Gynecare Thermachoice - Uterine Balloon Endometrial Ablation Treatment for Heavy Periods

What is the treatment used for?

The Gynecare Thermachoice treatment is one of the treatments for heavy periods. Heavy periods can cause problems such as fatigue, anaemia, social embarrassment and restricted activity. Heavy periods are quite common and about 1 in 5 women experience unusually heavy menstrual bleeding.

Alternative treatments

It is usual to try drug therapy first to see if this is effective. Drugs used include Tranexamic Acid, Mefenamic Acid, the oral contraceptive pill, the pill injection (Depo Provera) and the Levonorgestral Intrauterine System (Mirena coil). If these drug treatments have been unsuccessful, and you have completed your family, then it is possible to consider one of the techniques to surgically remove (ablate) the womb lining. There are several different techniques with similar success rates. For those women who don't respond to the ablation techniques, (or for whom they are not suitable), the only treatment remaining is a hysterectomy (surgical removal of the womb) which is a major surgical procedure.

What is involved with a Gynecare Thermachoice Endometrial Ablation?

You will receive a general anaesthetic for the procedure. Once you are asleep, your Surgeon will use an instrument to dilate (open up) the neck of your womb and insert a small soft, flexible balloon device into the womb cavity. The balloon device (made of silicone material, which eliminates the risk of allergy for latex-sensitive women) is then filled with fluid so that it inflates to the size and shape of the womb. When the Surgeon activates the device the fluid inside the balloon is heated and circulated in the womb for 8 minutes while the lining is treated. When the treatment is completed, all the fluid is withdrawn from the balloon and the device is withdrawn. Nothing remains in the womb. The treated womb lining will slough off or shed like a period. You should be able to go home about 2 hours after the procedure.

What is the satisfaction rate with the procedure?

The procedure aims to either stop or reduce menstrual flow. Based on follow-up at 7 years, about 81% of women will experience lighter bleeding, 37% will have no more bleeding and about 89% will experience less painful periods, following the procedure. One year after treatment, 96% of women treated were satisfied with their results, and 99% would recommend the treatment to others (Cash et al, 2012; Chappa et al 2010; Kumar and Gupta, 2013).
Are there any risks with the procedure?

There is a small risk (less than 1 in 100) of the instruments perforating through the wall of the womb. This may necessitate an operation to look into your tummy with a camera (Laparoscopy) to assess if there has been any damage to the bowel inside your tummy cavity. There is also a small risk (less than 1 in 100) of an infection. You should contact your GP if you have a fever following the procedure. You should also contact your GP if you have symptoms of pelvic pain which is not relieved by simple pain relief medication or if you feel generally unwell.

What can I expect after the procedure?

You may experience some period-like cramping and discomfort shortly after the procedure which can usually be treated with simple pain relief medication. You may experience nausea and vomiting as a result of the anaesthetic. Watery and/or bloody discharge after the ablation procedure is common for several weeks afterwards. Most women can return to normal activities within a day or two of their treatment. Sexual activity can be resumed after 7-10 days.

Follow up

You may or may not require a hospital follow up visit and this will be discussed with you prior to your discharge after your surgery. If you develop problems or require advice following discharge you should initially contact your GP.

Can I still become pregnant after endometrial ablation?

It is important to know that although the chances of pregnancy are reduced following an endometrial ablation procedure, it is still possible to become pregnant. You should continue to use some form of birth control if you decide to have endometrial ablation and this can be discussed further with your doctor. Pregnancy following endometrial ablation is very dangerous for both the mother and the foetus. You should not have this procedure if you think you may want to have a baby at any time in the future.

Further information

If you have any further questions, these can be discussed with a member of the Gynaecology Team.

Telephone numbers for the Consultant secretaries (available Monday – Friday, 9am - 5pm) are as follows:

- Mr Walker 0191 4452121
- Mr Beeby 0191 4452202
- Mr Das 0191 4452187
- Mr Aird 0191 4453246
- Mr Deshpande 0191 4453246
- Mr Evbuomwan 0191 4453247
- Dr Brandon 0191 4453247
References:


Data Protection

Any personal information is kept confidential. There may be occasions where your information needs to be shared with other care professionals to ensure you receive the best care possible.

In order to assist us improve the services available your information may be used for clinical audit, research, teaching and anonymised for National NHS Reviews. Further information is available in the leaflet Disclosure of Confidential Information IL137, via Gateshead Health NHS Foundation Trust website or the PALS Service.

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