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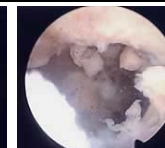
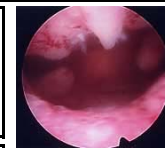
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The role of Endometrial Ablation in Heavy Menstrual Bleeding's management (2): Types




There are many NICE-approved methods of **Endometrial Ablation**. Three methods are discussed in this issue (see Table). If there are no polyps, fibroids or anomalies in the uterine cavity any of the 3 methods can be used. However the Novasure (using a diathermy probe) is the preferred method as it can be done as an outpatient procedure. When there is submucous fibroid bulging into the uterine cavity (less than 4 cm) both Microwave ablation (MEA) and Hydrothermal ablation (HTA) can be used. If the fibroid does not interfere with the introduction of the microwave probe; MEA is the method of choice (shorter procedure, well studied). HTA can be used with an intra-uterine septum as free hot water is delivered into the uterine cavity. Therefore each of the 3 methods has an important specific role in endometrial ablation.



Hysteroscopic view of the endometrium before and after endometrial ablation

The Author's Experience

The Author has introduced **Microwave Endometrial Ablation [MEA]** in 2000 with a high satisfaction rate of 93%. He has also introduced the **Hydrothermal Ablation [HTA]** for his patients in 2007. The Author is preparing to introduce the **Novasure procedure** as an outpatient procedure for patients without intrauterine pathology.

Device	Technology	Pre-treatment	Cervical dilatation in mm	Duration of treatment	Depth of ablation in mm	Percentage amenorrhea rates ^a	Advantages	Disadvantages
Microwave endometrial ablation (MEA)	Microwaves at 9.2 GHz Probe 8 mm diameter	Optional 	8	3-5 minutes	5-6	40	Can be used with larger, irregular cavities, short procedure time, well studied	Painful, hence not well suited to outpatient use, cumbersome unit ^b
Hydrothermal ablation (HTA)	Heated 0.9% saline Hysteroscope sheath 7.8 mm	Yes 	8	10 minutes	2-6	40-53	Useful in the presence of large irregular cavities, performed under direct hysteroscopic vision	Risk of vaginal burns, painful, needs general anaesthesia, not suitable for outpatient use
Novasure (bipolar radiofrequency ablation)	Bipolar diathermy, impedance controlled Catheter 7 mm diameter	None 	8	90-120 seconds	Tapered zone 2-3 at cornua and 5-7 at fundus	41-59	Portable and easy to use, short treatment time, device checks for uterine perforation before use	Blind procedure, useful only in smooth, normal sized cavities

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