



PATIENT FACT SHEET

Endometrial Ablation

Endometrial ablation is a medical procedure that removes the lining of the uterus, called the endometrium.

If your periods are very heavy or last too long, your health care provider may prescribe medications that will cause you to have a lighter period. If the medication does not work, your health care provider may recommend endometrial ablation. After endometrial ablation, you may have no further bleeding, but a small percentage of patients may experience lighter menstrual periods.

Who should not have endometrial ablation?

Women who are pregnant, who would like to have children in the future, or who have gone through menopause should not have this procedure. (But if you do not want to get pregnant, you will still need to use birth control! Endometrial ablation makes it less likely that you will get pregnant, but not impossible.)

If you have an intrauterine contraceptive device, you must have it removed before endometrial ablation.

Non-cancerous or pre-cancerous growths can't be treated with endometrial ablation.

Will endometrial ablation make my periods lighter?

About nine out of 10 women have lighter periods or no period after endometrial ablation. These improvements may not last forever, though. Your periods may get heavier and longer after several years. If this happens, you may need to have your uterus taken out. This procedure is called a hysterectomy.

How is endometrial ablation done?

The nerves in your uterus cannot feel heat, cold, or electrical stimulation; endometrial ablation is usually performed using one of these technologies. You may have cramping or other discomfort after the procedure, but most women don't feel pain associated with the procedure itself.

Several weeks before the procedure, your doctor may give you medications that thin the lining of the uterus. The doctor may give you other medications to take the night before the endometrial ablation. These medications will make it easier to insert the devices used for the procedure into the uterus.

There are several types of endometrial ablation, including electrosurgery, balloon ablation, bipolar radiofrequency ablation, and cryoablation.

Electrosurgery: This type of endometrial ablation is performed in a hospital operating room. During the procedure, your doctor will either put you to sleep or give you medicines through your veins to make you unaware of the procedure and/or to reduce any discomfort that you may experience. Using a special telescope, called a hysteroscope, the doctor will examine the inside of your uterus. Then the doctor will use a tool called a rollerball or other instruments that have electrical current to destroy the endometrium.

The following types of endometrial ablation surgeries are often performed in the hospital operating room, but can also be done in your doctor's office:

Balloon endometrial ablation: In this procedure, the doctor places a flexible latex balloon into the uterus. The balloon is then filled with hot fluid until it is big enough to rest against the endometrium. In a few minutes, the heat destroys the endometrium.

Bipolar radiofrequency: The doctor places a thin wand, or probe, into the uterus. When the device is turned on, it puts out short waves of energy that destroy the endometrium.

Cryoablation: The doctor inserts a very small probe into the uterus. It is cooled to a very low temperature so that it freezes and destroys the endometrium.

Is this a risky procedure?

It is unlikely that you will get hurt during an endometrial ablation procedure. However, there are a few serious injuries that could happen during the procedure. The devices used for endometrial ablation could puncture or make a hole in your uterus, which could lead to serious bleeding or problems with other organs near the uterus, such as injury to your bowel, bladder, or blood vessels. The fluids used for some of these technologies could leak and cause burns. The fluid used for electrosurgery can cause an electrolyte imbalance, which is when there is too much or too little of the important salts in your body.

You still have a uterus! This means....

Endometrial ablation only removes the lining of your uterus. You still have a uterus. This means that if you do not want to become pregnant, you still need to use birth control. If you have gone through menopause and are taking hormone therapy, your hormone therapy must include a progestogen (also called progesterone or progestin). Progestogens reduce the risk of developing cancer in your uterus. Though rare, some studies have suggested that it might be more difficult to diagnose cancer of the uterus after endometrial ablation has been performed.