

ENDOMETRIAL ABLATION

The lining of the uterus – the endometrium – is shed by bleeding each month during a woman's menstrual period. Sometimes the bleeding is too much or too long and treatment is needed. If bleeding does not respond to medication, your doctor may suggest endometrial ablation. This procedure treats the lining of the uterus to control or stop bleeding. It does not remove the uterus. This pamphlet will tell you more about:

- Why and how endometrial ablation is done
- What to expect
- Risks and benefits
- Avoiding Hysterectomy

Heavy Bleeding

- Heavy bleeding is most common for women between ages 40 and 50, as they approach menopause.
- Losing too much blood can lead to anemia (lack of iron in the blood). It also can affect your ability to do the things you need to do. In most cases, the doctor first tries to treat the bleeding with medication. If the bleeding can't be controlled, ablation may be used.

About Ablation

- Ablation destroys a thin layer of the lining of the uterus. This stops all menstrual flow in many women. After ablation, some women still have light bleeding or spotting. A few women may have regular periods. This is because the ovaries and uterus are not removed. If ablation does not control heavy bleeding, further treatment or surgery may be required.
- Most women are not able to get pregnant after ablation.
- You also may want to think about sterilization as an option to prevent pregnancy.
- A woman who has had ablation still has all her reproductive organs in place. Because of this, routine Pap tests and pelvic exams are still needed after ablation.

* Please see brochure in link