

Endometrial Ablation

What is endometrial ablation?

Endometrial ablation removes the lining of a woman's uterus. It is a simple and safe procedure done instead of a hysterectomy or removal of the uterus. Ablation can prevent the need for about 30% of hysterectomies. Ablation is not done for contraception.

There are many ways to do endometrial ablation.

- Balloon ablation
- Rollerball ablation
- Laser ablation
- Microwave ablation
- Hydroablation

All of these methods have about the same success. Your doctor will explain the procedure that you are having done.

You may have a general or spinal anaesthetic. With a general anaesthetic, you are asleep during the operation. With a spinal anaesthetic, you are awake but cannot feel from the waist down. You will talk to the anesthesiologist about the type of anaesthetic that is best for you.

You go home the same day of your surgery.

What are the advantages of endometrial ablation?

- Since there is no abdominal or vaginal incision, there is no scar.
- You keep your uterus and all other pelvic organs. Remember, this means you still need to have regular pap smears and use contraception to prevent pregnancy.
- After ablation, 40 to 45% of women have light periods and 20 to 30% stop menstruating. About 90% of women are satisfied with the results.
- This procedure does not affect sexual enjoyment.
- There is no evidence to suggest that this procedure causes cancer or other medical problems.

What are the disadvantages of endometrial ablation?

- So far, there are no known long-term problems but ablation is still fairly new.
- About 15% of women still have moderate or heavy bleeding after ablation.
- Ablation is not a form of sterilization. About 1 to 5 women out of every 1,000 who have ablation can become pregnant. After having an ablation, becoming pregnant is dangerous. Women should prevent pregnancy by using an effective birth control method.
- About 30 to 40% of women need some other form of treatment within 5 years.
- A hysterectomy may be needed in the future to stop a bleeding problem in some women.
- 8 to 10% of women need a hysterectomy after ablation for other causes.
- You may need medication before the procedure. Medication is given to suppress the thickness of the lining of the uterus to make the ablation easier to perform and improve the success rate.

What complications may happen?

- You can have an anesthesia problem, not related to the procedure but this is unlikely.
- The doctor may not be able to complete the procedure due to technical problems such as scarring of the cervix. This happens in less than 5%.
- The doctor punctures the uterus during the procedure. This happens in less than 1%.
- Your body absorbs too much fluid used to fill the uterus during the procedure. This happens in less than 1%.
- The instruments may burn organs close to the uterus, such as the bowel or bladder. This happens in less than 1%.

What complications may happen? (continued)

- Too much bleeding during or after the procedure. This happens in less than 1%.
- Infection of the uterus or bladder. This happens in about 1%.

If any of these complications occur, you may need to have:

- A laparoscopy where the doctor puts a small telescope into your abdomen through your umbilicus to see the problem.
- A laparotomy where the doctor does a hysterectomy or corrects any problems that he or she can see. This rarely happens.

What can I expect after this procedure?

- You should be able to go home the same day of surgery. An adult will need to take you home.
- You may go back to work the next day or you may need 2 to 3 days to recover.
- You may have some lower abdominal discomfort or cramps. You can take mild analgesia such as Tylenol[®] or Ibuprofen for discomfort.
- Vaginal bleeding and discharge varies after the procedure. The bleeding becomes light within 24 hours. The bleeding and discharge usually settles down within 1 to 3 weeks. You may have yellow brownish discharge up to 1 month. You can use pads and tampons.
- The first post-operative menstrual period may be moderate but becomes lighter in future periods. You may not know how well the ablation worked for at least 3 months.
- Avoid sexual intercourse until the bleeding stops.

Who do I call if I have questions and concerns?

Contact your doctor if you have any questions or concerns.



