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Original Article

Ultrasound-Guided Reoperative Hysteroscopy for Managing Global Endometrial Ablation Failures

Morris Wortman, MD*, Amy Daggett, RN, ANP, and Allison Deckman, RN, ANP

From the Center for Menstrual Disorders, University of Rochester Medical Center, Rochester, New York (all authors).

ABSTRACT **Study Objective:** To determine whether ultrasound-guided reoperative hysteroscopy can reduce the need for hysterectomy in women experiencing delayed complications after global endometrial ablation (GEA) procedures.
Design: Retrospective review (Canadian Task Force classification III).
Setting: Private physician's office.
Patients: Fifty women who had experienced a delayed complication after a GEA procedure were referred to the author's private practice.
Intervention: All 50 women underwent ultrasound-guided reoperative hysteroscopy in which the uterine cavity was fully explored and areas of endometrial growth and other disease were identified and excised.
Measurements and Main Results: Intraoperative complications, patient satisfaction, and avoidance of hysterectomy were determined. There were no intraoperative or postoperative complications. The mean duration of follow-up was 18.1 months (95% confidence interval, 13.8–22.4). Forty-four of 49 patients (88.9%) were satisfied with the outcome, and further surgery was not necessary during the study period.
Conclusion: Ultrasound-guided reoperative hysteroscopy is a safe and effective minimally invasive treatment for management of delayed complications after GEA procedures. Journal of Minimally Invasive Gynecology (2014) 21, 238–244

Keywords: Abnormal uterine bleeding; Endometrial regrowth; Endomyometrial resection; Global ablation; Hematometra; Hysterectomy; Pelvic pain; Reoperative hysteroscopy

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During the past two decades, endometrial ablation (EA) has been increasingly used in the management of abnormal uterine bleeding (AUB) refractory to medical treatment in women who have completed childbearing. In 1981, Goldrath et al [1] reported the first use of an Nd:YAG laser delivered via a quartz fiber passed through an operative hysteroscope. By 1989, the US Food and Drug Administration had granted approval to the first gynecologic resectoscope that incorporated inexpensive and readily available electrosurgical generators with continuous-flow sheaths [2]. Although there are no reliable estimates of the number of EAs performed using these early methods, it is clear that the second-generation techniques, also known as non-resectoscopic endometrial ablation or global techniques [3], enabled widespread adoption of EA. The first of 5 global endometrial ablation (GEA) devices appeared in 1997, and these are now extensively used throughout much of the developed world. In 2008 alone, some 312 000 GEA procedures were performed in the United States [4].

After EA, a substantial number of women eventually experience delayed complications that necessitate hysterectomy [5–8]. Longinotti et al [6] observed that 26% of 3681 women undergoing EA at 30 Kaiser Permanente Northern California facilities required hysterectomy during an 8-year follow-up. The 2007, the American College of Obstetricians and Gynecologists published a Practice Bulletin that stated that

The authors declare no conflicts of interest.

Corresponding author: Morris Wortman, MD, Center for Menstrual Disorders, University of Rochester Medical Center, 2020 S Clinton Ave, Rochester, NY 14618.
E-mail: moe2020@cmdrc.com

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