

Minitouch Endometrial Ablation For the Treatment of Heavy Periods

Patient Information

Obstetrics & Gynaecology Service



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Minitouch endometrial ablation

Your doctor has recommended an endometrial ablation procedure to improve your symptoms of heavy periods. This leaflet will give you information about Minitouch, for treating heavy periods, to help you make an informed decision based on the risks and benefits of the technique. Your gynaecologist can explain alternate treatment options for your heavy periods and help you decide if Minitouch endometrial ablation is right for you. If you have any further questions, please use the contact information provided in this leaflet.

What is an endometrial ablation procedure?

Endometrial ablation is a treatment to remove the lining (endometrium) of the womb (uterus) to relieve the symptoms of heavy periods (menorrhagia). For heavy periods, instead of a hysterectomy, endometrial ablation is another effective treatment that is less invasive. It also has fewer complications and quicker recovery compared to hysterectomy. After the procedure, most women experience a noticeable reduction in their periods and in some cases, periods stop completely.

Minitouch endometrial ablation is a well-established method of treating the lining of the womb using microwave. Minitouch can be performed in an out-patient or inpatient setting (such as an operating room or a day case surgery unit). Many women choose to have the procedure as an outpatient because of the tolerability and a considerably shorter time to undertake the treatment.

What is Minitouch?

The Minitouch outpatient endometrial ablation procedure is a novel thermal endometrial ablation technique that uses a smaller, softer device. The Minitouch device is specifically designed for enhanced patient comfort and safety during endometrial ablation. Its small size and flexibility, together with the speed and simplicity of the procedure now enable endometrial ablation to be carried out in an outpatient setting. The Minitouch procedure is being offered at several outpatient clinics across the UK. It is being performed at these clinics without the need for any local anaesthesia and is being well tolerated by patients.

What are the benefits of the Minitouch procedure?

The Minitouch outpatient endometrial ablation procedure offers the following benefits:

- It does not require the cervix to be dilated (forced opening of the neck of the womb).
- The flexibility and softness of Minitouch reduces the need for manipulation of the uterus, which is required during insertion of the older rigid devices.
- The lining of the uterus is gently and precisely warmed at a lower temperature than other devices during the Minitouch procedure, reducing any discomfort felt.
- It does not require the uterus to be stretched or distended, reducing any discomfort felt.

- Treatment time is 2- 3 minutes for an average size uterus.
- Pain during treatment is generally reported as being less than or comparable to period pain (menstrual cramps). This pain rapidly subsides as soon as the treatment is complete.
- There is no need for recovery in a ward; you may leave a short time after the procedure.
- You are fully awake during the procedure. You can avoid potential risks associated with general anaesthetics.
- If you are accompanied to the appointment by a relative/friend, they may be allowed to sit with you before, during and after the procedure - if you wish.
- You are advised to eat normally before arriving – there is no need to fast.
- It can be performed any time before and after the periods – there is no need to time the procedure. It is preferable to avoid the procedure during periods as the effectiveness of the treatment could be compromised marginally.
- There is no need for hormonal pre-treatment.

What are the drawbacks?

- You must have completed your family, as pregnancy following endometrial ablation is not advisable.
- You will need to use a form of contraception.
- It is not reversible.
- You may still have periods, but they should be lighter.

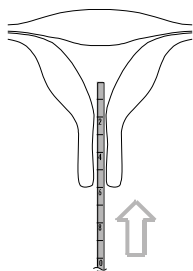
What are the potential of risks of Minitouch?

Potential risks include:

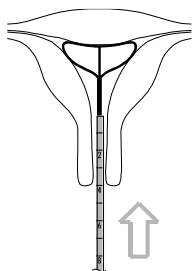
- Uterine Perforation
- Insertion of the device into the womb can sometimes be difficult and a false passage can be made into the muscle of the womb. This is a rare problem (reported in less than 1% of cases previously) but may require the procedure to be stopped and a course of antibiotics to be prescribed. (There have been no uterine perforations reported with Minitouch and this is a low risk since the Minitouch device does not require cervical dilation).
- Infection
- This is a rare complication. If you become unwell or notice an offensive discharge, then please discuss this with your General Practitioner or contact the number you have been given for advice. (There have been no reported episodes of infection with Minitouch, and this is a low risk.)
- Incomplete/abandoned treatment due to pain

- Since you are awake, if you are unable to tolerate the pain the procedure may be abandoned, and the treatment will be incomplete.

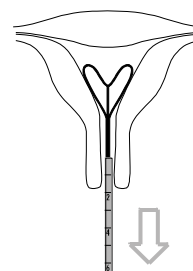
How does Minitouch work?



The flexible Minitouch device is gently introduced into the uterus



Soft end of the device opens and conforms to the uterus. A gently warming 2- 3 minute treatment cycle is initiated.



Treatment automatically stops when completed, and the device is gently removed.

What should I expect?

Before the procedure:

You will be given painkillers to take before to reduce discomfort. After you are comfortably settled on a couch, an ultrasound or hysteroscopic examination (where a mini-telescope is used to look inside your womb to check if everything is OK) may be carried out as necessary.

During the procedure:

Besides the gynaecologist, you will also be supported and comforted by a dedicated nurse. After gently introducing the Minitouch device into the uterus, the treatment cycle is started which will be completed in 3 minutes or less. In a small number of women who have a larger uterus, the gynaecologist may perform an additional treatment. While some women may feel slight cramping during the treatment, others may not experience any discomfort at all.

After the procedure:

Many women are able to go home immediately however, if need be, you will be taken to a resting area for a short period of recovery. You will be given painkillers to take home with you. After the treatment, a watery discharge or a blood loss like a period is to be expected for a few days and it can last for a few weeks. This is nothing to be concerned about as it is part of the natural healing process.

If you are concerned about any symptoms during the days after the procedure, please consult your GP or use the contact information that has been provided to you.

If you have any further questions, please do not hesitate to contact us.

Contact details:

Hanover Women's Healthcare Unit (9am until 5pm Monday to Friday) 01942 264959

Swinley Ward (24 hours): 01942 822568

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends, and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am until 4pm)

The Patient Relations/PALS Manager
Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust
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Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the positives and negatives of each option for me?
3. How do I get support to help me make a decision that is right for me?



How We Use Your Information

For details on how we collect, use, and store the information we hold about you, please see patient information leaflet, Ref. **Corp 006** How we use your information, this can be found on the Patient Information Leaflets page on the Trust website, see details on the front cover.

This leaflet is also available in audio, large print, Braille, and other languages upon request. For more information, please ask in the department/ward.

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