



ENDOMETRIAL ABLATION

One of the most common reasons for a woman in her reproductive years to see the gynecologist is because of abnormal vaginal bleeding. Most often, this problem is caused by one of two abnormalities: altered hormonal function or an anatomical abnormality. Types of anatomical abnormalities include a fibroid or a polyp in the lining of the uterus that can cause abnormal bleeding. Hormonal irregularities can be caused by a myriad of problems, but medical regulation is usually successful.

After a diagnosis has been made, either by sampling the uterine lining or by looking into the uterine cavity with a telescope (hysteroscopy), a number of potential therapies exist depending upon the diagnosis. If there is no overgrowth of the endometrial lining of the uterus (hyperplasia) and no evidence of large fibroids to cause the bleeding, one method of treatment may be endometrial ablation. Of course, medical treatment should first be tried, but if these efforts fail to correct the problem and if pain is not a significant part of the patients symptoms, then ablation may be considered.

Endometrial ablation is a procedure in which the uterine lining is destroyed either with a laser electrosurgery, or another method. The procedure can be performed under local or general anesthesia. Recovery is very rapid and most patients are able to leave the surgery facility in a few hours and are able to return to normal activity by the following day. There is frequently a vaginal discharge for several days after the procedure but significant problems with recovery such as pain, infection, or bleeding are rare. Today, because endometrial ablation seems to be a very safe procedure, the procedure is beginning to be performed in the physicians' office with new types of devices made especially for this purpose. Cryotherapy (freezing) and a balloon method have now been used to successfully ablate the uterine lining.

It is important to realize that these procedures are not guaranteed to produce amenorrhea (cessation of menses). Most studies have shown that the rate of absolute absence of bleeding is 50%, while another 25% have very little bleeding, and 90% of the individuals are pleased with the result. Failures of the procedure have been ascribed to adenomyosis. In most cases, women with significant pain should be counseled against ablation.

Endometrial ablation gives today's women another alternative to hysterectomy when abnormal bleeding occurs and persists despite other treatments. This is a minimally invasive option that spares the patient's anatomy, allowing acceptable results and rapid recovery.

Women who desire endometrial ablation should be counseled regarding future childbearing. Endometrial ablation should not be undertaken in women who may wish to attempt to conceive in the future.

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