**Endometrial Ablation**

Pronounced: Endo-mee-tree-al A-blay-shun

**Definition**

This procedure involves the surgical removal of the lining of the uterus (womb). It may involve using heat, cold temperatures, microwave energy, or other methods.

**Reasons for Procedure**

Endometrial ablation will likely make menstrual flow lighter. In some cases, it stops menstrual flow completely. The procedure is used to treat *menorrhagia* — recurrent heavy periods not controlled by medication.

Talk to your doctor about your plans for having a baby. This procedure should not be done if you have plans to become pregnant in the future.

**Possible Complications**

Complications are rare, but no procedure is completely free of risk. If you are planning to have endometrial ablation, your doctor will review a list of possible complications, which may include:

- Infection
- Bleeding
- Complications related to anesthesia
- Uterine perforation or organ injury
- Edema (swelling) due to fluid leakage and absorption
- Thermal (heat) injury to the vagina, vulva, or bowel

If you have a history of painful periods or tubal sterilization, you may also be at risk for developing new or worsening pain after this procedure.

Before your procedure, talk to your doctor about ways to manage factors that may increase your risk of complications such as:

- **Smoking**
- **Drinking**
- **Chronic disease, such as diabetes or obesity**
The following may also increase your risk of complications:

- Pregnancy or possible pregnancy—procedure should not be done if there is a chance that you are pregnant
- History of pelvic inflammatory disease (PID)—may trigger a recurrence of PID
- Inflammation of the cervix

**What to Expect**

**Prior to Procedure**

Prior to the procedure, your doctor will likely:

- Do an endometrial biopsy, ultrasound, or hysteroscopy of your uterus to check for abnormalities and understand the shape and size of your uterus.
- Ask about:
  - Your medical history
  - Medications or herbs and supplements you take
  - Any allergies you have
  - Whether you are pregnant or trying to get pregnant
  - If you have an intrauterine device (IUD)

Before the procedure, you may need to:

- Ask your doctor about your options. There are many types of endometrial ablation.
- Talk to your doctor about your medications. You may be asked to stop taking some medications up to 1 week before the procedure.
- Take medication to thin the lining of the uterus.
- Arrange for someone to drive you home from the care center. You may also need help at home.
- Avoid smoking.

The day before the procedure:

- Have a light dinner.
- The night before, do not eat or drink anything after midnight.

**Anesthesia**

There are 3 anesthesia options for ablation:

- **General anesthesia**—blocks pain and keeps you asleep through the procedure
- **Regional anesthesia**—blocks pain in the area, but you stay awake through the procedure; given as an injection
- **Local anesthesia**—just the area that is being operated on is numbed; given as an injection
Your doctor will help you decide which one is right for you.

**Description of the Procedure**

There are many different ways for the doctor to do this procedure. A simple ablation procedure is short. It can sometimes be done in an office or care center. Other procedures take longer and need to be done in a hospital.

During the procedure, the doctor will not make any incisions to access the uterus. A tiny probe will be inserted through the vagina and into the uterine cavity through the cervix. Depending on the method, the tip of the probe will expand to deliver:

- **Radiofrequency** — heat and energy
- **Cryoablation** — freezing temperature
- Heated fluid
- Heated balloon
- Microwave energy
- Electrosurgery — uses electrical current and a heated rollerball or spiked ball; may require general anesthesia

These methods will destroy the cells lining the uterine cavity. You will not feel pain. Often, ultrasound is used to help guide the doctor. Suction may be used to remove the tissue that has been destroyed.

**How Long Will It Take?**

This depends on the type of method. It can take 15-45 minutes or longer.

**How Much Will It Hurt?**

You may feel cramping and discomfort. Your doctor will give you pain medication.

**Average Hospital Stay**

This is usually done on an outpatient basis. You may need to stay there for 1-2 hours. Some methods may require an overnight hospital stay.

**Post-procedure Care**

**At the Care Center or Hospital**

While recovering, the hospital staff may:

- Check blood pressure, heart rate, and breathing
- Check on your fluid status and the electrolytes in your blood

During your stay, the hospital staff will take steps to reduce your chance of infection such as:

- Washing their hands
- Wearing gloves or masks
There are also steps you can take to reduce your chances of infection such as:

- Washing your hands often and reminding visitors and healthcare providers to do the same
- Reminding your healthcare providers to wear gloves or masks

Your doctor will ask you how you feel and make sure you are well enough to go home.

**At Home**

When you return home, do the following to help ensure a smooth recovery:

- Talk to your doctor about how your fertility has been affected by the procedure. Discuss family planning options.
- Have routine Pap tests.
- Have pelvic exams.

**Call Your Doctor**

After you leave the hospital, call your doctor if any of the following occurs:

- Heavy vaginal bleeding
- Severe abdominal cramping and pelvic pain
- Severe pain during sex
- Severe low back pain
- Pain during bowel movements or urination
- Signs of infection, including fever and chills
- Nausea and vomiting
- Cough, chest pain, or shortness of breath
- Lightheadedness
- Pain or tenderness in the calf or leg
- Menstruation does not get lighter after 2-3 periods

In case of an emergency, call for emergency medical services right away.

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Last Reviewed: September 2015 Andrea Chisholm, MD
Updated: 4/6/2015

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