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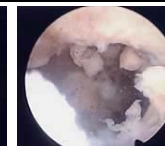
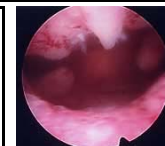
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**AWARD
2005**

The role of Endometrial Ablation in management of Heavy Menstrual Bleeding

There are many NICE-approved methods of **Endometrial Ablation (EA)** [see table]. The aim of EA is to destroy the endometrium through, most commonly, application of heat (e.g. using microwaves in Microwave Ablation or free hot water in Hydrothermal Ablation).

NICE published guidelines on management of Heavy Menstrual Bleeding (HMB). It stated that ablation should be considered where bleeding is having a severe impact on a woman's quality of life, and she does not want to conceive in the future (Women must be advised to avoid subsequent pregnancy). Ablation was not traditionally offered before using other less invasive methods (e.g. medications, Mirena), however, NICE confirmed that ablation can be offered as first line treatment after full discussion of the risks and the benefits with the patients. It is preferable to hysterectomy if the uterine size is no bigger than 10-week pregnancy.



Hysteroscopic view of the endometrium before and after endometrial ablation

The Author's Experience

The Author has introduced **Microwave Endometrial Ablation [MEA]** in 2000. A recently presented **Personal Audit (03/08)** showed a very high satisfaction rate of 93%. The Author has also recently introduced the **Hydrothermal Ablation [HTA]** for his patients in 2007. The FDA [Food and Drug Administration] in USA conducted a trial which showed a satisfaction rate for HTA of 82% however it is used when MEA is contra-indicated.

Indication	Type of surgery	How it works	Will it impact on future fertility?	Other considerations	Potential unwanted outcomes experienced by some women ⁵
Severe impact on quality of life + no desire to conceive + normal uterus +/- small fibroids (<3 cm diameter) Consider as first line only after full discussion of risks and benefits Preferable to hysterectomy if uterus no bigger than 10-week pregnancy	Endometrial ablation NICE approved Second-generation: • impedance-controlled bipolar radiofrequency • balloon thermal • microwave • free fluid thermal First-generation: • rollerball • transcervical resection of the endometrium	It destroys the womb lining	Yes	Discuss impact on fertility Use second-generation technique in women with no structural or histological abnormality Advise use of effective contraception following this procedure	Common: vaginal discharge; increased period pain or cramping (even if no further bleeding); need for additional surgery Less common: infection Rare: perforation (but very rare with second-generation techniques)

Reference: NICE clinical guideline on Heavy menstrual bleeding 44, 2007