Thermal ablation (heat therapy to the womb)

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| Kuvaus: | Patient instructions on thermal ablation |

You are coming to the Women's Outpatient Clinic for endometrial thermal coagulation due to heavy menstrual bleeding. It is important for the success of the treatment that the endometrium, or the mucous membrane of the uterus, is as thin as possible. **The procedure should take place within 6-11 days since the beginning of the menstrual period when there is no more bleeding.** If necessary, progesterone can be used for delaying or advancing your period (Primolut Nor ®).

**General**

Thermal ablation, heat treatment to the womb, is suitable for women with heavy menstrual bleeding who have not gotten the desired results from other forms of treatment. Thermal ablation provides an opportunity for reducing or even fully stopping heavy menstrual bleeding. The patient undergoing the treatment must not wish to get pregnant and must take care of efficient contraception after the procedure. The treatment is particularly well-suited for a patient who has undergone sterilisation. Sterilisation must be performed at the latest 3 months before the thermal ablation. Thermal ablation is a considerably less invasive treatment than hysterectomy, and it is also suitable for patients with an increased surgical risk.

While hormonal IUD is the primary treatment recommended for women with heavy menstrual bleeding, this treatment is not suitable for all women. If the patient has painful menstruation (e.g. due to adenomyosis) or changes in the uterus (myomas, types of muscle tumours forming on the endometrium), myoma resection, embolisation or hysterectomy will usually produce better results than thermal ablation.

 Lämpöhoidon jälkeen 80 - 90 %:lla potilaista vuodot niukkenevat tai loppuvat kokonaan. Täydelliseen vuodottomuuteen päästään 30–50 %:lla potilaista. Kohdun limakalvon lämpökäsittelyn jälkeen uusin

**Examinations before the procedure**

A cervical smear test, or Pap test, is performed as part of a regular gynaecological examination unless this has been done within the previous year. A vaginal ultrasound screening is performed. During this appointment, a mucosal sample is also taken from the uterine cavity and the patient fills out questionnaires concerning menstrual bleeding (menometrorrhagia).

**Medication before the procedure**

At home, **take 800 mg of ibuprofen on the evening before the procedure.** **On the day of the procedure,** also take **800 mg of ibuprofen and 1 g of paracetamol** around **2 hours before the procedure. You can buy these drugs from a pharmacy without a prescription.**

If a hormonal IUD is inserted as part of the procedure, you will be administered oral antibiotics before the procedure.

**Performing the procedure**

The procedure is performed at the clinic under local anaesthesia. You may eat and drink normally before it.

 The procedure involves inserting a balloon catheter in the uterine cavity. A separate instrument is used to heat the liquid inside the catheter.

The thermal impact is restricted to within the uterus and will only apply to the endometrium. You may experience pain during the afternoon after the procedure, and pain medication is administered in advance in preparation. Your condition is monitored at the clinic for 1-2 hours before discharge, which will take place during the day of the procedure.

**Sick leave**

If necessary, you are issued a sick leave certificate for the day of the procedure.

**Home care**

You will experience blood-tinged watery discharge for 2–3 weeks.

Due to a risk of infection, you should avoid sexual intercourse, taking baths and swimming during this time. You may use the sauna after the discharge has stopped. Use sanitary pads when you are experiencing discharge (no tampons or menstrual cup).

If you experience fever or pains in the lower abdomen, contact the Women's Outpatient Clinic for examination and a possible prescription of antibiotics. The final results of the treatment will only be apparent in 4–6 months.

After six months, fill out the menorrhagia questionnaire that you have been given and send it back to the clinic in a return envelope.

If you are clearly dissatisfied with the results of the treatment, you may contact the Women's Outpatient Clinic within 6 months of the procedure.

**Contact information**

If you have any questions about the procedure or would like to receive more information, please contact:

**Women's Outpatient Clinic:**

**tel. +358 44 717 9174 or**

**tel. +358 17 172712 / secretaries**