



AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE

Formerly The American Fertility Society

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PATIENT'S FACT SHEET

Endometrial Ablation

Heavy uterine bleeding (menorrhagia) is a common problem with a variety of causes. Menorrhagia may be due to hormonal disturbances, uterine fibroids, polyps, overgrowth of the uterine lining (hyperplasia), or cancer. Medical conditions, such as bleeding disorders or thyroid disease, may also contribute. If a specific cause for abnormal bleeding is identified, treatment should be directed toward that cause. If no specific anatomical cause is identified or if hormonal disturbances do not improve with hormone therapy, endometrial ablation (destruction of the uterine lining) may be an alternative to hysterectomy. As both endometrial ablation and hysterectomy preclude further childbearing, they should not be considered by patients who wish to retain their fertility. A biopsy of the uterine lining may be needed to exclude cancer, since endometrial ablation is never appropriate if cancer is suspected.

Endometrial ablation procedures can be accomplished through a variety of techniques.

Electrocautery: This method of endometrial ablation uses instruments such as a “roller-ball” or wire loop and is performed under anesthesia in the operating room through a hysteroscope. Sometimes, medications are prescribed to thin the uterine lining prior to the procedure. Approximately 90% of women experience relief of their symptoms within the first few months, with many having scant or absent menstrual periods after the procedure. Heavy bleeding may recur several years after the ablation, requiring additional surgical therapy.

Balloon endometrial ablation: This technique is performed in an outpatient surgical center or in a doctor's office. A triangular balloon is placed into the uterus and filled with fluid. The fluid in the balloon is then heated for several minutes. During this time, most of the uterine lining is destroyed. Cramping may be severe during the procedure, and either general or local anesthesia is normally required. Ibuprofen or similar medications are usually effective for postoperative pain. Short-term results with balloon endometrial ablation are comparable to electro-surgical methods.

Freezing of the uterine lining: Another technique used to destroy the endometrium is freezing the uterine lining.

There is no evidence that one method produces superior success rates, and a variety of new techniques (phototherapy, microwave, radio-frequency) are under development.

Complications from endometrial ablation procedures are few, but may be serious. Uterine perforation (puncturing a hole in the uterus) may occur and may result in hemorrhage or bowel injury. Additionally, electro-surgery requires fluid to be instilled in the uterine cavity which can lead to fluid overload.

Women who have undergone endometrial ablation should be treated with progestogens to reduce the risk of developing uterine cancer when postmenopausal estrogen replacement therapy is prescribed. Women who have undergone hysterectomy, in contrast, generally do not require progestogens.

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