

Thermachoice and Novasure: Treatments for Heavy Menstrual Bleeding

Information and advice for patients

Gynaecology

This leaflet describes two endometrial ablation treatments for heavy menstrual bleeding.

Endometrial ablation is the removal of the lining of the womb. Your doctor has recommended you have endometrial ablation to treat your heavy menstrual bleeding because your womb has a normal shape and you do not want any more children. The two treatments in this leaflet are:

- Thermachoice - A balloon type device inserted into the vagina to help remove the lining of the womb.
- Novasure - A triangular mesh device inserted into the vagina to help remove the lining of the womb.

What are the benefits of the treatments?

- More than 3 out of 4 women treated will have a reduction in menstrual loss.
- Nearly 2 out of 3 women experience reduced premenstrual symptoms.
- The procedure is done as a day case so there is no long stay in hospital.

What are the risks?

- Uterine perforation (making a hole in the womb). There is a 1 in 100 risk this will occur. If this occurs, the treatment will have to stop and you will be admitted to hospital overnight. Sometimes a laparoscopy is needed to see if the hole is bleeding.
- 1 in 4 women treated will not experience any benefit.

As both procedures give similar results and have the same risks, your doctor will usually decide which one to perform.

Who are the treatments not appropriate for?

These treatments are not suitable for a woman who:

- Has a pelvic infection;
- Is pregnant, or who wants to become pregnant in the future;
- Has pre-cancer or cancer of the uterus or large fibroids;
- Has had 2 or more caesarean sections or had fibroids removed (in some cases).

What are the alternatives?

Alternative treatments are:

Medications such as hormones, or non-hormones e.g. mefenamic and tranexamic acid tablets taken together, will reduce the amount of bleeding.

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Mirena, a hormone system fitted into the uterus which can treat heavy menstrual bleeding effectively for 5 years (see separate leaflet for more information).

Hysterectomy, an operation to remove the uterus (see separate leaflet for more information).

Before the procedure

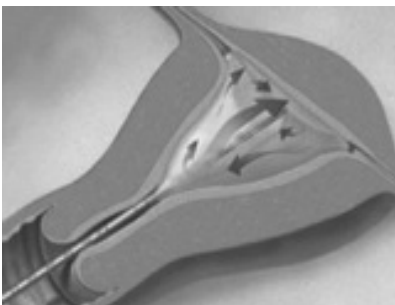
Both procedures can be done with either local or general anaesthetic and you will be offered the choice. Your doctor will discuss the risks and benefits of these with you.

- Sometimes an injection to thin the lining of the womb is offered 3 to 4 weeks prior to the date of your procedure, but this is not always necessary.
- The doctor will request a blood test to check your blood count.
- You will be asked to sign a consent form before the procedure.

During the procedure

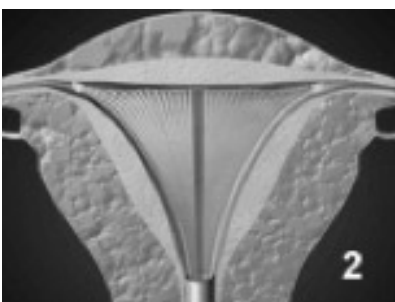
If a general anaesthetic is used, the procedure will be performed in the Birmingham Treatment Centre and if a local anaesthetic is used it will be performed in the outpatient clinic (Alpha Suite).

Thermachoice



- A balloon attached to a tube is inserted into the uterus (womb) through the vagina. No cutting is required.
 - The balloon is inflated with water which expands to fit the size and shape of the uterus.
 - The fluid in the balloon is heated for 8 minutes, which removes the womb lining.
 - The balloon is then removed.
- Nothing stays in the uterus. The uterine lining has been treated and will peel off like a period in the next 7 – 10 days.

Novasure



- A triangular mesh is inserted into the uterus (womb) through the vagina. No cutting is required.
- Energy is delivered into the uterus for approximately 90 seconds.
- The mesh is removed from the uterus.
- Nothing stays in the uterus. The uterine lining has been treated and will peel off like a period in the next 7 – 10 days.

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Information and advice for patients

Gynaecology

After the procedure

You will receive pain medication at the time of your operation and will have a supply to take home with you with instructions for use. You will usually stay in hospital for 3 – 4 hours after the procedure, until you are fully awake and had tea/toast and the staff are happy with your condition.

Nausea and vomiting have been reported in patients immediately after the procedure and can be treated with medication.

Going home

A relative will need to collect you from the hospital. You should be able to manage at home without help but should have a responsible adult with you for the first 24 hours after the procedure.

You may experience post-treatment cramping/pelvic pain, which can be mild to severe, usually lasting a few hours and rarely continuing beyond the day after the procedure. You will be provided with pain-relieving medication for this.

Vaginal discharge and vaginal bleeding or spotting may occur after the procedure, and usually last a few days. Avoid using tampons until the bleeding has stopped.

In most cases, women return to normal activities the next day but you should avoid driving for 48 hours and avoid sexual intercourse for two weeks. You may be given further instructions depending on the type of anaesthetic you were given.

Some patients may need a follow up after 6 months. However, if you are satisfied with your periods no appointment is necessary.

Pregnancy and contraception

Endometrial ablation is not recommended if you want to become pregnant in the future. However, it does not act as a contraceptive so you will need to use a reliable form of contraception afterwards.

If you do become pregnant after the procedure there is a risk of complications such as having a small baby and a placenta that becomes 'stuck' to the uterus (placenta accreta), causing potentially life-threatening bleeding.

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Further information

Ethicon

www.womenshealthsolutions.co.uk

Novasure

www.novasure.com

How to contact us

If you have any questions or concerns please contact:

Name: _____

Number: _____

Sources used for the information in this leaflet

- Journal of Obstetrics and Gynaecology, 'Five-year follow up of a randomised controlled trial comparing NovaSure and ThermoChoice endometrial ablation', January 2008
- The Cochrane Library, 'Endometrial resection and ablation techniques for heavy menstrual bleeding', August 2013

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5495 or email: swb-tr.swbh-gm-patient-information@nhs.net



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