

# NovaSure Endometrial Ablation

Information and advice for patients

## Gynaecology

### What is NovaSure?

NovaSure is an endometrial ablation (EA) procedure that can reduce or stop menstrual bleeding. It works by permanently removing the endometrium (the lining of the womb cavity), the part that causes the bleeding, with a quick delivery of radiofrequency energy.

NovaSure is for premenopausal women with heavy periods due to benign causes who are finished childbearing.

Novasure is not a sterilisation procedure and not for women who may wish to be pregnant in the future as pregnancy following Novasure can be dangerous.

Please ensure you have adequate contraception in place prior to your Novasure procedure being performed.

### What are the benefits of NovaSure?

- The procedure is quick - it usually takes less than five minutes.
- It can be performed under local or general anaesthesia.
- More than 80% of women returned to normal, light or no periods at all.
- 40% reported that their periods stopped completely.
- Nearly 2 out of 3 women experience reduced premenstrual symptoms.
- It can be performed at any time during your cycle, but during menstruation is best avoided.
- The procedure is done as an outpatient or as an inpatient day case so there is no long stay in hospital.

### What are the risks of the procedure?

- Failure to perform the procedure.
- Infection of the womb causing vaginal discharge and pain. Antibiotic treatment is usually needed.
- Uterine perforation (making a hole in the womb). This risk is less than 1 in 1000 of cases. If this occurs, the treatment will be stopped and you will be admitted to hospital overnight. Sometimes a laparoscopy (camera in your tummy) will be needed to diagnose and treat/stitch the hole if bleeding.
- About 1 in 10 women treated may not experience any benefit.
- Persistent discharge and/or pain; this can last from a couple of days to a few weeks.

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### Who is the NovaSure not appropriate for?

This procedure is not suitable for women who:

- Have a pelvic infection.
- Is pregnant, or who wants to become pregnant in the future.
- Has had Classical Upper Segment Caesarean Section or Open Myomectomy (abdomen opened to remove fibroids).
- Has pre-cancer or cancer of the uterus or large fibroids. Having a Caesarean Section through a low transverse incision (the standard Caesarean Section) is not usually a contraindication (a reason for not having) the Novasure ablation. Please speak with your doctor for further information.

### Are there any alternatives to NovaSure?

If you do not wish to have Novasure Endometrial Ablation to treat your heavy periods there are medical alternatives that you may wish to consider. These include non-hormonal methods such as tranexamic and mefenamic acid and hormonal methods, including contraceptive pills and the Levosert intrauterine device.

Alternative surgical options are Thermablate Endometrial ablation, Transcervical Resection of the Endometrium (TCRE) or a hysterectomy. You should discuss these with your gynaecologist.

### Before the procedure:

An Endometrial biopsy (biopsy from the lining of the womb) will be taken to ensure there is no cancer or pre-cancer cells. When a normal result is obtained, the procedure will be booked after taking your written consent.

We recommend that you take some simple painkillers such as paracetamol or ibuprofen about 60 minutes before the operation.

### What will happen when you arrive at the hospital for the procedure?

When you arrive at Gynaecology 6A you will be greeted by a member of the team.

You will be shown to a recovery area and asked to produce a urine sample.

Any lady having a Novasure endometrial ablation will have a urine pregnancy test before the procedure begins.

When it is your turn to see your clinician you will be accompanied to a treatment room and introduced to the team looking after you.

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### How is the NovaSure procedure performed?

If a general anaesthetic is used the procedure will be performed in the operating theatre at City Hospital, and if a local anaesthetic is used it will be performed in the outpatient clinic Gynaecology 6A at Sandwell hospital.

1. A small telescope (hysteroscope) is passed into the womb through the vagina to check that the cavity is normal in shape and size. If this is the case, you will then go on to have the Novasure ablation.
2. A small device, the Novasure, is passed through the vagina and cervix in to the womb. Once the device is in place, radiofrequency energy will be delivered for around 60-120 seconds to remove the lining of the womb cavity (endometrium).
3. The whole procedure, from start to finish takes around 10 minutes. The technique does not involve any cuts. Nothing stays in the uterus (womb). The uterine lining has been treated and will peel off like a period in the next 10-14 days.
4. The small telescope (hysteroscope) is passed again into the womb following the Novasure procedure to ensure that the lining is ablated and confirm that no complications have occurred.
5. Gas and Air is available as a pain relief during the procedure should you require it (most women do).

### After the procedure:

- Following your procedure you may require pain killers (such as paracetamol or ibuprofen) for a few days that you can purchase from over the counter.
- If you have the Novasure procedure as an outpatient at Sandwell Gynaecology 6A you will more than likely be able to go home after you have adequately recovered.
- If you have the operation under general anaesthesia, you will stay in hospital for 3-4 hours until you are fully awake, had tea/toast and the staff are happy with your condition.

### Going home:

A relative will need to collect you from the hospital if you have had a general anaesthetic.

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 if general anaesthesia is required.

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.

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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. Some women may have a gush of vaginal bleeding 10-14 days after the procedure.

In most cases, women return to normal activities the next day but you should avoid driving for 48 hours if you had a general anaesthetic. Avoid sexual intercourse for two weeks.

If you encounter any problem after going home, please consult your general practitioner or attend the Emergency Department at City Hospital.

### **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.

### **Follow-up**

No follow up is usually required.

If you experience any of the below symptoms following your procedure please attend the Emergency Department at City Hospital (not Sandwell)

- Abdominal pain that is increasing in severity and not responding to Ibuprofen and Paracetamol.
- Excessive vaginal bleeding where you are soaking a sanitary pad every 1 – 2 hours.
- High temperature or fever and chills.
- Inability to pass urine.
- Feeling generally unwell.

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### Contact details

Please contact the Out Patient department you attended if you have any further questions, between 9.00am and 4.00pm.

**Gynaecology 6A, Sandwell hospital - 0121 507 3249**

**BTC1, City Hospital - 0121 507 4246**

**Claire Francis SGS coordinator**

Email - [claire.francis6@nhs.net](mailto:claire.francis6@nhs.net)

Telephone: 0121 507 3763

Trust Mobile: 07977704892

### References:

- Adkins RT1, Bressman PL, Bressman PB, Lucas TL. (2013) 'Radiofrequency endometrial ablation in patients with a history of low transverse caesarean delivery', *Journal of Minimally Invasive Gynecology*, 20(6), pp. 848-52.
- Yan Zhai, Zehan Zhang, et al. (2018) 'Meta-analysis of Bipolar radiofrequency endometrial ablation vs thermal balloon endometrial ablation for the treatment of heavy menstrual bleeding', *International Journal of Gynecology and Obstetrics*, 140(1), pp. 3-10.

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ML6129

Issue Date: July 2023

Review Date: July 2026