

## Endometrial Ablation Procedures

### What is endometrial ablation?

Endometrial ablation destroys a thin layer of the uterus lining and stops menstrual flow in many women. In some women, menstrual bleeding does not stop but is significantly reduced. If ablation does not control heavy bleeding, further treatment or surgery may be required. There are multiple methods available that have essentially the same results, side effects, and effectiveness.

### Why is an endometrial ablation procedure considered?

The procedure is used to treat many causes of heavy bleeding that have not responded to medical management. If heavy bleeding cannot be controlled with medication, endometrial ablation may be considered.

### What are the indications to consider endometrial ablation?

The procedure should not be done past menopause. It is not recommended for women with any of the following: endometrial hyperplasia, recent pregnancy, current or recent infections of the uterus, disorders of the uterus or endometrium, cancer of the uterus, or plans for future fertility.

Pregnancy, although unlikely after an ablation procedure, is still a possibility. A method of sterilization is a good option to consider before or at the time of an indicated ablation procedure.

### What are the basic criteria necessary for consideration of an ablation procedure?

- A detailed menstrual history
- A current physical exam
- Documentation of an attempt at medical management for a minimum of three months (progesterone therapy, Depo-Provera, Mirena IUD, or Oral contraceptives — when appropriate)
- Failure of medical management
- Thyroid function evaluation
- A pelvic ultrasound with evaluation of uterine size and shape, endometrial thickness measurements, and, when polyps are found or suspected, a SIS (saline infusion sonogram) when appropriate
- Endometrial sampling for any patient 35 and older or when the endometrium is either thickened or abnormal in appearance by ultrasound, regardless of the patient's age.
- A recent Pap smear.
- Negative STI testing (GC and Chlamydia cultures within the past 30 days)

### What are the risks associated with endometrial ablation procedures?

There is a very small risk of infection and bleeding, most commonly within the first week after the procedure.

For those patients who continue to experience menstrual bleeding, there is an increased likelihood of significant and persistent dysmenorrhea and/or pelvic pain following the procedure, regardless of the method used.

The effectiveness of the procedure usually persists for 6 to 8 years, at which time the patient may again begin to experience a return of the original symptoms of abnormal, dysfunctional, or heavy bleeding. In view of that, considering endometrial ablation for patients under 30 may not be the optimal choice.

*Source: American College of Obstetrics & Gynecology, Practice Guidelines*