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Endometrial Ablation

The lining of the ***uterus***—the endometrium—is shed by bleeding each month during ***menstruation***. Some women have heavy bleeding or bleeding that lasts longer than normal. For them, endometrial ablation may be a good treatment option. This procedure treats the lining of the uterus to control or stop bleeding. It does not involve removal of the uterus and it does not affect a woman's ***hormone*** levels.

This pamphlet will explain

- what endometrial ablation is
- what to expect before and after the procedure
- endometrial ablation methods
- risks

Endometrial ablation works well for many women who have heavy bleeding. Endometrial ablation may be a treatment option for a woman who does not wish to

About Ablation

become pregnant.

Endometrial ablation is used to treat many causes of heavy bleeding. In most cases, women with heavy bleeding are treated first with medication. If heavy bleeding cannot be controlled with medication, endometrial ablation may be used.

Endometrial ablation destroys a thin layer of the lining of the uterus and stops the menstrual flow in many women. In some women, menstrual bleeding does not stop but is reduced to normal or lighter levels. If ablation does not control heavy bleeding, further treatment or surgery may be required.

Endometrial ablation should not be done in women past ***menopause***. It is not recommended for women with certain medical conditions, including

- disorders of the uterus or endometrium (such as an endometrium that is too thin)
- ***endometrial hyperplasia***
- cancer of the uterus
- recent pregnancy
- current or recent infection of the uterus

Pregnancy is not likely after ablation, but it can happen. If it does, the risk of miscarriage and other problems are greatly increased. If a woman still wants to become pregnant, she 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.

A woman who has had ablation still has all her reproductive organs. Routine ***Pap tests*** and ***pelvic exams*** are still needed.

Before the Procedure

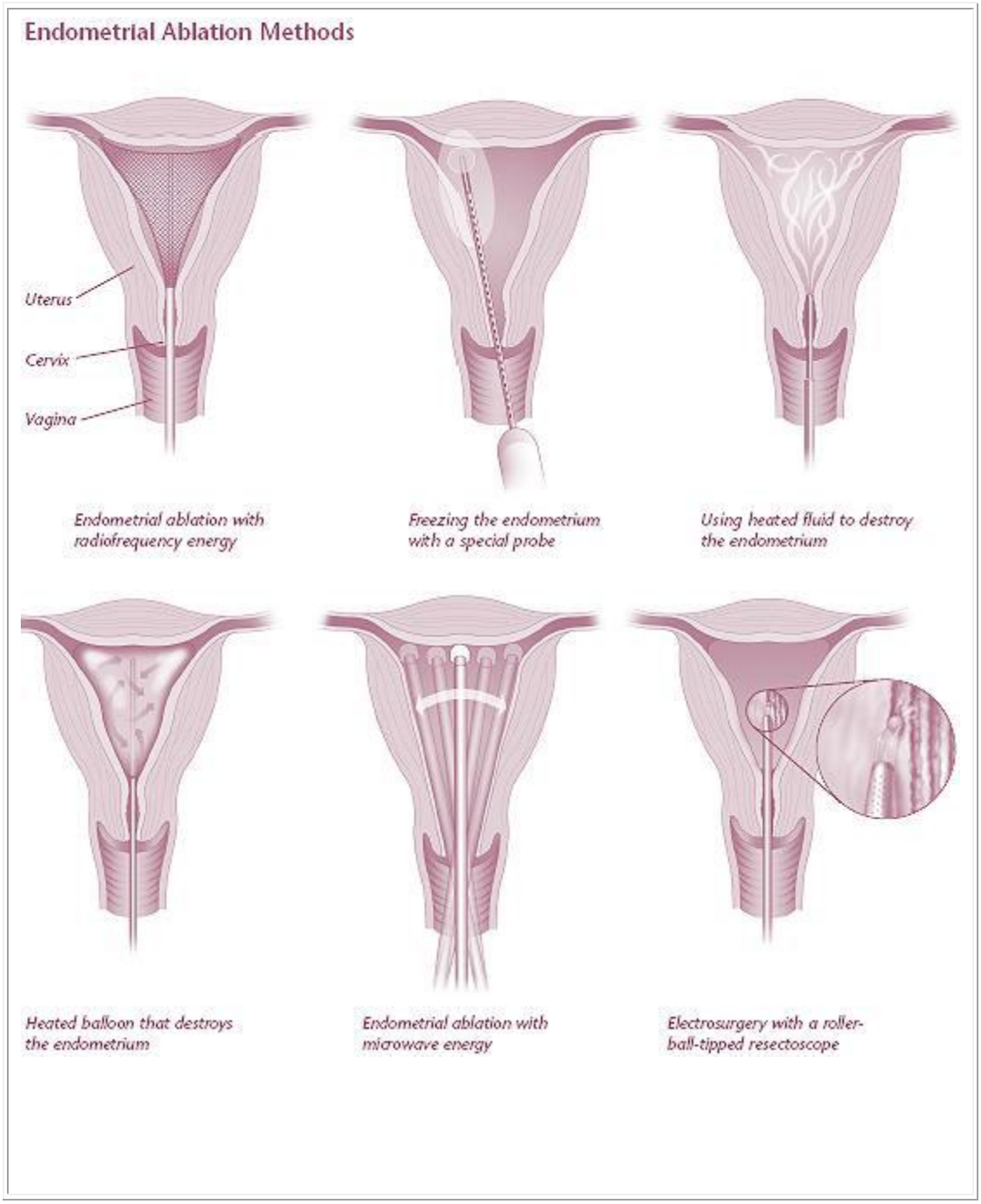
The decision to have endometrial ablation will be made between you and your doctor. You will talk about the procedure's risks and benefits. A sample of the lining of the uterus will be taken (***endometrial biopsy***) to make sure you do not have cancer. You also may have the following tests to check whether the uterus is the right size and shape for the procedure:

- ***Hysteroscopy***—A slender, light-transmitting telescope called a hysteroscope is used to view the inside of the uterus.
- ***Ultrasonography***—Sound waves are used to view the pelvic organs.

If you have an ***intrauterine device***, it must be removed. You cannot have endometrial ablation if you are pregnant.

Endometrial Ablation Methods

Ablation is a short procedure. Some techniques are done as outpatient surgery, meaning that you can go home the same day. Others are done in the doctor's office. Your ***cervix*** may be dilated before the procedure. ***Dilation*** is done with medication or a series of rods that gradually increase in size.



There are no incisions (cuts) involved in ablation. Recovery takes about 2 hours, depending on the type of pain relief used. The type of pain relief used depends on the type of ablation procedure, where it is done, and your wishes. Discuss your options with your doctor before you have the procedure.

The following methods are those most commonly used to perform endometrial ablation:

- *Radiofrequency*—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.
- *Freezing*—A thin probe is inserted into the uterus. The tip of the probe freezes the uterine lining. Ultrasound is used to help guide the doctor during the procedure.
- *Heated fluid*—Fluid is inserted into the uterus through a hysteroscope. The fluid is heated and stays in the uterus for about 10 minutes. The heat destroys the lining.
- *Heated balloon*—A balloon is placed in the uterus with a hysteroscope. Heated fluid is put into the balloon. The balloon expands until its edges touch the uterine lining. The heat destroys the endometrium.
- Microwave energy—A special probe is inserted into the uterus through the cervix. The probe applies microwave energy to the uterine lining, which destroys it.
- Electrosurgery—Electrosurgery is done with a resectoscope. A resectoscope is a slender telescopic device that is inserted into the uterus. It has an electrical wire loop, roller-ball, or spiked-ball tip that destroys the uterine lining. This method usually is done in an operating room with ***general anesthesia***. It is not as frequently used as the other methods.

After the Procedure

Some minor side effects are common after endometrial ablation:

- Cramping, like menstrual cramps, for 1–2 days
- Thin, watery discharge mixed with blood, which can last a few weeks. The discharge may be heavy for 2–3 days after the procedure.
- Frequent urination for 24 hours
- Nausea

Ask your doctor about when you can exercise, have sex, or use tampons. In most cases, you can expect to go back to work or to your normal activities within a day or two.

Your doctor will arrange follow-up visits to check your progress. It may take several months before you experience the full effects of ablation.

Risks

The ablation procedure has certain risks. There is a small risk of infection and bleeding. The device used may pass through the uterine wall or bowel. With some methods, there is a risk of burns to the vagina, ***vulva***, and bowel. Rarely, the fluid used to expand your

uterus during electrosurgery may be absorbed into your bloodstream. This condition can be serious. To prevent this problem, the amount of fluid used is carefully checked throughout the procedure.

Finally...

Endometrial ablation works well for many women who have heavy bleeding. Endometrial ablation may be an option for a woman who does not wish to become pregnant. If you are thinking about getting endometrial ablation, talk to your health care provider about the risks and benefits.

Glossary

Cervix: The lower, narrow end of the uterus that extends into the vagina.

Dilation: Widening the opening of the cervix.

Endometrial Biopsy: A test in which a small amount of the tissue lining the uterus is removed and examined under a microscope.

Endometrial Hyperplasia: A condition in which the lining of the uterus grows too much; if left untreated for a long time, it may lead to cancer.

General Anesthesia: The use of drugs that produce a sleep-like state to prevent pain during surgery.

Hormone: Substance produced by the body to control the functions of various organs.

Hysteroscopy: A surgical procedure in which a slender, light-transmitting device, the hysteroscope, is used to view the inside of the uterus or perform surgery.

Intrauterine Device (IUD): A small device that is inserted and left inside the uterus to prevent pregnancy.

Menopause: The process in a woman’s life when ovaries stop functioning and menstruation stops.

Menstruation: The monthly discharge of blood and tissue from the uterus that occurs in the absence of pregnancy.

Pap Test: A test in which cells are taken from the cervix and vagina and examined under a microscope.

Pelvic Exam: A manual internal and external examination of a woman’s reproductive organs.

Sterilization: An operation that prevents a woman from becoming pregnant or a man from fathering a child.

Ultrasonography: A test in which sound waves are used to examine internal structures. During pregnancy, it can be used to examine the fetus.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

Vulva: The external female genital area.

This Patient Education Pamphlet was developed by the American College of Obstetricians and Gynecologists. Designed as an aid to patients, it sets forth current information and opinions on subjects related to women's health. The average readability level of the series, based on the Fry formula, is grade 6–8. The Suitability Assessment of Materials (SAM) instrument rates the pamphlets as "superior." To ensure the information is current and accurate, the pamphlets are reviewed every 18 months. The information in this pamphlet does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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