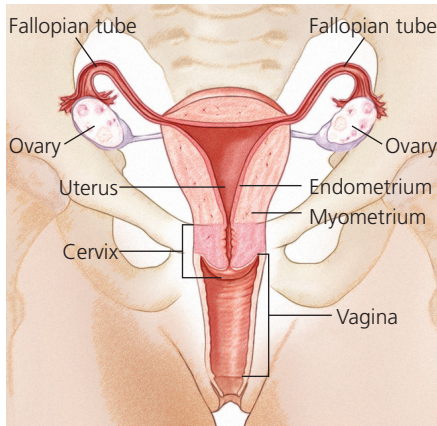




Endometrial Ablation

Inside your uterus

A woman's uterus is where a foetus (developing baby) grows. The uterus is lined with soft tissue (endometrium) that fills with blood during each menstrual cycle. A layer of muscle (myometrium) lies below the endometrium.



The endometrium

Each month, if you don't become pregnant, the blood-rich tissue of the endometrium is shed. Then you have a period (menstruation). The normal amount of blood lost during a period varies from woman to woman. But, bleeding that soaks a pad or tampon every hour, bleeding that lasts more than a week, or bleeding between periods can be a sign of a problem. Often tests can reveal the cause of heavy bleeding, but sometimes the cause is unknown.

What is endometrial ablation?

Endometrial ablation surgically reduces or stops heavy uterine bleeding. During ablation, the endometrium is destroyed. This seals blood vessels and helps to

control bleeding. It takes less than an hour, and you can go home later that day. Your doctor may first rule out pregnancy, hormonal imbalances, or certain other causes of abnormal bleeding.

Preparing for surgery

You may be given medication for a few weeks or months before your ablation. This thins the lining and reduces bleeding. The day before surgery, a special substance (laminaria) may be put into your cervix (the opening to the uterus). This widens the opening. Be sure that you don't eat or drink anything after midnight, the night before your surgery.

Endometrial ablation makes carrying a pregnancy to term very unlikely. But a fertilised egg can still implant in a fallopian tube (tubal pregnancy). You still need to use birth control. You may want to ask your doctor about sterilisation.



Call your doctor

Call your doctor if you have any of the following, after ablation:

- ❗ Persistent or increasing abdominal pain
- ❗ Fever over 101 °F (38 °C) and/or chills
- ❗ Shortness of breath
- ❗ Heavy vaginal bleeding

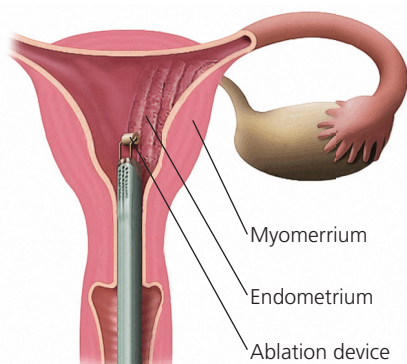
Risks and complications

Your doctor will discuss the risks and possible complications of endometrial ablation with you. These include:

- ❗ Failure of the procedure to control bleeding
- ❗ Infection or bleeding
- ❗ Rarely, excess fluid build-up in the lungs or brain
- ❗ Rarely, injury to the uterine wall, the bowel, or bladder

What happens during ablation

You'll be given anaesthesia so you feel no pain during surgery. Your uterus may be filled with fluid to reduce bleeding and allow your doctor to see inside it. Your doctor then puts a small telescope-like instrument through your cervix. The scope may be connected to a video monitor. This helps your doctor see and control the ablation process. At the end of the scope, a device using heat or electric current destroys the uterine lining. Instead of the scope, your doctor may use a device that both expands and ablates the uterine lining. After being



Destroying the lining with heat or electric current prevent it from growing back.

inserted into your uterus, it also uses heat or other energy to remove the lining. Your doctor will choose the device that's best for you.

Your recovery

You may have abdominal cramping or aching after surgery. Your doctor can give you pain medication for this. You may also have a bloody or watery discharge or bleeding, like a period, for days or weeks. Use sanitary pads, not tampons. Don't have sexual intercourse or play active sports for 2 weeks after surgery. In a couple of days, it's likely you can return to work. Your doctor will see you in about 6 weeks to make sure you're healing well.

After the surgery

After ablation, your bleeding should decrease. Even if it doesn't stop totally, the flow is likely to be much lighter. Remember, you still need regular Pap tests and pelvic exams. Removing the lining doesn't prevent other uterine problems. Once you heal, you should be able to get back to the things you enjoy without worrying about heavy bleeding.



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