

Abnormal Uterine Bleeding (ABU)

Patients with abnormal uterine bleeding (AUB), including heavy menstrual bleeding (HMB), have a variety of medical (eg, estrogen-progestin contraceptives, 52 mg levonorgestrel-releasing intrauterine device [Mirena IUD], high-dose oral progestins) and surgical (eg, endometrial ablation, uterine artery embolization, hysterectomy)

Treatment options. Endometrial ablation (the surgical destruction of the uterine lining) has become an increasingly popular treatment; it is minimally invasive, successful ablation avoids chronic use of medications, and its use has led to a decrease in other surgical interventions (eg, dilation and curettage, hysterectomy) However, it is not appropriate for some patients (eg, patients with endometrial hyperplasia or carcinoma, patients desiring future childbearing).

In addition, endometrial ablation is often not used as initial management; in Canada, one cost-effective approach to the management of AUB is to start with the Mirena IUD and, if unsuccessful, follow with endometrial ablation and, lastly, hysterectomy.

Resectoscopic endometrial ablation (REA) – Endometrial ablation or resection performed under hysteroscopic visualization with resectoscopic electrosurgical instruments (eg, rollerball, wire loop, vaporizing electrode). Endometrial resection is often referred to as transcervical resection of the endometrium. Resectoscopic ablation methods are also referred to as standard or first-generation ablation.