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Endometrial Ablation

Surgery Overview

Endometrial ablation is a procedure that destroys (ablates) the uterine lining, or endometrium. This procedure is used to treat abnormal uterine bleeding. Sometimes a lighted viewing instrument (hysteroscope) is used to see inside the uterus. Endometrial ablation can be done by:

- Laser beam (laser thermal ablation).
- Heat (thermal ablation), using:
 - Radiofrequency.
 - A balloon filled with saline solution that has been heated to 85°C (185°F) (thermal balloon ablation).
 - Normal saline (heated free fluid).
- Electricity, using a resectoscope with a loop or rolling ball electrode.
- Freezing.
- Microwave.

The endometrium heals by scarring, which usually reduces or prevents uterine bleeding.

Endometrial ablation may be done in an outpatient facility or your doctor's office. The procedure can take up to about 45 minutes. The procedure may be done using a [local](#) or [spinal anesthesia](#). And [general anesthesia](#) is sometimes used.

What To Expect After Surgery

After the procedure, you may have some side effects, such as cramping, nausea, and vaginal discharge that may be watery and mixed with blood. This discharge will become clear after a couple of days and can last for around 1 to 2 weeks.

It takes a few days to 2 weeks to recover. You can usually go home the same day.

Why It Is Done

Endometrial ablation is used to control heavy, prolonged vaginal bleeding when:

- Bleeding has not responded to other treatments.
- Childbearing is completed.
- You prefer not to have a [hysterectomy](#) to control bleeding.
- Other medical problems prevent a hysterectomy.

How Well It Works

Most women will have reduced menstrual flow following endometrial ablation. And up to half will stop having periods.¹

Younger women are less likely than older women to respond to endometrial ablation. After an endometrial ablation, younger women are more likely to continue to have periods and need a repeat procedure.

Young women may be treated with gonadotropin-releasing hormone analogues (GnRH-As) 1 to 3 months before the procedure. This will decrease their production of [estrogen](#) and help thin the lining of the uterus (endometrium).

Risks

Problems that can happen during endometrial ablation include:

- Accidental puncture (perforation) of the uterus.
- Burns (thermal injury) to the uterus or the surface of the bowel.
- Buildup of fluid in the lungs (pulmonary edema).
- Sudden blockage of arterial blood flow within the lung (pulmonary embolism).
- Tearing of the opening of the uterus (cervical laceration).

These problems are uncommon but can be severe.

What To Think About

Regrowth of the endometrium may occur after you have endometrial ablation. This procedure is not recommended if you have a high risk for [endometrial cancer](#).

Do not consider this procedure if you plan to become pregnant in the future.

Although this surgery usually causes sterility by destroying the lining of the uterus, pregnancy may still be possible if a small part of the endometrium is left in place. This can lead to severe pregnancy problems. Birth control of some form is needed if you have not finished menopause.

Related Information

- [Abnormal Uterine Bleeding](#)

References

Citations

Fritz MA, Speroff L (2011). Abnormal uterine bleeding. In *Clinical Gynecologic Endocrinology and Infertility*, 8th ed., pp. 591–620. Philadelphia: Lippincott Williams and Wilkins.