Endometrial ablation: failure, complications and the patient experience

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Transformation: Making Waves

***Dr Jessica Phillips**, Dr Anne Woolfield, Dr Graeme Walker, Dr Kirsten Jones*

Department of Obstetrics and Gynaecology, Gold Coast University Hospital

Email: Jessica.phillips2@health.qld.gov.au

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Introduction

Abnormal uterine bleeding (AUB) is excessively heavy or prolonged menstrual bleeding or intermenstrual bleeding. It affects 11-22%[1] of women and can significantly impact their physical health and quality of life.

Endometrial ablation (EA) is a minimally invasive alternative to hysterectomy for treatment of AUB. Some patients require ongoing treatment for AUB and/or experience pain after EA, defined as failure. International data has suggested that the rate of failure of EA is approximately 20%[2,3]

Objectives

The aim of this study is to identify complications, success rates and the self-reported patient experience of EA in a Gold Coast population.

Methodology

Participants: women who have undergone EA at the Gold Coast Hospital and Health Service (GCHHS) in the years 2015-2019.

Design: Retrospective cohort study. Combination of chart audit (completed) and patient self-report (ongoing collection continuing)

Data analysis: summary data; statistics generated

Results

Preliminary results showed of the 111 patients who underwent EA in 2015-2016, 35% required further management for their AUB, including hysterectomy (n=22), medical management (n=20) and repeat EA (n=1).

Subsequent data collection of further 388 patients from 2017-2019 showed 16% (n=62) required a hysterectomy, while 7% (n=26) required further medical management such as tranexamic acid, primolut or a Mirena IUCD. This resulted an overall failure rate of EA in 22% of patients.

The data extraction also includes intraoperative complications such as incomplete procedures, and thermal injuries; and post-operative complications such as infection, bleeding and pain.

INTRA-OPERATIVE COMPLICATIONS:

Procedure abandoned **6%** of the time (e.g. because of perforation, inadequate seal, size of uterus)

Incomplete procedure **23%**

1 case of a burn injury from EA, from a uterine perforation, causing bowel injury and a bowel resection (Thermablate device)

8 cases of other intraoperative complications (e.g. pelvic abscess, at same time as resection of grade 4 endometriosis, episode of asystole during procedure, vaginal laceration with LLETZ)

POST-OPERATIVE COMPLICATIONS:

12 cases of heavy vaginal bleeding requiring presentation to emergency

19 cases of severe post-operative pain requiring either an overnight stay in hospital or presentation to emergency

Inadequate data on long term complications

Discussion & Conclusion

The local failure rate of EA for 2015-2016 was 35%; 15% higher than compared with the international data.

When including the subsequent years, the failure rate dropped to 22%. Literature review of the current international data suggested the average time to failure of EA is 3 years[6,7]. It is surmised that the fall in failure rate may be lag time for patients to develop further complications, such as a recurrence of bleeding or pain.

Identifying local complication rates and the overall patient experience will help with local guidelines on the management of AUB with EA.

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