

Pregnancy Risks of Endometrial Ablation

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Introduction

Medical treatments, including Mirena intrauterine device, are usually the first step for patients presenting for management of heavy menstrual bleeding. Endometrial ablation is an increasingly popular alternative to hysterectomy when these treatments fail to control symptoms, particularly with the release of newer 'global ablation devices'. Pregnancy following endometrial ablation is uncommon but a very real risk to women who undergo endometrial ablation. This is even more so the case if the procedure is performed in younger women. Discussion regarding the need for long term or permanent contraception must be part of the consent process and laparoscopic or hysteroscopic sterilisation at the time of endometrial ablation is possible.

Surgical Sterilisation

Because of the possible serious post-ablation pregnancy related morbidity a discussion and documentation regarding these risks and the need for effective contraception is mandatory. This should include a discussion regarding forms of permanent contraception, which could be performed at the time of the endometrial ablation. It needs to be clear to each patient that endometrial ablation is not an effective form of contraception which is not always the case in our experience. At the time of endometrial ablation it is possible to perform a hysteroscopic method of permanent contraception such as Essure (previous competing product Adiana has been withdrawn from the market). This procedure is not more invasive for the patient, but commonly a laparoscopic tubal ligation is performed in those patients who would prefer permanent contraception. There is thought that the conductive nature of the Essure metallic coil may present a problem at the time of ablation and Adiana seemed to be a good choice from this point of view. The manufacturer of Essure reassures us that this device is safe to use with all current available endometrial ablation techniques except those that use monopolar energy i.e. 1st generation techniques.

Conclusion

Technological advances (easier and quicker to perform) and increasing pressure for minimally invasive procedures likely will lead to increasing rates of endometrial ablation. This may lead to an increased number of post ablation pregnancies presenting to O&G services. Pregnancies that are continued in women who have had an endometrial ablation are prone to risks with large numbers having abnormal placentation, ectopics, prematurity, fetal abnormalities and even maternal death. Safety issues with endometrial ablation therefore do not end when the patient is off the table. Ongoing contraception, for each women, must be managed appropriately.

For a copy of the complete paper please email tedwards@gytech.com.au

Contraceptive Alternative

Dr George Vilos (London Ontario, Canada) presented at the November 2013 AAGL in Washington on the concomitant use of Merina with balloon ablations. The placement of the Merina post ablation has a dual purpose, firstly long term birth control and secondly an increased rate of amenorrhoea. This practice is now more common in Australia but can only be done in conjunction with balloon ablations such as Thermablate.



 Thermablate EAS™

Thermablate EAS is a simple, safe and effective way to treat many pre-menopausal women suffering from heavy menstrual bleeding.

Essure is the only non-surgical permanent birth control available

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Permanent Birth Control

Essure is a permanent birth control procedure that works with your body to create a natural barrier against pregnancy.



SHAPEABLE HS CATHETER

- THIS PRODUCT DOES NOT CONTAIN LATEX
- Sterile. Disposable. Ready to use.
- Integrated stylet is malleable and can be re-shaped as necessary
- Angle can be set to align with cervical canal
- Stiffness beneficial for restricted or stenotic cervical canal
- For use with saline or water-based contrast media

FLEXIBLE HS CATHETER

- THIS PRODUCT DOES NOT CONTAIN LATEX
- Sterile. Disposable. Ready to use.
- Placement sheath decreases the need for a tenaculum
- Patient ambulatory once instrument properly inserted
- Allows for clear view of external cervical os
- Stylet available for cases when additional stiffness is needed
- For use with saline or water-based contrast media

K-UMI MANIPULATOR/INJECTOR

- Sterile. Disposable. Ready to use.
- Pinch-Grip Handle allows for quick and effective repositioning during procedures
- Unique pear-shaped balloon conforms to anatomy and allows for a secure seal of the cervical opening to prevent injection leaks
- Only manipulator with a short, smooth, tapered distal tip, reducing the chance for uterine perforations and providing increased patient comfort during placement
- Only manipulator with a flexible (strain-relief), proximal connector to prevent breaks
- This Product Does Not Contain Latex

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DISPOSABLE UTERINE SOUND

- Sterile. Disposable. Ready to use.
- Length: 24.8cm
- Shapeable Tip
- OD: 3.5mm

DISPOSABLE FLEXIBLE CERVICAL DILATOR (OS-FINDERS)

- Sterile. Disposable. Ready to use.
- Length: 21.5cm
- OD: 2mm - 4mm taper

Pipelle de Cornier® Mark II



The Pipelle de Cornier® Mark II is a new device based on the original Pipelle de Cornier®. The endometrial cells (cytology specimen) are collected on the rough surface on 2 cm of its tip, and the endometrial tissue (histology specimen) is collected by the plunger's aspiration.