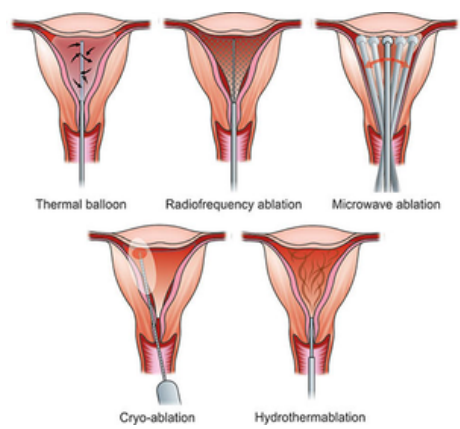
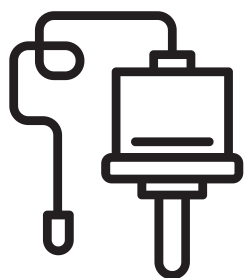
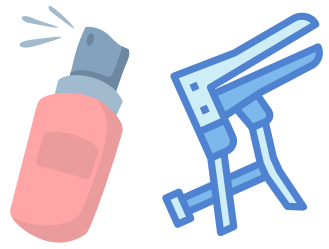
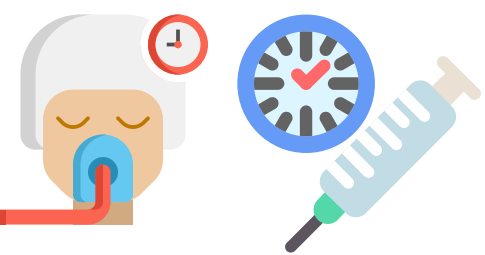




What to expect:

ENDOMETRIAL ABLATION

WHAT HAPPENS?



1. You will be asked to put on a gown, and comfortably positioned on the operating table with your feet supported by stirrups
2. An intravenous line may be started in your arm or hand
3. Sedation anesthesia will be used so you will not feel or remember the procedure
4. Your vital signs such as breathing and heart rate will be continuously monitored
5. A speculum will be used to open the vagina and gain access to the cervix
6. Surgical prep will be used to clean the cervix prior to accessing the uterus
7. A series of rods called dilators, increasing in diameter will be used to gently dilate the cervix
8. Once the cervix has dilated, a hysteroscope may be inserted to visualize the uterine cavity
9. Depending on the type of ablation as determined by the physician's discretion, a thermal balloon, radiofrequency, microwave, cryo, or hydrothermal tools will be used to remove the endometrial layer of the uterus
10. During the time of the ablation, some cramping may be experienced
11. The tools will then be removed once the procedure has been completed

Image obtained from:
<https://d45jl3w9libvn.cloudfront.net/jaypee/static/books/9789350259627/Chapters/images/118-1.jpg>

WHY ITS DONE?

An endometrial ablation is a procedure done for women experiencing heavier than normal menstrual bleeding and who do not plan to have children following the procedure.



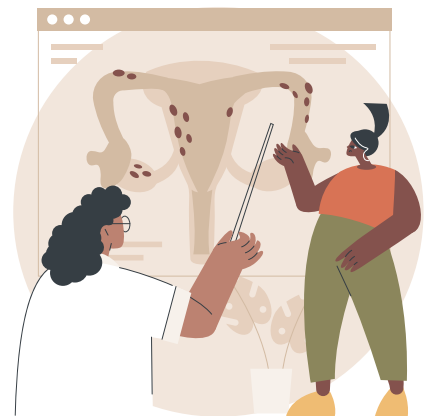
HOW DO I GET READY?

Prior to the procedure, you will be asked to fast for up to 8 hours. Advise your healthcare provider about any allergies, current medications, and bleeding disorders. You will be provided with medication prior to and during the procedure that causes drowsiness, and you should arrange to be picked up from the hospital following the procedure.



WHAT IS IT?

During an endometrial ablation, a small layer of the uterus known as the endometrium is removed using a variety of non-invasive techniques such as electrocautery, hydrothermal, balloon therapy, radio ablation, cryoablation, or microwaves.



WHAT ARE THE RISKS?

Complications can include bleeding, infection, or perforation of the uterine wall. Those with a current vaginal/cervical infection, pelvic inflammatory disease, uterine cancers, pregnancy, past fibroid surgery, or abnormal uterine shape, may not be eligible for an endometrial ablation.



WHAT HAPPENS AFTER?

Depending on the type of anesthetic used, the immediate recovery time may vary. Plan to have someone take you home following the procedure. Do not douche, use tampons, or have intercourse for 2-3 days after the procedure. Strong cramping, nausea, or frequent urination can occur during the first few days of the procedure, with some cramping occurring for a longer period of time. Contact your physician if foul-smelling discharge, fever/chills, severe abdominal pain, heavy bleeding longer than 2 days post-op, or trouble urinating occurs following the operation.

HOW LONG DOES THE OPERATION TAKE?

The time for the procedure is roughly 10-20 minutes, however you should allow for 2-3 hours post operation to recover

