



## Operation Information

### Hysteroscopic Endometrial Ablation/ Resection

#### Introduction

Hysteroscopic Endometrial Ablation/ Resection are a surgical procedure that allows the surgeon to remove the endometrial lining of the womb. It is designed to treat the symptoms of heavy or irregular period. It is an alternative treatment to the traditional hysterectomy. Hysteroscopic Endometrial Ablation/ Resection might be recommended if you have problem of heavy or irregular menstrual bleeding. It may be done along with other surgeries at the same time as needed. This operation is not recommended for women who still want to get pregnant in the future.

#### Outcomes

The expected outcome of this procedure is to remove the endometrial lining of the womb in order to reduce the menstrual flow or even stopped it. When compare with the traditional treatment, the advantages may include:

- Significantly fewer complications
- No invasive abdominal cut
- Require day surgery with a shorter hospital stay (About four hours)
- Shorter recovery period

#### Procedures

1. The operation is performed under general anaesthesia;
2. Dilation of cervix;
3. Doctor will pass a hysteroscope through the vagina and cervix into the cavity of the womb;
4. Glycine/ normal saline/ other appropriate fluid is used to distend the uterine cavity and facilitate the assessment;
5. Doctor will use electricity or laser energy to remove the lining of the womb and any polyps or small fibroids if found;
6. The specimen taken will be sent to the pathology department for examination.

#### Possible Risks and Complications

1. Haemorrhage
2. Haematometra
3. Infection of the uterus
4. Perforation of uterus is not common (0.12-3%) and seldom causes damage to other organs. It is of higher likelihood in procedures for treating uterine bleeding
5. Bowel injury
6. Fluid overload
7. Failed procedure

\*\* The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and

care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

## **Pre-operative Preparations**

1. Good hygiene can prevent infection.
2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
4. Blood tests or ultrasound on the surgical area may be needed.
5. You may need preoperative endometrial preparation with GnRH injection.
6. No food or drink six hours before operation. (For general anaesthesia only)
7. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewelry and contact lenses.
8. Please empty your bladder before the operation.

## **Post-operative Instructions**

### General

1. After general anaesthesia, you may:
  - experience discomfort in the throat after tracheal intubation.
  - experience side effects of anaesthesia including feel tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse(s) for wound pain. Analgesics may be given as prescribed by the doctor.

### Wound Care

1. You may experience some vaginal bleeding and abdominal cramps after the operations.
2. Vaginal bleeding will reduce to a blood stained discharge within two weeks.

### Diet

A normal diet may be resumed as instructed after recovery from general anaesthesia.

### Activities

1. You should rest for a few days and then gradually resume normal activities.
2. Full activity and work can usually be resumed within two weeks.

## **Advice on Discharge**

1. The medication should be taken as prescribed by the doctor.
2. Sanitary pads (**not tampons**) may be used for a few weeks for some light bleeding.
3. You should expect to have some bleeding or discharge for up to six weeks after the operation.
4. Sexual activities can be resumed once the discharge has stopped.
5. You can take a bath or shower as normal, please avoid long soaks in the bath and bubble baths until your discharge has stopped.
6. After the operation, your first two periods may be heavy but by the third you should notice a reduction in the amount of loss.
7. Immediately consult your doctor or return to hospital for professional attention in the event of persistent bleeding or discharge from vagina, persistent abdominal pain, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms etc.
8. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

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Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details  
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification

