Endometrial Ablation- Overview

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Background

- A treatment option for heavy menstrual flows
    - For women who have completed childbearing
- Simple and highly effective with minimal pain
- Can be done in an office setting without general anesthesia
    - Provides very large reduction in out-of-pocket expense
        - office copay instead of a deductible
- Proper patient selection is key to both safety and success
    - See Endometrial Ablation- Preop Evaluation/Counseling
- Several techniques are available
    - See Endometrial Ablation- Techniques
    - Most have similar efficacies
    - Risks depend on the specific technique
        - Blind techniques (without direct visualization of cavity during the procedure) carry the small risk of uterine perforation and bowel injury during the ablation
    - There is no good head-to-head study comparing effectiveness of individual techniques.

        - Long term *amenorrhea* (complete absence of menses) varies from 40 to 90%, depending on study
        - Long term patient satisfaction varies from 80 to 95%
        - Need for either retreatment or eventual hysterectomy varies from 5 to 30%
    - Pain during the procedure is controlled with a nerve block placed around the cervix using a local anesthetic
        - Same principle as numbing at the dentist's office

What Ablation Does

- The uterus is a thick walled bag, made of muscle, surrounding a cavity (the *endometrial cavity*)
    - Where a pregnancy is carried
- The tissue lining this cavity is called *endometrium*
- The endometrium has 2 layers
    - A *functional layer*- the surface layer which grows each month then sheds off & is expelled if pregnancy does not occur- monthly menstrual flow
    - A *base layer*- source of the functional layer which grows each month in response to a woman's hormonal cycle
- The goal of ablation is to destroy the base layer preventing monthly growth of the surface functional layer
    - Made easier by thinning the functional layer with hormones before the procedure

- Common cause of failure is incomplete destruction of the base layer
    - Often due to the cavity having difficult to reach areas or an irregular surface preventing adequate contact with the instrument

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