

Minitouch – The outpatient treatment for heavy periods

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Your doctor has recommended a procedure to improve your symptoms of heavy periods. This leaflet will give you information about endometrial ablation for treating heavy periods using a device called Minitouch, in order to help you make an informed decision. Your gynaecologist can explain alternative 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.

The nature of the 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). It is an effective alternative to hysterectomy that is less invasive, has fewer complications and a quicker recovery time. After the procedure most women experience a noticeable reduction in their periods and in some cases periods may stop completely.

Thermal endometrial ablation is a well-established method of removing the lining of the womb using heat. Techniques using current devices (such as bipolar radiofrequency and thermal balloon ablation) can be performed in an outpatient or inpatient setting (such as an operating room or a day-case surgery unit). Many women choose to have the procedure as an inpatient because of the discomfort associated with those procedures.

What is minitouch?

The minitouch outpatient procedure is a new thermal endometrial ablation technique that uses a smaller, softer, more flexible device. This means that the procedure is simpler and more comfortable and can be carried out in an outpatient clinic, often without the need for any local anaesthesia.

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), or the uterus to be manipulated, therefore reducing discomfort.
- The actual treatment time is 2 minutes or less.
- Pain during treatment is generally reported as being less than or comparable with 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.
- You are advised to eat normally before arriving for the procedure – there is no need to fast.
- It can be performed any time before, during or after a period – there is no need to time the procedure.
- 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 continue to use an effective form of contraception.
- It is not reversible.
- You may still have periods, but they should be lighter.

What are the potential risks?

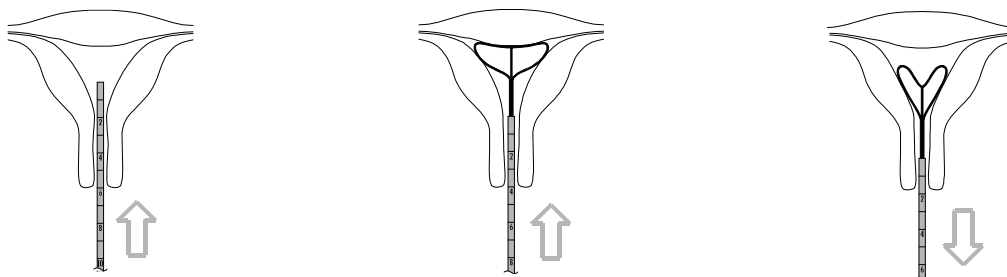
Risks reported with all endometrial ablation procedures include:

Uterine perforation: Dilation of the cervix can sometimes be difficult and a false passage can be made into the muscle of the womb. This is a rare problem, 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 of the procedure. If you become unwell or notice an offensive discharge then please discuss this with your GP 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 during an outpatient procedure, if you are unable to tolerate the pain, the procedure may be abandoned and the treatment will be incomplete. (There have been no abandoned procedures with minitouch and this is a low risk.)

How does minitouch work?



The flexible minitouch device is gently introduced into the uterus

The soft end of the device opens and conforms to the uterus. A gently warming 72-second treatment cycle is initiated.

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

What should I expect?

Before the procedure:

It is advisable to take painkillers such as paracetamol or ibuprofen around 1 hour before the procedure to reduce any discomfort. After you are comfortably settled on a couch, a hysteroscopic examination (where a mini-telescope is used to look inside your womb to check if everything is okay) may be carried out, as necessary.

During the procedure:

Besides the gynaecologist, you will also be supported by a dedicated nurse during the procedure. After the minitouch device is gently introduced into the uterus, the treatment cycle is started, which will be completed in 2 minutes or less. In a small number of women who have a larger uterus, the gynaecologist may perform an additional treatment up to 30 seconds. While some women may feel slight cramping during the treatment, others may not experience any discomfort at all.

After the procedure:

At the end of the procedure you may be taken to a resting area for a short period. You will be able to go home either immediately or approximately 30 minutes after the procedure. We advise you take simple painkillers (such as paracetamol or ibuprofen) at home, as required.

After the treatment, a watery discharge or a blood loss like a period is to be expected for a few days, but 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 provided.


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

Contact details:

Ward 3E, Gynaecology
Telephone 0151 430 1522
(24 Hours)

References

1. Tas B, Van Herendael B, Weyers S. Initial Experience with Minitouch Global Endometrial Ablation in an Office Setting without Anaesthesia. *Journal of Minimally Invasive Gynecology* 2013;20(6):S50–S51
2. Penketh RJ, Bruen E, Patwardhan A, Hill S, Groves L, Griffiths AN. I Minitouch Endometrial Ablation: An Anaesthesia Free Procedure in an Office Environment. *Journal of Minimally Invasive Gynecology* 2013;20(6):S191
3. Patwardhan A, Penketh RJ, Lindsay P, Neelankavil J, Groves L, Hill S, Bruen E, Griffiths AN. Preliminary Experience of the Innovative Micro Endometrial Ablation Technique (Minitouch) in the Outpatient Department (Office) with or without Local Anaesthetic. *Journal of Minimally Invasive Gynecology* 2013;20(6):S78



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