Thermachoice endometrial ablation
Quick outpatient treatment for heavy bleeding

Endometrial ablation is a quick in-office treatment for heavy bleeding through the removal or destruction of the endometrium (lining of the uterus). Patients benefit from a rapid recovery period, and most women will experience little or no menstrual bleeding as a result of the procedure.

This endometrial ablation treatment has been performed on over 400,000 patients worldwide. Studies show long-term clinical efficacy and patient satisfaction data over 1, 3, and 5 years. Ablation is an alternative to hysterectomy for many women with heavy uterine bleeding who would prefer to avoid major surgery.

Dr. Agneshwar uses the FDA approved Thermachoice™ balloon to perform endometrial ablation. The balloon is placed inside the uterine cavity through the cervix. Hot water is then circulated inside the balloon to destroy the endometrium.

Recovery from endometrial ablation is rapid. Most women are able to go home within the hour following their procedure, and return to normal activities after a day or two. Many women experience mild cramping, which can be usually be relieved by ibuprofen. A stronger medication is sometimes necessary. It is normal to feel tired for a few days, and also experience an increased discharge for two to four weeks afterward, as the uterine lining is shedding. Intercourse and very strenuous activity is usually restricted for two weeks.

Women who have menstrual bleeding that is impacting their life, and do not have other problems that require a hysterectomy should consider endometrial ablation. You should also consider the procedure if you limit your activity because of your periods, experience bleeding that causes you to be anemic and tired, have bleeding that limits your intimate time with your partner, and if you no longer wish to retain fertility. Women who have a malignancy or pre-malignant conditions of the uterus are not candidates for ablation. Those who experience severe pelvic pain may be better served by alternative treatments.

As with any surgical procedure, there are risks to endometrial ablation. Some of the risks include: perforation of the uterus, absorbing excess fluid, bleeding, infection, injury to organs within the abdomen and pelvis, and accumulation of blood within the uterus due to scarring. Another rare, but important concern is that the procedure could decrease the ability to make an early diagnosis of cancer in the endometrium. Abnormal bleeding should be evaluated whether or not you have had an ablation.

A small percentage of patients will still eventually need a hysterectomy, but the vast majority will not.