ENDOMETRIAL ABLATION, NON-HYSTEROSCOPIC

BASIC INFORMATION

DEFINITION
For some women who experience abnormal uterine bleeding, a viable alternative to hysterectomy can be endometrial ablation. This procedure removes or destroys the endometrium (lining of the uterus) and can minimize or even stop this bleeding. The results may not be permanent. Endometrial ablation is not advised for women who want to have children, and it is not a form of birth control. Patients should still use contraception. Ablation is a minimally invasive surgery. Traditional techniques used an argon laser or rollerball ablation. This topic discusses the recently developed options that use electrical energy, heat, or cold to destroy the tissue. Additional options being studied use a microwave or laser system. Your health care provider will discuss the advantages and disadvantages of the individual endometrial ablation procedures available. The decision is ultimately yours.

REASONS FOR PROCEDURE
To treat abnormal uterine bleeding. The bleeding can occur as frequent, irregular and unpredictable bleeding, lengthy menstrual periods, bleeding between periods, or a heavy flow during periods. This bleeding may be caused by hormonal imbalances, growth of endometrial tissue into the wrong place, fibroids, or other conditions. Sometimes the bleeding has no identifiable cause.

RISK INCREASES WITH
Women who have a malignancy or premalignant condition of the uterus, or women who have evidence of large uterine fibroids or hyperplasia (overgrowth of the lining) are usually not candidates for ablation.

DESCRIPTION OF PROCEDURE
• Antibiotics may be prescribed for a woman at risk for infection.
• These ablation procedures are performed either in the medical office or as an outpatient surgery, with patient returning home the same day. The procedure can be performed with local anesthesia.
• The ThermaChoice Uterine Balloon Therapy System, consists of a balloon that is inserted through the neck of the womb (cervix) and into the uterus. Through a catheter connected to a controller console, the balloon is inflated with fluid and heated to 188°F (87°C) for eight minutes to destroy the uterine lining.
• The GyneLase disposable handset is inserted through a dilated cervix into the uterine cavity. "Wings" on the handset are unfolded and light diffusers are opened. The handset is held in place and the laser is started. Laser light fills the entire uterus and, unlike other endometrial ablation techniques, no direct contact is made with the endometrium.

POSTPROCEDURE CARE

GENERAL MEASURES
• Rest at home for balance of day; drink plenty of fluids; eat small meals; avoid alcohol for 48 hours. Follow medical instructions.
• Common side effects after the procedure include nausea, vomiting, and a vaginal discharge that can last from days to weeks. Expect to have bleeding for up to four to six weeks.
• Routine Pap tests and pelvic exams are still needed after an ablation procedure because the reproductive organs are still in place.
• For more information: National Women's Health Network, 202-628-7814; www.womenshealthnetwork.org or National Women's Health Information Center 1-800-994-9662; www.4woman.gov.

MEDICATION
Hormone drugs may be prescribed prior to the ablation procedure to help thin the endometrium.

ACTIVITY
Return to regular activities in 2-3 days. To minimize excess bleeding, avoid strenuous activities or exercise for two weeks.

DIET
No special diet.

NOTIFY OUR OFFICE IF
You have any questions or problems regarding the ablation, postoperative symptoms, or other concerns.