GYNAECOLOGY & OBSTETRICS UPDATE

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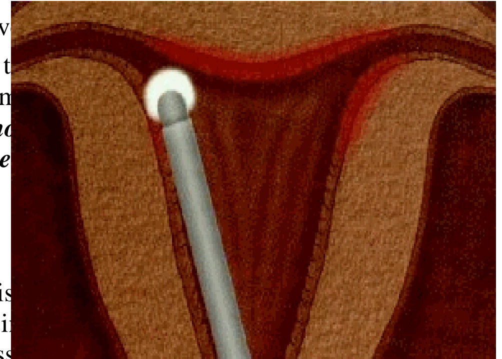
Merry
Christmas
&
Happy 2001

Microwave Ablation

of Endometrium and Submucous Fibroids for Treatment of Abnormal Uterine Bleeding

Microwave Ablation is a new surgical treatment for dysfunctional uterine bleeding.

Technique



It involves using an applicator to deliver low microwav
rapid but restricted 6 mm depth of heating in uterine t
(average 3.5 minutes) and simplicity of the procedure m

***Please visit the website** for a 3 minute- video demo*
geocities.com/r1tmm/Gynaecology_Obstetrics_Update

Preoperative Endometrial thinning

Zoladex 3.6 mg 5 weeks before procedure.

Indications

Abnormal uterine bleeding with normal endometrial his
pregnancy in patients who had completed their family i
5 cm diameter. Patients on anticoagulants were success
medication.

Contraindications

Multiple large fibroids - Submucous fibroid > 5 cm distorting the uterine cavity preventing access to endometrial lining - Adnexal pathology - Other pathology indicating hysterectomy - Previous failed hysteroscopic endometrial ablation/ resection techniques due to the possibility of scarred and thin areas of uterine cavity.

Postoperative

* A watery discharge for about 3 weeks.
* The first period is not an indicative of further menses. If prolonged discomfort, discharge or bleeding occurs patients should contact the Gynaecology Department
* Contraception should continue.

Results

* Maximum reduction in menstrual loss was observed 6 months after treatment.
* Primary satisfaction rate at 3 years of 84% with 33% amenorrhoea was achieved.
* A secondary satisfaction rate (including retreatments in 10-14% of cases) of 88% and 40% amenorrhoea has been achieved.
* Dysmenorrhoea is improved in most cases (67%).
* There was a significant improvement in PMS symptoms.

The return of abnormal bleeding or worsening dysmenorrhoea should be investigated with pelvic ultrasound and endometrial sampling.

References

British Journal of Obstetrics and Gynaecology (1999), 106: 684-694/ **The Lancet** (1999), 354: 1859-1863/ **Journal of Obstetrics and Gynaecology** (1999), 19: 496-499.