

Fluid-filled thermal balloon and microwave endometrial ablation techniques for heavy menstrual bleeding – Common Questions

What is heavy menstrual bleeding?

During a period, the tissue that lines the uterus (or womb) comes away and is passed through the vagina with some blood. In the interval before the next period, the tissue lining the womb (which is called the 'endometrium') grows again. Women are said to have heavy menstrual bleeding if they routinely lose a lot of blood and tissue during their periods or their periods last longer than 7 days. The medical word for it is menorrhagia.

The options for treating heavy menstrual bleeding include:

- taking a medicine to reduce the bleeding
- having a device that releases small amounts of a contraceptive placed in the uterus to slow down the growth of the endometrium
- having some of the endometrium removed (there are several ways of doing this)
- having the uterus removed (a 'hysterectomy').

Medicines are usually tried before surgery is considered.

What are the fluid-filled thermal balloon and microwave endometrial ablation techniques?

Fluid-filled thermal balloon endometrial ablation and microwave endometrial ablation are ways of reducing the amount of blood and tissue lost by destroying ('abating') the endometrium using heat.

With fluid-filled thermal balloon endometrial ablation, a deflated balloon is put into the uterus through the vagina and cervix. The doctor then fills the balloon with heated liquid and this is used to destroy the endometrium.

With microwave endometrial ablation, the heat comes from microwaves that are produced by a probe. The probe is inserted into the uterus through the vagina and cervix, and is moved from side to side to destroy the endometrium.

These techniques are not suitable for all women with heavy menstrual bleeding. For example, they cannot be used for women who have had a certain type of Caesarean section (known as a 'classical' Caesarean section) in which an 'up and down' cut was made in the abdomen or who have had other surgery on the uterus that has left a scar where the uterine wall is less than 8 mm thick. And the balloon method is unsuitable for a woman with a large uterus or one that has an irregular shape. This is because the balloon must be in direct contact with the wall of the uterus to destroy the endometrium.

What has NICE recommended?

During the appraisal, NICE's Appraisal Committee read and heard evidence from:

- high-quality studies of fluid-filled thermal balloon endometrial ablation and microwave endometrial ablation
- doctors with specialist knowledge of endometrial ablation
- individuals with specialist knowledge of the issues affecting women with heavy menstrual bleeding
- organisations representing the views of people who will be affected by the guidance (because they have, or care for someone with the condition or because they work in the NHS and are involved in providing care for people with the condition)
- the manufacturer(s) of the devices for the endometrial ablation techniques appraised.

NICE has recommended that fluid-filled thermal balloon endometrial ablation and microwave endometrial ablation should be options for a woman with heavy menstrual bleeding where surgery is an appropriate way to manage her bleeding.

The woman and her doctor should choose the type of surgical treatment after they have had a discussion that covers:

- the results that are wanted from the treatment (such as reduced menstrual bleeding or no menstrual bleeding)
- the advantages and disadvantages of all other treatment options
- the specific medical circumstances of the woman (her condition, her suitability for the different surgical treatments, and her wishes).

Will NICE review its guidance?

Yes. The guidance will be reviewed in April 2007.

Further information

The NICE website (www.nice.org.uk) has further information about NICE and the full guidance on fluid-filled thermal balloon endometrial ablation and microwave endometrial ablation for heavy menstrual bleeding that has been issued to the NHS. The assessment report, which contains details of the studies that were looked at, is also available from the NICE website. A short version of the guidance (a 'quick reference guide') is available on the website and from the NHS Response Line (reference number N0460).