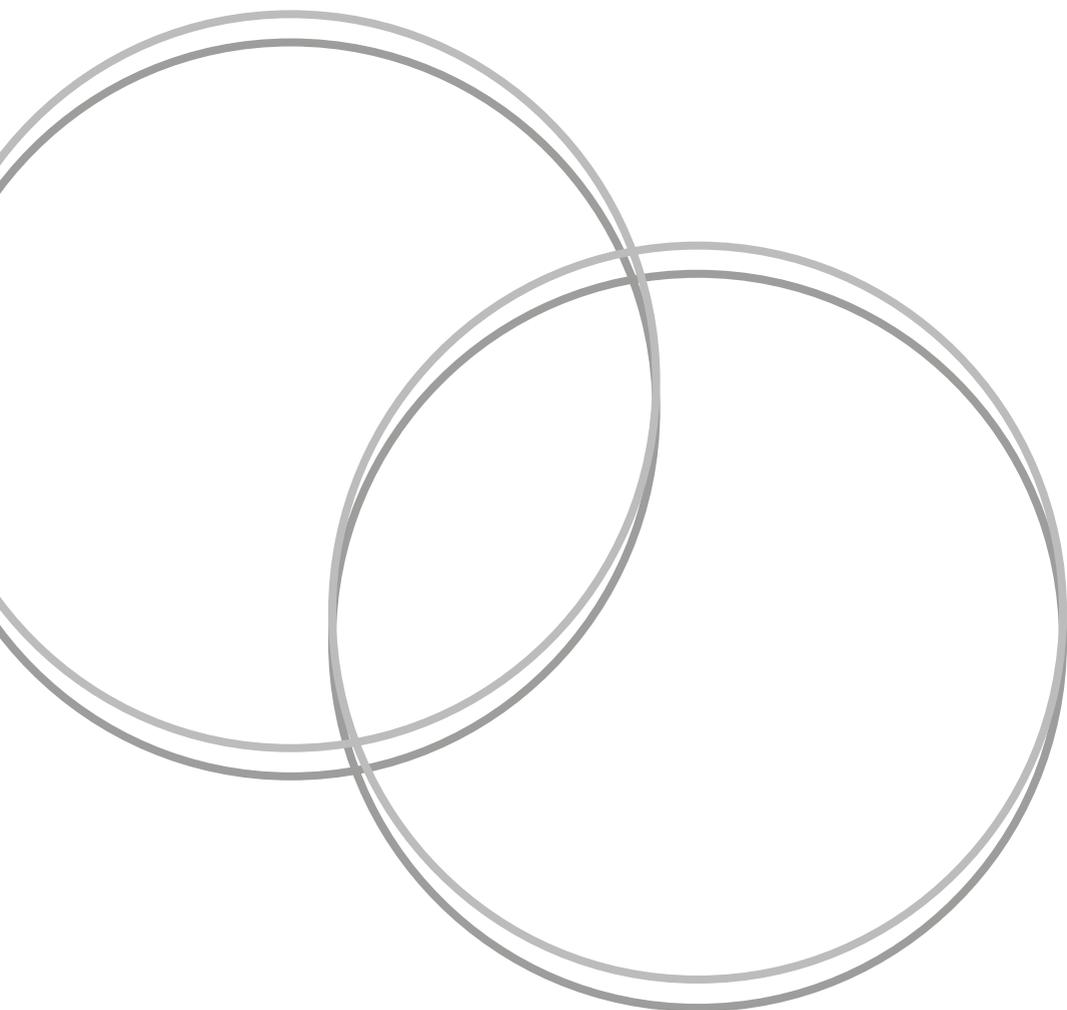




Oxford University Hospitals
NHS Foundation Trust

NovaSure® Endometrial Ablation

Information for patients



You have been offered a treatment called NovaSure® Endometrial Ablation. This leaflet will explain what it is and what to expect from the procedure. Please ask our team any questions you have about the information in this leaflet.

Why you are being offered this procedure?

You are most likely being offered this procedure for heavy menstrual bleeding, irregular periods, prolonged periods or bleeding in between periods which is affecting your quality of life. You may have tried options like hormones and non-hormonal treatment which have not helped your situation (discussed below in alternative treatment options).

When considering having this procedure you must be completely sure that you have had all the children that you had planned to have and do not wish to become pregnant in future. Your doctor will check that this procedure is right for you as it does not work for everyone.

How does this procedure work?

NovaSure Endometrial Ablation works by permanently removing the lining of the womb (the part that causes the bleeding called the endometrium) without the need for any cuts. The procedure involves passing high frequency energy waves through the lining of the womb to destroy the womb lining. There is no risk of exposure to radiation.

How long does the procedure take?

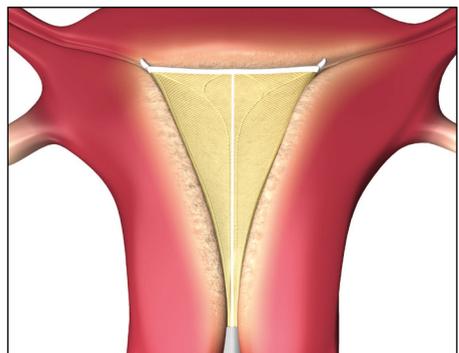
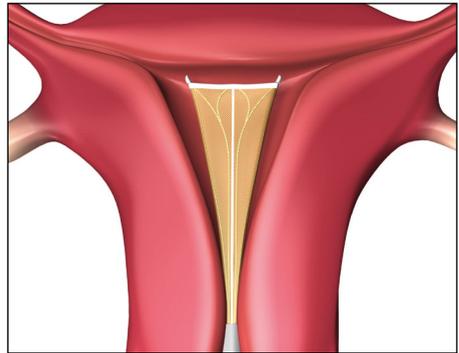
The procedure only takes 10 to 20 minutes and the actual treatment with the energy called ablation takes approximately 90 seconds (maximum 2 minutes).

What is the NovaSure Endometrial Ablation procedure?

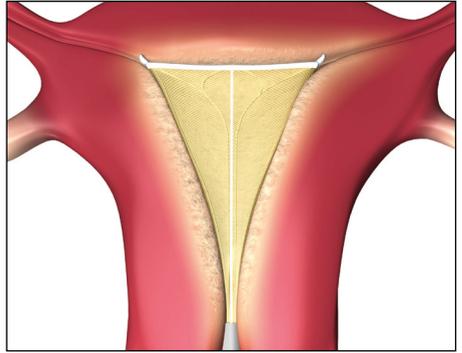
This is a brief procedure performed with appropriate pain relief. First, a small telescope (hysteroscope) is passed into the womb through the vagina to check that the inside of your womb is normal in shape and size. If this is the case, you will then go on to have the NovaSure Endometrial Ablation, where a small device called NovaSure is passed through the vagina and cervix into the womb. After the NovaSure Endometrial Ablation, the hysteroscope will be passed again into the womb to review the area treated.

Steps of the procedure:

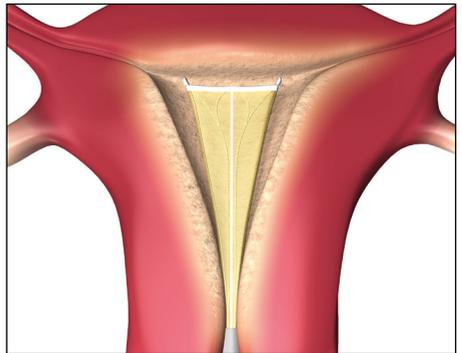
1. Examination called a Hysteroscopy prior to NovaSure device insertion.
2. A doctor opens the cervix (the opening to the uterus) slightly, inserts a slender wand and extends a triangular-shaped mesh device into the womb (uterus).
3. The mesh expands, fitting to the size and shape of the womb (uterus).



- Precisely measured radiofrequency energy is delivered through the mesh device for about 90 seconds (maximum 2 minutes).



- The mesh device is pulled back into the wand, and both are removed from the uterus (no part of the medical device remains inside the womb (uterus) after the procedure).



- On completion the womb is re examined with the hysteroscope to confirm the procedure was adequately completed.

Prior to procedure:

You will need to have an endometrial biopsy and a vaginal ultrasound scan of the pelvis before being listed for this operation. You may have already had these investigations prior to considering this procedure. We will complete a urine pregnancy test prior to the procedure to ensure that you are not pregnant.

Benefits to the procedure:

NovaSure works well for the majority of women suffering with heavy periods. Over 90% of women experience much lighter or no further periods, and were satisfied with the results.

NovaSure avoids the need to take medication on a long term basis and does not require any treatment beforehand to thin out the womb lining. It may also avoid the need for a hysterectomy in over 86% of women.

It is a quick procedure and you can go home the same day. Recovery is quick and normal activities can be resumed within 48 to 72 hours.

Important points to note:

This procedure has implications if you wish to have further children.

You must be completely sure that you have had all the children that you had planned to have before having this procedure.

Contraception Advice:

NovaSure Endometrial Ablation is not a contraceptive method and although uncommon, pregnancy rate is about 0.7% post ablation with a high rate of adverse outcomes. We recommend post procedure that women use contraception methods to avoid pregnancy.

What are the risks of the procedure?

Bleeding and discharge: After the procedure you may experience bleeding similar to a period and you will have a discharge which can look 'mucky'. This is the treated womb lining (endometrium) that is being shed. This can last up to six weeks.

Pain: it is common to feel cramping pain during and after the procedure. Simple painkillers should be taken regularly to help with the pain.

Infection: may occur and these cause fever, pain, offensive vaginal discharge or heavy vaginal bleeding. If you experience any of these symptoms you should see your GP who will assess whether you need antibiotics.

Uterine perforation: (making a hole in the womb). This is a rare complication of NovaSure Endometrial Ablation occurring in 1:10,000 cases. It is more likely to happen during the inspection of the womb cavity with a hysteroscope.

NovaSure has a built in mechanism to recognise when this happens and prevents the procedure from progressing.

This is not usually harmful and will heal on its own but in rare circumstances (less than 1 woman in every 10,000) it can lead to damage of the bowel, bladder or one of the major blood vessels. If your surgeon thinks this could have happened, they will carry out a laparoscopy (keyhole procedure) or abdominal operation (cut in your tummy) to repair such problems. You may need to stay in hospital overnight for observation.

Failure of the procedure: this can happen if a gynaecologist is unable to pass the instrument into your womb or if the instruments do not function. Even if everything goes to plan, the operation is unsuccessful in some women and their heavy periods return. If this happens, you can discuss further treatment options with your gynaecologist.

Anaesthetic: this may apply if you have a procedure under general anaesthesia. It is still generally very safe. If you have specific health problems including, high blood pressure (Hypertension), diseases affecting the heart, diabetes, asthma, the anaesthetist will discuss these with you beforehand.

Venous thrombosis: a blood clot in a vein can occur after any surgery but is less common after short operations and the risk is further reduced by staying mobile after your operation.

What will happen after the procedure?

After general anaesthetic you will wake up in the recovery room with a drip in your hand and an oxygen mask. From there we will take you back to a ward. When you first come around from the general anaesthetic you will feel drowsy and may be nauseated and uncomfortable. We will give you painkillers and you should be able to go home later that day.

Occasionally people need to stay in hospital overnight in the ward.

The doctor will explain to you the findings of the procedure.

We will also provide you with a leaflet about recovery after an endometrial ablation which has information on getting back to normal after the procedure and advice for around the house, driving, having sex and returning to work which will provide more information on getting back to normal after the procedure and advice for around the house, driving, having sex and returning to work.

Contact after leaving hospital

We do not usually arrange a routine hospital follow up visit after this procedure. If you have any problems, you should contact your GP in the first instance. If it is urgent contact the local emergency department.

What if I decide not to have the procedure?

Your gynaecologist can continue managing your symptoms with the alternative methods mentioned below. You can also choose not to have any further treatment.

What are the alternatives?

Your doctor will discuss these alternative options with you.

How to contact us

Concerns in the first 72 hours after discharge

Horton Day Case Unit

Horton General Hospital, Oxford Road, Banbury, OX16 9AL

Telephone: **01295 229 820** or **01295 229 383**

(Monday to Friday, 8:00am to 8:30pm).

Gynaecology Ward

Level 1, Women's Centre, John Radcliffe Hospital, Oxford, OX3 9DU

Telephone: **01865 222 001** or **01865 222 002**

(24 hours a day, 7 days a week)

If you have any concerns after 72 hours please contact your own GP or out of hours service, including NHS 111.

Further Information

Please speak to the department where you are being seen if you would like an interpreter. You will find their contact details on your appointment letter. Please also ask them if you would like this information leaflet in another format, such as:

- easy read
- large print
- braille
- audio
- electronically
- in another language.

We have tried to make this information meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They will be happy to help.

Authors: Sridevi Beriwal, Uloma Okwuosa, Lamiese Ismail
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Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information



Making a difference across our hospitals

charity@ouh.nhs.uk | 01865 743 444 | hospitalcharity.co.uk

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