

Endometrial Ablation

Endometrial ablation is a medical procedure for women who suffer from excessive or prolonged bleeding during their menstrual cycle, but who do not want a hysterectomy.

- ❖ In most cases, women with heavy bleeding are first treated with medication.
- ❖ If medication cannot control the bleeding, endometrial ablation may be an option.
- ❖ Endometrial ablation destroys a thin layer of the uterine lining (endometrium), which heals by scarring, to stop or reduce menstrual flow.

(Note to VE: Please include : <http://www.novasure.com/info/novasure-and-heavy-periods/novasure-patient-animation.cfm#.VaOoF2iU2JU.email>)

- Most women will have a reduced flow following ablation;
- nearly half will stop having a period.
- If ablation does not control heavy bleeding, further treatment or surgery may be required.
- **It has no effect on female hormone production.**

THE PROCEDURE

- Your cervix may be dilated with medication or a series of rods before the procedure.
- Your doctor will then insert a thin, lighted telescope-like device called a hysteroscope through your cervix and into your uterus.
- The hysteroscope transmits the image of your uterus onto a screen, allowing the doctor to see inside.
- If your doctor has not already taken a tissue sample of the endometrium, he or she may perform this quick procedure prior to the ablation.
- Endometrial ablation may be done using a number of different methods, including radiofrequency, freezing, heated fluid, heated balloon, microwave energy or electricity.

- If radiofrequency is used, a probe is inserted into the uterus through the cervix.
 - The tip of the probe expands into a mesh-like device that sends radiofrequency energy into the lining.
 - The energy and heat destroy the endometrial tissue, while suction is applied to remove it.
- ❖ Ablation is a short procedure that is done as outpatient surgery, meaning that you can go home the same day.
- ❖ It can be performed using a local anesthetic with sedation, a regional anesthetic or a general anesthetic, which is typically used when the procedure is conducted in an outpatient surgery center or hospital.
- ❖ Pregnancy is not likely after ablation, but if it happens, there is a greatly increased risk of miscarriage and other problems.
- ❖ **Women who want to become pregnant should not have this procedure.**
- ❖ Women who have endometrial ablation should use birth control until after menopause.
- ❖ Sterilization may be a good option to prevent pregnancy after ablation.

Success Rates

One year after treatment, 90.9 percent of women report normal bleeding or less, and 41 percent experience lack of periods.

Risks

The ablation procedure has some risks.

- There is a small risk of infection and bleeding.
- The device used may pass through the uterine wall or bowel.
- With the radiofrequency method, there is no risk of burns to the vagina, vulva or bowel.

Common Side Effects

- Cramping, like menstrual cramps, for 1–2 days
- Thin, watery discharge mixed with blood may be heavy for 2-3 days and last for a few weeks
- Frequent urination for 24 hours
- Nausea

Alternative Procedures

Hormonal therapies, such as birth control pills

Other methods of ablation: Rollerball, HTA Hysterectomy

Uterine artery embolization

No treatment

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