

## ENDOMETRIAL ABLATION

Heavy or irregular vaginal bleeding is a common problem for women in their reproductive years. The menstrual cycle is designed to prepare a healthy endometrial lining for a fertilized egg to grow in. Once a month, if a woman does not become pregnant, the “old” lining is shed through the cervical canal with the menstrual period and replaced with “new” lining in preparation for pregnancy. This cycle is repeated throughout a woman’s lifetime until her ovaries no longer make enough of the hormones needed to continue a regular, monthly cycle. Alterations in this cycle and irregularities of the lining of the uterus (such as polyps or fibroids) can lead to episodes of vaginal bleeding that are unpredictable, heavy, or cause significant discomfort.

Irregular uterine bleeding during your reproductive years is rarely due to uterine cancer. Uterine cancer is more common in older women than in younger women, and in women with continuous high levels of estrogen. It is, however, important that the cause of bleeding be investigated and treated. Cancers of the uterus, when discovered early in their development, can be cured.

There are several tests your doctor may perform to investigate the cause of your abnormal uterine bleeding prior to initiating treatment or continuing unsuccessful treatments. Many times it is necessary to sample the endometrium (with an endometrial biopsy or D&C) to look for concerning overgrowth (hyperplasia) and malignancies (cancer) of the lining. Visualization of the contour and any irregularities of the uterine lining can be accomplished with ultrasound, x-rays or direct visualization using a hysteroscope.

After successfully excluding irregularities of the uterine lining and shape of the cavity, your doctor will begin medical treatment. Medical treatment of heavy uterine bleeding commonly involves the combinations of hormone therapy (estrogen and/or progesterone), anti-inflammatory medications, and occasionally steroids and medications to cause a “medical menopause”. This approach is usually very effective, but when medical treatment fails, the next step typically involves surgery.

Surgical treatment of heavy or excessive uterine bleeding includes dilation and curettage, endometrial ablation and hysterectomy. Dilation and curettage can be a useful procedure to treat sudden heavy bleeding that has resulted in severe anemia; however, for most women it offers no long-term improvement. Approximately 600,000 hysterectomies are performed each year in the United States. Almost half of these are done for abnormal bleeding. For women who wish to preserve their uterus, who wish to avoid major surgery, or are at increased surgical risk (from other conditions), but who are finished with childbearing, treatment may be performed by endometrial ablation.

Endometrial ablation, the destruction of the lining of the uterus, is an alternative to hysterectomy for many women with heavy uterine bleeding who do not respond to medical management. There is a procedure that has traditionally been performed in the outpatient (same-day) surgery center but now can be also performed in your doctor’s office with devices designed for that purpose. Most women have a rapid recovery with

little discomfort and are able to return to normal activity by the following day. Women who wish to preserve fertility or who have significant menstrual pain are not candidates for endometrial ablation and should consider alternative treatments.

The vast majority of women are pleased with the results of their procedure, though only some will have a complete absence of uterine bleeding after ablation. The success of endometrial ablation varies depending on the method of ablation, the presence of irregularities of the uterine contour, and the goals of the treatment.

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