



The American College of
Obstetricians and Gynecologists



FREQUENTLY ASKED QUESTIONS
FAQ134
SPECIAL PROCEDURES

Endometrial Ablation

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What is endometrial ablation?

Endometrial ablation destroys a thin layer of the lining of the **uterus** and stops the menstrual flow in many women. In some women, menstrual bleeding does not stop but is reduced to normal or lighter levels. If ablation does not control heavy bleeding, further treatment or surgery may be required.

Why is endometrial ablation done?

Endometrial ablation is used to treat many causes of heavy bleeding. In most cases, women with heavy bleeding are treated first with medication. If heavy bleeding cannot be controlled with medication, endometrial ablation may be used.

Who should not have endometrial ablation?

Endometrial ablation should not be done in women past **menopause**. It is not recommended for women with certain medical conditions, including the following:

- Disorders of the uterus or endometrium
- **Endometrial hyperplasia**
- Cancer of the uterus
- Recent pregnancy
- Current or recent infection of the uterus

Can I still get pregnant after having endometrial ablation?

Pregnancy is not likely after ablation, but it can happen. If it does, the risk of miscarriage and other problems are greatly increased. If a woman still wants to become pregnant, she should not have this procedure. Women who have endometrial ablation should use birth control until after menopause. **Sterilization** may be a good option to prevent pregnancy after ablation.

A woman who has had ablation still has all her reproductive organs. Routine cervical cancer screening and **pelvic exams** are still needed.

What techniques are used to perform endometrial ablation?

The following methods are those most commonly used to perform endometrial ablation:

- Radiofrequency—A probe is inserted into the uterus through the **cervix**. The tip of the probe expands into a mesh-like device that sends radiofrequency energy into the lining. The energy and heat destroy the endometrial tissue, while suction is applied to remove it.
- Freezing—A thin probe is inserted into the uterus. The tip of the probe freezes the uterine lining. Ultrasound is used to help guide the procedure.
- Heated fluid—Fluid is inserted into the uterus through a hysteroscope, a slender, light-transmitting device. The fluid is heated and stays in the uterus for about 10 minutes. The heat destroys the lining.
- Heated balloon—A balloon is placed in the uterus with a hysteroscope. Heated fluid is put into the balloon. The balloon expands until its edges touch the uterine lining. The heat destroys the endometrium.
- Microwave energy—A special probe is inserted into the uterus through the cervix. The probe applies microwave energy to the uterine lining, which destroys it.
- Electrosurgery—Electrosurgery is done with a resectoscope. A resectoscope is a slender telescopic device that is inserted into the uterus. It has an electrical wire loop, roller-ball, or spiked-ball tip that destroys the uterine lining. This method usually is done in an operating room with **general anesthesia**. It is not as frequently used as the other methods.

What should I expect after the procedure?

Some minor side effects are common after endometrial ablation:

- Cramping, like menstrual cramps, for 1–2 days
- Thin, watery discharge mixed with blood, which can last a few weeks. The discharge may be heavy for 2–3 days after the procedure.
- Frequent urination for 24 hours
- Nausea

What are the risks associated with endometrial ablation?

Endometrial ablation has certain risks. There is a small risk of infection and bleeding. The device used may pass through the uterine wall or bowel. With some methods, there is a risk of burns to the vagina, **vulva**, and bowel. Rarely, the fluid used to expand your uterus during electrosurgery may be absorbed into your bloodstream. This condition can be serious. To prevent this problem, the amount of fluid used is carefully checked throughout the procedure.

Glossary

Cervix: The lower, narrow end of the uterus that extends into the vagina.

Endometrial Hyperplasia: A condition in which the lining of the uterus grows too thick; if left untreated for a long time, it may lead to cancer.

General Anesthesia: The use of drugs that produce a sleep-like state to prevent pain during surgery.

Menopause: The process in a woman's life when ovaries stop functioning and menstruation stops.

Pelvic Exam: A manual internal and external examination of a woman's reproductive organs.

Sterilization: An operation that prevents a woman from becoming pregnant or a man from fathering a child.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

Vulva: The external female genital area.

If you have further questions, contact your obstetrician–gynecologist.

FAQ134: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to institution or type of practice, may be appropriate.

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