Endometrial Ablation- Overview

Keith Merritt, MD

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