After Endometrial Ablation: What you need to know



What is Endometrial Ablation?

Endometrial ablation is a procedure where a doctor carefully burns the endometrium (inner lining of the uterus). This procedure helps reduce heavy bleeding.

Before the ablation, your doctor will use a hysteroscope (a thin lighted tube) to examine your cervix and the inside of your uterus. Your doctor will check that the shape of the uterus is okay for the ablation. If it is okay, the doctor will continue with the procedure.

This procedure usually takes about 15-30 minutes. Endometrial ablation does not involve any incisions or cutting.

What to expect after this procedure

If you have sedation medication, you may feel drowsy for the rest of the day.

If you had a general anesthetic:

- You may have an oxygen mask over your nose and mouth when you wake up.
- You may have a sore throat for a few days. This
 is normal and will go away on its own.

What can I do?

- You may not feel like yourself for the first day.
 Rest in bed until you feel better. DO NOT do other activities for the rest of the day.
- If you feel nauseous, try sips of ginger ale and eat some dry crackers. If you feel like eating, try small amounts of foods that are easy to digest, like soups and cereals. Drink lots of fluids for 2-3 days, when you can.

How can I keep myself safe?

- You MUST have a responsible person who knows you well take you home.
- For 24 hours after the procedure:
 - Someone MUST stay with you.
 - DO NOT drive, operate heavy machinery, or make important decisions
 - DO NOT drink alcohol or use recreational substances. The effects will add to those of the procedure medications.

Caring for yourself at home

- Activity: On the day of the procedure, rest. You
 may then return to your normal activities over the
 next 1 to 2 days.
- Hygiene: You may shower any time. Do not go in a bathtub, hot tub, or swimming pool until all bleeding has stopped. This reduces your risk of infection, and helps you heal.
- Bleeding: You may have some light vaginal bleeding. This may last for 1-2 weeks. Use pads until the bleeding has stopped. Do not insert tampons or menstrual cups.
 - You may also see occasional blood clots and/or tissue pieces. They are normally smaller than a toonie coin.
- Sexual activity: Do not insert anything in your vagina until all bleeding has stopped.
- Pain: For the first 1-2 days, you may have some cramping. This may feel like menstrual cramps. You can take pain medication. (Please read the next section). A heating pad on your abdomen can also help.

Pain medication

- Take pain medication if you need it.
- If you have a prescription, follow the instructions from your doctor and pharmacist.
- If you do not have a prescription, you can take the following medications:

Acetaminophen (Tylenol) 1000 mg every 6 hours

Next dose at:____am/pm

AND / OR

Ibuprofen (Advil/Motrin): 400 mg every 6 hours

Next dose at: _____am/pm

OR

Naproxen 440 to 500 mg every 12 hours

Next dose at: ____am/pm

NOTE: Naproxen is available without a prescription as 220 mg tablets (take 2 tablets). Prescription Naproxen comes in 500 mg tablets (take 1 tablet).

Do NOT take Naproxen with Ibuprofen (Advil/Motrin) or Diclofenac (Voltaren)

Gynecologist

Doctor's Sticker Here

Routine Follow-Up Visit

 Contact your gynecologist's office to make a follow up appointment. Make sure you go to the appointment. It is important to see your doctor after this procedure.



Contact your Gynecologist or go to Emergency if you:

- Have vaginal bleeding that is increasing, heavy (soaking 1 full pad in 1 hour), or lasts longer than 3-4 weeks.
- Pass blood clots larger than a toonie, AND you continue to feel unwell after.
- Have bad- smelling vaginal discharge.
- Have a fever or chills.
- Have severe pain, and pain medication does not help.
- Have nausea or vomiting for more than 24 hours, and you cannot keep fluids down.
- Cannot pee for 8 hours after you leave the hospital.

DO NOT go to the Urgent Care Centre at BC Women's as it is ONLY for pregnant patients.