

Endometrial ablation

In the past, the only treatment option for many women suffering from heavy, painful periods was removal of the womb. New techniques have recently been developed which offer an alternative to hysterectomy by locally destroying or removing the womb lining. This treatment is called endometrial ablation.

Why it works

The womb consists of two parts – an outer muscular part called the myometrium, and an inner lining, the endometrium. Each month, hormonal changes cause the lining to thicken in readiness for implantation by a fertilised egg. If conception does not occur it breaks down, leading to menstrual bleeding. Since menstrual blood arises entirely from the endometrium, its destruction effectively halts or reduces blood loss during menstruation.

Types of endometrial ablation

A range of different methods may be used to destroy the womb lining. The first generation methods included laser energy and a heated cutting wire. Newer methods have now been developed using radio waves, electricity and hot water.

With the first generation techniques and some of the second generation techniques a viewing tube the thickness of a pencil is passed in to the womb through the vagina and the cervix. A tiny camera relays to a TV monitor images of the procedure and instruments may be passed through the tube.

With second generation, depending on the method, an instrument is passed into the womb but a camera may not be used. Using the second generation techniques, the procedure may be performed under local anaesthetic and most patients are discharged after a few hours.

If there are fibroids or polyps in the womb, then the heated cutting wire is the preferred method.

After the operation

Recovery is normally quick, with a return to normal activities within a week. Slight cramping pain in the pelvic region may be experienced for several hours after the procedure. Light blood loss normally occurs for several days, followed by a watery discharge for two or three weeks. There is a small risk of infection, resulting in pelvic pain, an offensive discharge, or vaginal irritation. These should be treated by your GP as soon as symptoms occur and you should be sure to discuss these with your consultant.

Outcome and side effects

About 10% of patients who undergo endometrial ablation stop menstruation altogether. In a further 70%, bleeding is effectively reduced. Many women who have painful periods or suffer from pre-menstrual syndrome also report significant improvement.

Overall, 70% to 80% of patients are satisfied with the operation, but various complications can sometimes occur. These include fluid overload, perforation of the womb, and haemorrhage.

Following the operation, pregnancy is most unlikely in patients who have no periods. However, since there is still a slight chance of pregnancy, patients are advised to continue with contraception until they have entered the menopause. No-one knows if there are any long term complications associated with endometrial ablation.

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This fact sheet has been prepared by Women's Health Concern and reviewed by the medical advisory council of the British Menopause Society. It is for your information and advice and should be used in consultation with your own medical practitioner.

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