Editorial Open Access

# The Role of Endometrial Ablation in Treating Uterine Fibroids

# Mary Lake Polan\*

Department of Medical Oncology, Maastricht Medical Centre, GROW, Maastricht, Netherlands

#### **Abstract**

Uterine fibroids, or leiomyomas, are benign tumors of the uterus that affect a significant number of women, often leading to symptoms such as heavy menstrual bleeding, pelvic pain, and pressure symptoms. Endometrial ablation (EA) has emerged as a minimally invasive treatment option for women suffering from fibroid-related symptoms. This article reviews the role of endometrial ablation in managing uterine fibroids, examining its efficacy, safety, indications, and patient outcomes.

## Introduction

Uterine fibroids are the most common benign tumors in women of reproductive age, affecting approximately 70-80% of women by age 50. These fibroids can cause various symptoms, including heavy menstrual bleeding (menorrhagia), dysmenorrhea, pelvic pressure, and complications in fertility. Traditional treatments for fibroids include pharmacological therapies, surgical interventions like myomectomy or hysterectomy, and, more recently, minimally invasive techniques such as endometrial ablation [1-3]. Endometrial ablation aims to destroy the endometrial lining of the uterus, thereby reducing or eliminating menstrual bleeding.

## **Mechanism of Action of Endometrial Ablation**

Endometrial ablation involves the destruction of the endometrial lining using various techniques, including:

- Thermal methods: Radiofrequency ablation, balloon thermal ablation, and laser ablation.
  - Cryoablation: Freezing the endometrial tissue.
- Electrical and microwave ablation: Using energy to destroy the lining.

By ablating the endometrium, the procedure reduces the amount of menstrual tissue available for shedding, thus mitigating heavy bleeding associated with fibroids.

## **Indications for Endometrial Ablation**

Endometrial ablation is primarily indicated for women with:

- Heavy menstrual bleeding attributed to uterine fibroids.
- A desire to avoid more invasive surgeries like hysterectomy.
- Completed childbearing or a lack of desire for future pregnancies.

It is crucial to note that endometrial ablation is not suitable for women who wish to conceive in the future, as it can lead to complications in pregnancy [4-6].

# Efficacy of endometrial ablation in treating uterine fibroids

Numerous studies have demonstrated the efficacy of endometrial ablation in managing fibroid-related symptoms. A systematic review of literature found that:

• Approximately 70-90% of women experience significant reduction in menstrual bleeding post-procedure.

- Many women report improvement in quality of life, with decreased pelvic pain and pressure symptoms.
- Long-term follow-up studies indicate that the positive outcomes can last for several years, with a significant number of women remaining satisfied with the procedure.

# Safety and complications

Endometrial ablation is generally considered safe, with a low incidence of complications. However, potential risks include:

- Intrauterine scarring (Asherman's syndrome).
- Uterine perforation.
- Infection.
- Changes in menstrual cycle patterns.

The choice of technique and patient selection can influence the risk of complications. Therefore, thorough counseling and pre-operative evaluation are essential.

# Comparative analysis with other treatments

When comparing endometrial ablation to other treatment options for uterine fibroids, several factors should be considered:

- **Hysterectomy**: Offers a definitive solution for fibroids but involves a longer recovery time and risks associated with major surgery.
- Myomectomy: Preserves the uterus and can be beneficial for women desiring future pregnancies but may not be suitable for larger or multiple fibroids [7].
- Medication: Hormonal treatments (like GnRH agonists) can temporarily relieve symptoms but do not provide a permanent solution.

\*Corresponding author: Mary Lake Polan, Department of Medical Oncology, Maastricht Medical Centre, GROW, Maastricht, Netherlands, E-mail: Polan@ gmail.com

Received: 02-Apr-2024, Manuscript No. ctgo-24-149141; Editor assigned: 04-Apr-2024, PreQC No. ctgo-24-149141 (PQ); Reviewed: 19-Apr-2024, QC No. ctgo-24-149141; Revised: 24-Apr-2024, Manuscript No. ctgo-24-149141 (R); Published: 30-Apr-2024, DOI: 10.4172/ctgo.1000211

Citation: Mary LP (2024) The Role of Endometrial Ablation in Treating Uterine Fibroids. Current Trends Gynecol Oncol, 9: 211.

**Copyright:** © 2024 Mary LP. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Endometrial ablation stands out as a minimally invasive procedure that offers a favorable risk-benefit profile for women who meet the appropriate criteria.

# Conclusion

Endometrial ablation serves as a valuable treatment option for women suffering from uterine fibroids and heavy menstrual bleeding. Its minimally invasive nature, coupled with a high rate of patient satisfaction, positions it as an effective alternative to more invasive surgical interventions. However, careful patient selection and counseling are paramount to ensure optimal outcomes and mitigate risks. Further research is needed to explore the long-term effects of endometrial ablation, particularly regarding fertility outcomes and the management of fibroids post-ablation.

## References

 Chaudhary LN (2020) Early stage triple negative breast cancer: management and future directions. Semin Oncol 47: 201-208.

- Bianchini G, Balko JM, Mayer IA, Sanders ME, Gianni L (2016) Triple-negative breast cancer: challenges and opportunities of a heterogeneous disease. Nat Rev Clin Oncol 13: 674-690.
- Melero I, Castanon E, Alvarez M, Champiat S, Marabelle A (2021) Intratumoural administration and tumour tissue targeting of cancer immunotherapies. Nat Rev Clin Oncol 18: 558-576.
- Chaudhary LN (2020) Early stage triple negative breast cancer: management and future directions. Semin Oncol 47: 201-208.
- Bianchini G, Balko JM, Mayer IA, Sanders ME, Gianni L (2016) Triple-negative breast cancer: challenges and opportunities of a heterogeneous disease. Nat Rev Clin Oncol 13: 674-690.
- Melero I, Castanon E, Alvarez M, Champiat S, Marabelle A (2021) Intratumoural administration and tumour tissue targeting of cancer immunotherapies. Nat Rev Clin Oncol 18: 558-576.
- Kindts I, Laenen A, Depuydt T, Weltens C (2017) Tumour bed boost radiotherapy for women after breast conserving surgery. Cochrane Database Syst Rev 11: CD011987.