

## Patient Information

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# Post operative information for Hydrotherm Ablation of the Endometrium

Three to four weeks before your admission your GP will arrange for you to have an injection to slow down the growth of the lining of the womb as a preparation for this procedure.

Hydrotherm ablation of the endometrium (HTA) is carried out under general anaesthetic which means you will be asleep throughout the procedure. The cervix is first dilated. A fine telescope is passed into the uterus to examine the lining, and then fluid is circulated within the cavity so that the lining of the womb is destroyed.

Hydrotherm ablation is carried out for women who are aged between 35 and 55, who have heavy and/or long periods (menorrhagia).

The results of the procedure can vary from patient to patient. The younger you are the less likely the procedure is to be completely successful. Your periods will either become lighter, become normal, or may remain the same. In some cases periods may stop altogether. It is used for women whom drug therapy is inappropriate or has not resolved the symptoms and it may also avoid the need for a hysterectomy.

The procedure is usually carried out as a day case. Rarely patients experience heavy bleeding which may necessitate a hospital stay.

### After the operation

You may experience some cramp pains, similar to period pains. Some patients have little or no pain. If you do get pain you will be given painkillers. When you go home you may be given painkillers to take if necessary. Please follow the instructions carefully. If you require strong painkillers you may be advised to stay overnight.

### For 72 hours after a general anaesthetic you must not:

1. Drive or operate machinery.
2. Drink Alcohol.
3. Make any important decisions or sign contracts as your concentration will be impaired and you may feel drowsy.

### Bleeding

You will have a small amount of blood loss following this procedure for which you should use sanitary pads. This may continue for up to six weeks with a blood stained or greyish discharge.

### Work

If your work involves heavy lifting or manual work, you will be advised not to go back to work for approximately one week. Otherwise it is advised you have two to three days off.

### Hygiene

You may bathe and shower as normal.

## Patient Information

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### Sexual activity

This may be resumed when you feel ready and when bleeding or discharge has stopped. **You will be given a follow-up appointment to be seen by the doctor in the outpatient department in eight to twelve weeks.**

### If you have any serious concerns following your operation please contact:

Your GP or Practice Nurse

NHS Direct on 0845 4647.

### Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

### Your comments

We are always interested to hear your views about our leaflets. If you have any comments please contact our Patient Advice and Liaison Service (PALS) – details below.

### Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

### Other formats

This information is available in alternative formats such as large print or electronically on request. Interpreters can also be booked. Please contact the Patient Advice and Liaison Service (PALS) offices, found in the main reception areas:

#### Conquest Hospital

Email: [palsh@esht.nhs.uk](mailto:palsh@esht.nhs.uk) - Telephone: **01424 758090**

#### Eastbourne District General Hospital

Email: [palse@esht.nhs.uk](mailto:palse@esht.nhs.uk) - Telephone: **01323 435886**

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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### Reference

The following clinicians have been consulted and agreed this patient information:  
Mr Barry Auld, Mr Dexter Pascall and Mr Jamal Zaidi - Consultants in Obstetrics & Gynaecology  
Paula Smith, Clinical Matron

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Responsible clinician: Paula Smith, Clinical Matron