

Endometrial Ablation Effective for Uterine Bleeding

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LAS VEGAS — Endometrial ablation as a treatment for dysfunctional uterine bleeding achieves symptom relief comparable in the short term to a hysterectomy, with less morbidity, Dr. Malcolm G. Munro reported at the annual meeting of the American Association of Gynecologic Laparoscopists.

Data were collected from 237 women aged 18 years and older who were randomized to either endometrial ablation (EA) or hysterectomy as part of the Surgical Treatments Outcomes Project for Dysfunctional Uterine Bleeding (STOP-DUB), the largest trial to date to compare the two procedures in terms of patient satisfaction and complications.

“Chronic dysfunctional uterine bleeding is commonly an indication for hysterectomy,”



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DR. MUNRO

noted Dr. Munro of the University of California, Los Angeles, and Kaiser Permanente Southern California.

Patient reports of symptom relief were similar in the EA and hysterectomy groups at 12 months and 2 years after the procedures, according to results from the multicenter trial. The hysterectomy rate for EA patients due to a return of symptoms was 30% at 4 years and seemed equivalent for those who underwent traditional resectoscopic EA and for those who underwent balloon EA, Dr. Munro said.

None of the 119 women who had EA needed readmission or surgery for significant complications within 42 days of the procedure, compared with 3 of 118 women who had hysterectomies.

In addition, there were more intraoperative and early postoperative complications in the hysterectomy patients compared with the EA patients. Complications in the hysterectomy group included two cystotomies, seven hematomas or seromas, and four wound infections, compared with one hematoma in an EA patient.

Although EA is not an option for women who wish to become pregnant or are undecided about it, patients who aren't concerned with preserving fertility may consider EA to improve their dysfunctional uterine bleeding and avoid the potential complications of a hysterectomy.

“The primary outcome was a 12-month assessment of the impact of surgery on the woman's assessment of her problem,” said Dr. Munro. The researchers also looked at specific symptoms including bleeding, pain, and fatigue, as well as quality of life.

All the patients reported dysfunctional uterine bleeding that had lasted at least 6 months. They had failed to respond to medical therapy, and they were willing to undergo a procedure that would remove

their fertility. Dysfunctional uterine bleeding was defined as abnormal uterine bleeding during the reproductive years that could not be linked to uterine abnormalities such as submucosal myomas and polyps; the investigators excluded women with these abnormalities from the trial.

EA patients had an average hospital stay of less than 1 day vs. an average of 1-3 days for hysterectomy, depending on whether the hysterectomy was abdominal, vaginal, or laparoscopic. Patient reports of sat-

isfaction with their assigned procedures were not significantly different between the groups at any follow-up visit, although, as expected, EA patients were more likely to have continued menstruation while the hysterectomy patients had amenorrhea.

“Endometrial ablation is devoid of incisions, and is compatible with an individual's returning to work or virtually all other activities of daily living within a day or so of the procedure,” Dr. Munro said in an interview.

In general, both hysterectomy and endometrial ablation were effective at resolving the bleeding problems. But the differences in pain, risk, and a delayed return to activity associated with each procedure also are associated with direct and indirect costs, and Dr. Munro and his colleagues plan to evaluate those data.

The STOP-DUB study, funded by the Agency for Healthcare Research and Quality, involved more than 30 treatment centers in the United States and Canada. ■

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