



About one in four women experiences abnormal uterine bleeding – prolonged or heavy bleeding during her periods-at some point in her life. If you are one of them, you may have been told that you need a hysterectomy to stop the bleeding. If you'd rather avoid a hysterectomy, then endometrial ablation might be a treatment option for you. Here are answers to some of the questions you may have about this procedure.

What is endometrial ablation?

Endometrial ablation is a procedure in which energy is used to destroy (ablate) a thin layer of the lining of the uterus (the endometrium). The goal is to have menstruation returned to normal levels or better. For some women menstruation is eliminated completely, although many will continue to have regular periods. For many women it is an effective alternative to hysterectomy.

Who can consider having endometrial ablation?

You may be a candidate for endometrial ablation if:

- You have to limit your daily activities because of your bleeding
- You are becoming anemic and fatigued because of your bleeding
- You have tried hormone therapy (ht) to control the bleeding and it hasn't worked.
- Your doctor has not found a specific cause for your bleeding (bleeding may be caused by uterine fibroids, polyps, hyperplasia [overgrowth of the lining of the uterus], a bleeding disorder, thyroid disease,. If such a cause is found treatment should be directed toward correcting it.)
- You do not want to become pregnant in the future.

Can I have children after having endometrial ablation?

It is possible although it is dangerous for both mother and fetus. Although pregnancy rarely occurs there is a small chance that it may, so you must use a reliable form of contraception after the procedure.

How is endometrial ablation carried out?

Endometrial ablation can be performed with a variety of energy-generating instruments used to destroy the lining of the uterus.

Cryotherapy- destroys the lining of the uterus by freezing it with a tiny disposable device.

Thermal balloon ablation- uses a soft, flexible balloon that is placed into the uterus and filled with fluid. The fluid is then heated and left in place for several minutes to destroy the uterine lining.

Heated free fluid- ablates the endometrium with heated saline (salt). It uses a hysteroscope (a narrow tube with a tiny camera attached) to monitor the process.

Radio-frequency ablation- uses a triangular metallic wand that destroys the uterine lining by releasing radio frequency energy into the body.

Will I need to have any tests before the procedure?

Several tests might be done before the procedure, including:

- **Pelvic ultrasound** which uses sound waves to allow your doctor to view the organs of the pelvis, including the uterus
- **Saline infusion sonography** which looks for abnormalities such as polyps
- **Hysteroscopy** which uses the kind of telescope-like viewing instrument that will be used during the ablation itself
- **Endometrial biopsy** during which a small amount of tissue from the inside of the uterus is removed and looked at under a microscope.

What should I expect before and during the procedure?

Before the procedure, for about a month or 2, you may have to take HT, possibly by injection. The HT thins the lining of the uterus to expose the lower layer, which is the part that the procedure destroys, side effects may include hot flashes, night sweats, and vaginal dryness (similar to symptoms of menopause), but they will go away after the hormones leave your system. Your physician may also try to time the procedure to the end of your menstrual cycle when your uterus will be the thinnest.

The ablation itself is usually outpatient, same-day procedure so you will not need to stay overnight. Many physicians may choose to offer this procedure in their office. You will most likely be given a sedative to help you relax; anesthesia may be local or general. The kind of anesthesia you receive will depend on which ablation technique is being used and what your preferences are. You can discuss them with your doctor.

The procedure itself takes 15 to 45 minutes, depending on the technique used. After the procedure, you will be taken to a recovery area to rest until the anesthesia wears off. You will be allowed to go home when you have recovered from the anesthesia, usually after about 2 hours. If no anesthesia is used you can usually go home within 15 minutes of the procedure.

What should I expect after the procedure?

You may have some cramping pain for a while. Your doctor may recommend an over-the-counter pain reliever or give you a prescription. If you received general anesthesia, you may have some nausea and vomiting for a couple of hours after the procedure. You may also have a small amount of watery, bloody discharge, which may last for several

weeks. Your doctor may tell you to avoid sexual activity for a couple of weeks. The procedure may not have an effect right away; it may take a few months to see results.

What are the benefits of endometrial ablation?

The procedure is very effective for many women. It reduces or stops excessive bleeding without requiring the major surgery of a hysterectomy. The procedure has also been shown to decrease menstrual pain and cramping and even some premenstrual syndrome symptoms.

What are the risks of endometrial ablation?

Like any medical procedure, endometrial ablation carries some risks. They occur very rarely, but they can be serious and depend on the type of ablation technique used.

- The medical device used for the ablation may perforate, or poke a hole in the uterine wall or organs surrounding the uterus.
- The fluid used to expand your uterus may be absorbed into your bloodstream, which may result in too much fluid in your body.
- Bleeding or infection may occur.
- Organs around the uterus may be damaged.

Your doctor can tell you more about the risks associated with the procedure he or she recommends.

How can I decide whether endometrial ablation is for me?

Your best option is to see a gynecologist who is experienced in performing endometrial ablation (it's okay to ask how many of these procedures he or she has done) but who can also give you full information about all of the options available to you.