privacy-policy>

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Produced: Jan 2018
Review Date: Jan 2021
Version 1.0
Ref: 251



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