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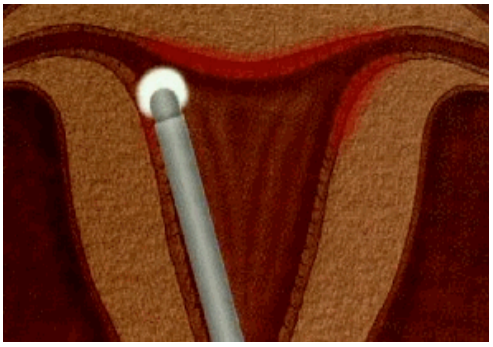
Microwave Ablation
NICE Appraisal -The Author's Experience

NICE (The ***National Institute for Clinical Excellence***), has recently published its guidance on the use of the Microwave Endometrial Ablation (MEA) for heavy uterine bleeding:

* Current evidence on the safety and efficacy of microwave endometrial ablation appears adequate to support the use of this procedure provided that normal arrangements are in place for consent, audit and clinical governance.
* Proper training in the performance of microwave endometrial ablation is required.
* Complications associated with the procedure are uncommon, with serious complications occurring with an incidence of less than 1%. The procedure is safe if appropriate protocols for patient selection, training and operative techniques were followed. There is a lack of long-term studies on the procedure.
* Studies had found that between 70 per cent and 80 per cent of women undergoing MEA were satisfied and 95 per cent had returned to normal activities within three weeks.



The Author **started MEA at Eastbourne in 2000. Since then 106 procedures were performed with a satisfaction rate of 97% (3 months after the procedure) and no complications.**

The Procedure: MEA involves inserting a microwave probe into the uterine cavity to heat the endometrium. With the temperature maintained at 75–80ºC, the probe is moved from side to side to destroy the endometrium.

Preoperative Endometrial thinning: GnRH analogue for 4-6 weeks before procedure.

Contraindications **(The procedure is not suitable for all patients):** Multiple large fibroids - Submucous fibroid > 5 cm distorting the uterine cavity preventing access to endometrial lining - Adnexal pathology - Other pathology indicating hysterectomy - Previous failed hysteroscopic endometrial ablation/ resection techniques due to the possibility of scarred and thin areas of uterine cavity. If family is not completed.

Postoperative A watery discharge for about 3 weeks. The first period is not an indicative of further menses. If prolonged discomfort, discharge or bleeding occurs patients should be reviewed. Contraception should continue.

Reference: *Interventional procedure overview of microwave endometrial ablation*, November 2002. http://www.nice.org.uk/ip065overview