

Balloon thermal endometrial ablation

**Understanding NICE guidance –
information for people considering the
procedure, and for the public**

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About this information

This information describes the guidance that the National Institute for Clinical Excellence (NICE) has issued to the NHS on a procedure called **balloon thermal endometrial ablation**. It is not a complete description of what is involved in the procedure – the patient’s healthcare team should describe it in detail.

NICE has looked at whether balloon thermal endometrial ablation is safe enough and works well enough that it can be used routinely for the treatment of heavy periods (known as menorrhagia).

To produce this guidance, NICE has:

- looked at the results of studies on the safety of balloon thermal endometrial ablation and how well it works
- asked experts for their opinion
- asked the views of the organisations that speak for the healthcare professionals and patients and carers who will be affected by this guidance.

This guidance is part of NICE’s work on interventional procedures (see ‘Further information’ on page 9).

About balloon thermal endometrial ablation

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 grows again. If a woman is having heavy periods, one way of reducing the amount of blood and tissue lost is to remove some of the lining tissue of the uterus (which is known as the endometrium).

Thermal balloon endometrial ablation involves heating the endometrium to destroy it. A deflated balloon is put into the uterus through the vagina and cervix. The gynaecologist then fills the balloon with heated liquid and this destroys the endometrium.

In the past, the standard operation for women with heavy periods has been hysterectomy. This involves removing the woman's uterus in an operation carried out under general anaesthetic.

Recently, a number of different ways of destroying the endometrium using heat have been tried. They include using lasers, heated salt water, microwaves or an electrical current.

How well it works

What the studies said

The studies NICE looked at compared women who'd had one of the procedures that involve heating, including balloon thermal endometrial ablation, with those who'd had their endometrium removed using one of the hysteroscopic procedures (which involve using a small telescope during the procedure to see what's happening). The results of the studies showed that both groups of women had a similar reduction in bleeding. Women in the first group were also as satisfied with the procedure as those in the second group. The advantages of the heating procedures were that general anaesthetic wasn't needed and the procedures were quicker and easier to perform.

Other studies showed balloon thermal endometrial ablation to be successful in most women, and that most women who had the treatment thought that it was 'excellent' or 'good'. Following the procedure, bleeding stopped altogether in one-third to two-thirds of women.

What the experts said

The experts said that the procedure was established. But they also commented that the lack of data collected over a long period of time made it hard to judge how well the procedure works in the long term.

Risks and possible problems

What the studies said

The studies showed that occasionally there can be problems as a result of the procedure, such as infection in the urinary system, inflammation of the endometrium and loss of blood from blood vessels (which is known as haemorrhage).

What the experts said

The experts said that there is a risk that the uterus, bowel or both will be damaged during the procedure. They also highlighted that there hasn't been much research into the safety of balloon thermal endometrial ablation.

What NICE has decided about balloon thermal endometrial ablation for heavy periods

NICE has considered the evidence on balloon thermal endometrial ablation. It has recommended that when doctors use the procedure for heavy periods (menorrhagia), they should be sure that:

- the woman understands what is involved and agrees to the treatment, and
- the results of the procedure are monitored.

NICE has also said that doctors should follow the recommendations of the Medical Devices Agency (MDA) when carrying out the procedure. These outline the circumstances in which balloon thermal endometrial ablation might not be a suitable option: if a woman has a small uterus; if a woman is taking hormone treatments before the procedure; and if a woman has had pelvic infections in the past. The recommendations also say that if the doctor suspects that a woman's uterus might have moved slightly from the usual position, the doctor should check that the probe is in the right place on an ultrasound scan before starting to use it. Finally, the MDA recommends that diathermy, which uses a high-frequency electrical current to destroy tissue, should not be used at the same time as the microwave probe.

What NICE's decision means for you

Your doctor may have offered you balloon thermal endometrial ablation for heavy periods. NICE has considered this procedure because it is relatively new. NICE has decided that the procedure is safe enough and works well enough for use in the NHS. Nonetheless you should understand the benefits and risks of balloon thermal endometrial ablation before you agree to it. Your doctor should discuss the benefits and risks with you. Some of these benefits and risks may be described above.

Further information

You have the right to be fully informed and to share in decision-making about the treatment you receive. You may want to discuss this guidance with the doctors and nurses looking after you.

You can visit the NICE website (www.nice.org.uk) for further information about the National Institute for Clinical Excellence and the Interventional Procedures Programme. A copy of the full guidance on balloon thermal endometrial ablation for menorrhagia is on the NICE website (www.nice.org.uk/IPG006guidance), or you can order a copy from the website or by telephoning the NHS Response Line on 0870 1555 455 and quoting reference number N0256.

The evidence that NICE considered in developing this guidance is also available from the NICE website.

If you want more information on heavy periods, a good starting point is NHS Direct, telephone 0845 46 47, or NHS Direct Online (www.nhsdirect.nhs.uk).

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