



ENDOMETRIAL ABLATION

Each month the endometrium, or lining of the uterus, builds up and sheds. This is called the menstrual cycle and it usually lasts 28 days. First 5 to 7 days consists of the bleeding (shedding) phase, also called the menstrual period. Sometimes the bleeding is too much or too long and treatment is needed. One in five women has heavy bleeding at some point during her childbearing years, although it is more common during the ages of 40 to 50 as hormonal changes occur. If bleeding does not respond to medication, your doctor may suggest endometrial ablation.

Ablation destroys a thin layer of the uterus. This stops all menstrual flow in many women. Some women will still have light bleeding or spotting after ablation surgery. Because the ovaries and uterus are NOT removed, a few women will have regular periods. If ablation does not control heavy bleeding, further treatment or surgery may be required. Most women are not able to get pregnant after ablation. Although pregnancy is not likely, you should use some form of birth control until after menopause. Because all reproductive organs still remain in place, it is important to continue with your routine Pap test and pelvic exams.

Tests may be done before an ablation is performed:

- Ultrasound
- Endometrial biopsy - removal of a small amount of tissue lining the uterus
- Hysteroscopy - a light -transmitting telescope used to view inside the uterus

Prior to the ablation, your doctor may prescribe medication that will help thin the lining of the uterus. This will help expose the cell layer that needs to be removed. The side effects of the medication include vaginal dryness, hot flashes, and night sweats. The effects will go away once the medication is stopped.

Ablation is a short procedure and is done on an outpatient basis. There are no incisions involved in ablation.

Some minor side effects are common after endometrial ablation: menstrual-like cramps for 1-2 days, a small amount of thin, watery discharge mixed with blood that can last for a few weeks, frequent urination for 24 hours, and nausea.

Usually you may return to work and normal activities within a day or two.