

Endometrial Ablation

An Alternative to Hysterectomy

Over the years, therapy for excessive bleeding has consisted of a D & C (scraping out the lining of the uterus) or using hormone therapy in an attempt to control the abnormal bleeding. These measures are generally successful, but have specific risks, expenses and side effects. Too often, if these procedures prove unsuccessful, the only real cure is major surgery to remove the uterus (hysterectomy).

Now a new form of treatment is available for those women who suffer from excessive bleeding, but wish to avoid a hysterectomy. We can now permanently eradicate the lining of the uterus (the endometrium) with a minor operation so that the uterus no longer bleeds. This operation, called endometrial ablation, is performed by passing a small lighted telescope (hysteroscope) through the cervix into the uterine cavity. Through the hysteroscope, the surgeon can pass (uses balloon therapy) small flexible instruments that are used to permanently remove the endometrium.

This procedure is usually done under a light anesthetic, involves no sutures, and can be done on an outpatient basis. The recovery period is usually short. If the uterine lining is ablated, the uterine cavity usually will bleed no further. The rest of the uterus and ovaries are unaffected by this procedure. After the procedure, it is not unusual to experience some cramping as well as a fairly heavy, sometimes watery discharge that may continue for several days or weeks.

To be a candidate for an endometrial ablation, you should have no desire for future childbearing since this procedure makes pregnancies virtually impossible or unsafe. It is important that there is no correctable intrauterine pathology or cancer present. This must have been confirmed by a recent hysteroscopy (viewing of the uterine lining with a lighted telescope) and/or D & C.

To make the endometrium thinner and thus easier to remove and less likely to bleed during the operation, a drug is prescribed a few weeks before the procedure. This drug causes the ovaries to temporarily stop producing hormones. This creates an artificial menopausal state.

The result of this new operation has been impressive. Recent statistical data indicates more than a 90% success rate. For example, over 50% of the women treated have a complete cessation of bleeding and most of the others have a much reduced flow.