



Fact Sheet

From ReproductiveFacts.org

The Patient Education Web Site of the American Society for Reproductive Medicine

Endometrial Ablation

What is endometrial ablation?

The lining of the uterus is called the endometrium. Endometrial ablation is a procedure that destroys or removes the endometrium.

Who needs endometrial ablation?

If your menstrual 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.

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.**
- 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.
- Women with undiagnosed bleeding and suspected cancer should not have endometrial ablation.

Will endometrial ablation make my periods lighter?

About 9 of 10 women have lighter periods or no period after endometrial ablation. However, your periods may get heavier and longer after several years. If this happens and the bleeding is bothersome or causing issues, you may need to have your uterus removed. This procedure is called a hysterectomy.

How is endometrial ablation done?

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

Endometrial ablation may be done in the doctor's office or an operating room, without anesthesia or with local or light anesthesia. 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.

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

Electrosurgery is performed in a hospital operating room. During the procedure, your doctor will either

put you under heavy sedation or give you medications through your veins to make you unaware of the procedure and/or to reduce any discomfort. Using a lighted telescope, called a hysteroscope, the doctor will examine the inside of your uterus. Then the doctor will use a tool that has electrical current to destroy the endometrium.

The following types of endometrial ablation procedures 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 balloon into the uterus. The balloon is then filled with hot fluid until it is big enough to rest against the endometrium and destroy 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 to 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. This could lead to serious bleeding or problems with other organs near the uterus, such as your bowel, bladder, nerves, 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. It is possible that further surgery could be needed, including hysterectomy.

You still have a uterus! This means...

Endometrial ablation only removes the lining of your uterus. You still have a uterus; however, it is unlikely you will become pregnant. 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.

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