

# Endometrial ablation

**Endometrial ablation is one of the surgical options for treatment of heavy menstrual periods. In the past, the only surgical treatment option for many women suffering from heavy, painful periods was removal of the uterus (hysterectomy). Endometrial ablation has been developed over the last decade to offer an alternative to hysterectomy by locally destroying or removing the uterine lining.**

## How does it work?

The uterus consists of two layers – an outer muscular layer 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 due to shedding of 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 uterine lining. The first generation methods included laser energy and a heated cutting wire to remove the uterine lining. Newer methods have now been developed using radio waves, electricity and heated 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 the first generation techniques, the surgeon removes uterine lining using a loop of hot wire.

Second generation methods are more automatic and use heat energy delivered to the uterine lining based on shape and size of the cavity. With second generation, depending on the method, an instrument is passed into the uterus but this does not have a camera attached. With these methods, often a hysteroscopy is performed just before the actual ablation procedure. Hysteroscopy is a procedure where a telescope with a camera is inserted into the uterine cavity through vagina and cervix allowing the surgeon to have look and make sure that if it is safe to perform the ablation treatment. Using the second generation techniques, the procedure may be performed in outpatients under local anaesthetic and most patients are discharged home after a few hours.

If there are large submucosal fibroids in the womb (see fact sheet on Fibroids), then the heated cutting wire is sometimes the preferred method.

## After the procedure

Recovery is normally quick, with a return to normal activities within a few days. You may experience some cramping pain in the pelvic region for several hours after the procedure. Some cramping pain may continue to occur for next 2-3 days. 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 or you should discuss these with your consultant.

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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.

## 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. It may take between 8 to 12 months to be certain of the effects of endometrial ablation. The effects are believed to be permanent but in some women especially those who had this procedure under age of 40years, menstruation may return. If that happens, your gynaecologist may consider a second procedure or will advise you about other alternative treatment including hysterectomy.

Overall, 70% to 80% of patients are satisfied with the operation. Complications can sometimes occur but serious complications such as fluid overload, perforation of the uterus, heat damage to other internal organs and haemorrhage are uncommon.

Following the operation, pregnancy is most unlikely in patients who have no periods. However, since there is still a slight chance of pregnancy, you are advised to continue with contraception until you have attained the menopause.

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