Observational study of ‘Thermablate EAS’ as an out patient procedure for menorrhagia
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Introduction: Worldwide, 20% of women suffer from heavy periods. All endometrial ablative techniques are effective. The percentage of women becoming amenorrheic varies (15-60%) with the different techniques. Our aim was to evaluate the symptomatic response, patient acceptability and feasibility of ‘Thermablate Endometrial ablation system (EAS)’, a new generation endometrial thermal balloon ablation system as an out patient procedure for menorrhagia.

Methods: An observational study of 70 pre-menopausal women presenting with menorrhagia refractory to medical treatment. The exclusion criteria included women with uterine abnormalities, sub mucous fibroids, malignant lesions and those requesting a general anaesthesia. Ablation was done without pre treatment at all stages of the menstrual cycle, in the outpatients. A questionnaire was formulated using a standard pain measurement score (analog scale) to assess intraoperative and post-operative pain, nausea and acceptability of the procedure. As pain and nausea are subjective sensations and are difficult to evaluate quantitatively, we used a scheme of none/mild/moderate/severe that equated to a scoring system from 1 to 10 (None being-0, 1-4-mild, 5-7-moderate, 8 and above-severe). This was assessed and questionnaires were filled by a nurse practitioner in the clinic. The following day another call was made to the patients at home for further evaluation of their post-operative symptoms. Follow up was done at 4 months and all the patients who were satisfied with the out come were discharged and others were reviewed depending on the clinical situation.

Procedure: Thermablation of endometrium was done with Thermablate EAS. It is a hand held endometrial balloon ablation system (700gm) which combines an ablation time of 128 seconds with automatic control of temperature (173° C) and pressure (180mm Hg). Analgesia and anaesthesia were achieved with, oral NSAID 2 hours prior to the procedure and intracervical 4% Prilocaine along with intra-cavitory lidocaine gel. The catheter is only 6mm diameter needing no dilatation most of the time.

Results: The success rate of Thermablative treatment at 18 months was 60%. Out of 70 patients, 34 (48%) had complete resolution of heavy periods, 8 (12%) wanted further treatment in spite of eumenorrhoea and 28 (40%) patients failed to respond. Intra operative and postoperative pain scores were low and 57 (82%) felt the analgesia provided was adequate.

The overall satisfaction of Thermablative as an outpatient procedure was 89 % (62).None of the cases were abandoned due to patient intolerance or procedure difficulty. There were no intraoperative or postoperative complications and none needed admission. 58 (82%) of patients went back to work after 48 hours.

Conclusion: Endometrial ablation with Thermablate EAS appears to be a highly acceptable, safe and effective outpatient procedure for treating menorrhagia.