



CENTER FOR WOMEN'S CARE AND REPRODUCTIVE SURGERY

Gynecologic Endoscopic Surgery

Endometrial Ablation

The most common reason 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, either altered hormonal function or a "mechanical disorder". By a mechanical disorder, we mean some problem such as a fibroid or a polyp in the lining of the uterus, which could cause the bleeding to occur. Hormonal Irregularities can be caused by a myriad of problems but regulation medically is usually successful.

After the diagnosis has been made, by sampling the uterine lining and looking into the uterine cavity with a telescope (hysteroscopy), the patient can choose a number of potential therapies depending upon the diagnosis. If there is no overgrowth of the lining (hyperplasia) and no evidence of large fibroids in the uterus causing the bleeding, then 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 can be performed.

Endometrial ablation is a simple procedure in which the uterine lining (endometrium, not to be confused with endometriosis) is removed either with the laser or electrosurgery while looking through the hysteroscope. The procedure can be performed under local anesthesia if the patient wishes or general anesthesia is available if so desired. The 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 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) has now been used in this area to successfully ablate the uterine lining.

It's important to realize that these procedures are not guaranteed to produce amenorrhea (cessation of menses). Most studies including our own have shown that the rate of absolute stoppage 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 and patients with significant pain should be counseled against ablation.

Endometrial ablation gives today's women another alternative to hysterectomy when abnormal bleeding occurs and is persistent despite other treatments. This is a minimally invasive option, which spares the patients anatomy, allowing acceptable results and rapid recovery. If you have questions about abnormal bleeding, endometrial ablation, or other solutions call the Endometriosis Care Center or the Center for Women's Care & Reproductive Surgery.

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