

Endometrial Ablation: Factors Associated with Failure



Woolfield, A^{1,2}, Phillips, J¹, Jones, K¹ and Walker, G¹

¹ Gold Coast Hospital and Health Service

² The University of Queensland, School of Public Health

Introduction

Abnormal uterine bleeding (AUB), affecting 11-22% of women, is one of the most widespread reasons for attendance at a gynaecologist (1,2). Endometrial ablation (EA) is a surgical alternative to hysterectomy. Some patients require ongoing treatment for AUB or pain after an EA, defined as failure. International research has described some factors associated with failure of EA, age being the most obvious.

Objectives

The aim of this study is to investigate the factors associated with failure of EA in a local population to guide local practice and recommendations.

Methodology

Participants: women who have undergone EA at the Gold Coast Hospital and Health Service (GCHSS) in the years 2015-2016.

Design: Retrospective cohort study.

Data analysis: a univariate and multivariate logistic regression using Stata

Results

Further Treatment:	Nil Further Treatment
Hysterectomy (20%) Medical management (18%)	

Of the 111 patients who underwent an EA at the GCHSS between 2015 and 2016, 39% required ongoing treatment. Of the variables analysed; BMI and parity were individually associated with failure of EA. On multivariate analysis, there was evidence that parity was inversely associated with failure of EA ($p=0.025$) with an odds ratio of 0.63 (95% CI 0.42 to 0.94).

Discussion & Conclusion

The outcome for those who have had a failed EA, and not had a hysterectomy is not well documented. Unlike previous research, BMI, tubal ligation and uterine position were not associated with failure rates. Interestingly with increasing parity the odds of failure of EA were reduced. Our aim is to expand our timeframe to increase the power of our analysis.

References

1. Al-Shaikh G, Almalki G, Bukhari M, Fayed A, Al-Mandeel H. Effectiveness and outcomes of thermablate endometrial ablation system in women with heavy menstrual bleeding. *J Obstet Gynaecol.* 2017;37(6):770-4.
2. Harlow SD, Campbell OMR. Epidemiology of menstrual disorders in developing countries: a systematic review. *BJOG.* 2004;111(1):6-16.

