POST-OPERATIVE INSTRUCTIONS
ENDOMETRIAL ABLATION

You have recently undergone a surgical procedure called an endometrial ablation. During this procedure the lining of the uterus is destroyed by heat or cold.

**Personal Care:**
Your cervix has been dilated to allow for instruments to be used inside the uterus. To prevent bacteria from entering this area, do not use anything vaginally for two weeks - no intercourse, no tampons, no douching. It is best to avoid soaking in a tub or swimming as bacteria in the water can enter the uterus.

**Bleeding/Discharge:**
You may experience light vaginal bleeding after surgery. You may also note a watery or blood-tinged weepy discharge for several days after surgery. This usually subsides after several weeks. After an ablation you may no longer have menstrual periods or they may be very light or normal in flow. A small percentage of individuals (10-20%) will continue to have heavy bleeding after an ablation. If you find your bleeding is unchanged or if it returns to heavy flow over time, notify your physician to discuss alternative treatment options.

**Diet:**
You may eat whatever you feel you can tolerate. You may experience residual nausea from the anesthesia or pain medication which may decrease your appetite. It is most important to remain hydrated and clear liquids are usually easily tolerated.

**Activity:**
You may resume your normal daily activities. You may find that you tire more easily as a result of the surgery and anesthesia. It is best to avoid strenuous activity or sports for about one week after surgery, although there are no specific restrictions on activity.

**Pain:**
You may experience some mild pelvic cramping after surgery. You will be given a prescription for pain medication to be taken at home if needed. For most patients, non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (Motrin or Advil) work best to control post-operative pain. Occasionally a narcotic such as Percocet will be needed in addition to the ibuprofen. *You should follow the specific instructions your doctor gives you.* Typically, ibuprofen (Motrin or Advil) 600 mg is recommended every 6 hours for the first 24 to 48 hours after surgery. The narcotic can be taken with the ibuprofen if needed. Do not take the ibuprofen on an empty stomach. Your cramping
should resolve within a day or two. If you have cyclic pain without bleeding, contact the office for follow-up.

**Follow-up:**
There is no need for a post-operative examination after this procedure.

**Please call your doctor if you experience any of the following:**

- Temperature greater than 101 degrees
- Nausea and vomiting, unable to tolerate anything by mouth
- Vaginal bleeding, more than one pad every hour
- Foul-smelling vaginal discharge
- Progressively worsening pain