

Review Article

Late-onset Endometrial Ablation Failure—Etiology, Treatment, and Prevention

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ABSTRACT This review summarizes the history and demographics of nonresectoscopic endometrial ablation and global endometrial ablation procedures as well as the presentation, etiology, risk factors, treatment options, and prevention of late-onset endometrial ablation failures. *Journal of Minimally Invasive Gynecology* (2015) 22, 323–331 © 2015 AAGL. All rights reserved.

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Nonresectoscopic endometrial ablation (NREA) and global endometrial ablation (GEA) are minimally invasive techniques to manage intractable uterine bleeding in women who are unresponsive to medical therapy. The intent of these procedures is to offer appropriate candidates a less invasive alternative to hysterectomy. Long-term follow-up data indicate that several types of late-onset endometrial ablation failures (LOEAFs) cause at least 25% of women to undergo subsequent hysterectomy [1,2]. This review summarizes the history and demographics of NREA and GEA procedures as well as the presentation, etiology, risk factors, treatment options, and prevention of LOEAF.

The authors declare no conflict of interest.

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History of Endometrial Ablation

Synopsis

Endometrial ablation (EA) refers to a series of techniques originating in the 19th century that were blind and used various energy sources to affect thermal destruction to the endometrium. The late 20th century brought an important paradigm shift when a rod lens hysteroscope was collocated to an energy source permitting EA under direct visualization. However, the complexity and morbidity associated with early hysteroscopic and resectoscopic techniques soon gave way to a series of user-friendly methods known as nonresectoscopic EA or GEA. These devices and techniques boast improved safety with acceptable outcomes—features critical to the widespread adoption of EA.

The First Generation: “Blind” Techniques

In 1898, Dührssen [3] reported the first case of EA in the treatment of a 37-year-old woman “exhausted by profuse and persistent menorrhagia by introducing steam in the

