

Endometrial Ablation

What is endometrial ablation?

Endometrial [en-doh-MEE-tree-uh-l] ablation [a-BLEY-shuhn] is a general term for procedures to destroy the lining of the uterus—called the **endometrium** [en-doh-MEE-tree-uhm]. Because they don't require an incision (cut) through the skin or tissue as in traditional surgery, these ablation procedures are called **minimally invasive**. Most take less than half an hour, can be performed in a clinic or doctor's office, and allow patients to go home the same day.

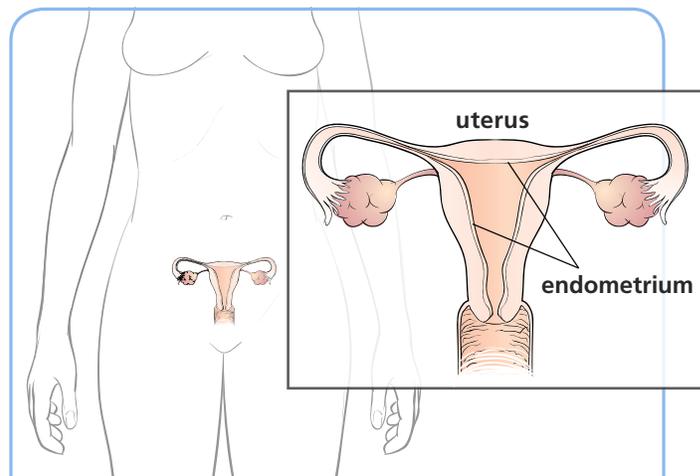
Why do I need it?

Endometrial ablation is used to treat very heavy or prolonged menstrual bleeding—called **menorrhagia** [men-uh-REY-jee-uh]. Your doctor may recommend endometrial ablation if treatment with medicine or an intra-uterine device (IUD) hasn't worked to control your heavy bleeding—and if you are certain that you don't want to have a child in the future.

After ablation, some women no longer menstruate. In most other women, menstrual bleeding is reduced to normal or lighter levels. However, some women continue to have excessive bleeding after ablation and must then consider other treatment.

Can I get pregnant after ablation?

Pregnancy isn't likely after ablation, but it can happen. If you do get pregnant after ablation, you have a high risk of serious problems with the pregnancy. Because of this risk, doctors usually recommend **sterilization** (surgery to prevent pregnancy) along with ablation. **Ablation is not considered a form of birth control.**



When you menstruate, your body is shedding the lining of the uterus (the endometrium). Endometrial ablation destroys the endometrium and can reduce or stop menstrual bleeding.

How is it done?

All endometrial ablation procedures require inserting a device into the uterus through the vagina. Once inside the uterus, the device releases energy or a substance to destroy the endometrium. The following list gives more information about the most common ablation methods:

- **Radiofrequency** (“NovaSure,” “rollerball”): After insertion into the uterus, a small probe sends out high-frequency electrical energy. The energy heats and destroys the endometrium. Suction removes the endometrial tissue through the vagina.
- **Cryotherapy** (“Her Option”): With this method, the end of the probe destroys the endometrium by freezing it. Ultrasound imagery guides the doctor as the probe is passed over the uterine walls.
- **Heated fluid** (“Hydro ThermAblator”): A device called a **hysteroscope** [HIS-ter-oh-SKOHP], which is a small, lighted scope, releases heated fluid into the uterus. The fluid is circulated in the uterus for about 10 minutes to destroy the endometrium, then suctioned out.

What steps are taken to prepare for an ablation procedure?

Preparation for ablation may include the following:

- **In the weeks before your procedure, your doctor will do a biopsy [BAHY-op-see]** to rule out cancer or precancerous cells in the endometrium. This involves taking a sample of the endometrial tissue and having it checked under a microscope. Your doctor can take the sample in a few minutes in the office, in a process similar to a PAP test. To lessen any cramping you might feel during or after the biopsy, take some ibuprofen (Motrin, Advil) an hour before your appointment.
- **Your doctor will look at the inside of your uterus with a hysteroscope or using ultrasound.** This is sometimes done at the same time as the biopsy. This exam helps ensure that ablation, or a particular method of ablation, is a good option for you.
- **You may have blood and urine tests.**
- **You may need to take hormone pills to thin the endometrium.**
- **You may be asked to fast (not eat anything) from midnight until your procedure the next day** (if it will be done in the hospital).
- **You must arrange to have someone drive you home after the procedure.** Also, you should arrange to have someone stay with you during the first 24 hours at home.

What happens before the procedure?

An ablation procedure is done in the doctor's office or at a surgical center or hospital. When you arrive, you may:

- **Get an IV** (a small tube put through a needle into a vein) in your arm or wrist to deliver fluids or medicine as needed.
- **Have anesthesia medicine to help you relax and to ease or block any pain from the procedure** (depending on your preference and on how your procedure will be done). You may have more than one type of anesthesia medicine, which can come in a pill, an injection (shot), or through an IV.

What happens after the procedure?

After an ablation procedure:

- **You'll need to rest at the clinic or hospital for a few hours before you go home.**
- **You'll be encouraged to walk around as soon as possible.** This helps prevent blood clots.
- **You may have some pain.** Your doctor will prescribe medicine to help control it.
- **You'll learn how to care for yourself at home during your recovery period.** A healthcare provider will go over the ***Endometrial Ablation: Home Instructions*** fact sheet, and will answer any questions you or your family may have.

Talking to your doctor about endometrial ablation

To decide whether to have an endometrial ablation procedure, talk to your doctor. Discuss the procedure's potential benefits, its risks, and your treatment alternatives.

Potential benefits	Risks and potential complications	Alternatives
Lighter menstrual bleeding. (Some women will no longer menstruate at all.)	<ul style="list-style-type: none"> • No improvement in your condition • Infection and bleeding • Injury to the uterus or other pelvic organs (from the device used) • With some ablation methods, burns to the vagina, vulva, or bowel • Absorption of fluid into the bloodstream using some methods • If pregnancy occurs afterward, serious risks to you and the fetus 	<ul style="list-style-type: none"> • Medicine • Intrauterine device (IUD) • Hysterectomy (surgical removal of the uterus)

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