

Reproductive Facts

Patient fact sheet developed by the
American Society for Reproductive Medicine



Endometrial Ablation

What is endometrial ablation?

The lining of the uterus is called the endometrium. Endometrial ablation is a procedure that destroys or removes the endometrium.

Who needs endometrial ablation?

If menstrual periods are very heavy or last too long, a healthcare provider may prescribe medications that can help make the period lighter. If the medication does not work, a health-care provider may recommend endometrial ablation.

Who should not have endometrial ablation?

- People who are pregnant, who would like to be pregnant in the future, or who have gone through menopause should not have this procedure.
- An intrauterine contraceptive device (IUD) must be removed before an endometrial ablation procedure.
- Non-cancerous or pre-cancerous growths can't be treated with endometrial ablation.
- People with undiagnosed bleeding and suspected cancer should not have endometrial ablation.

Will endometrial ablation make periods lighter?

About 9 of 10 people have lighter periods or no period after endometrial ablation. However, periods may get heavier and longer after several years. If this happens and the bleeding is bothersome or causing issues, removing the uterus (hysterectomy) may be the best option.

How is endometrial ablation done?

Several weeks before the procedure, a healthcare provider may prescribe medications that thin the lining of the uterus. Another medication the night before the endometrial ablation may help make it easier to insert the device used for the procedure into the uterus.

Endometrial ablation may be done in the doctor's office or an operating room, without anesthesia or with local or light anesthesia. Some cramping or other discomfort after the procedure is expected, but it can be managed with pain medications after the procedure.

There are several types of endometrial ablation, including electrosurgery, balloon ablation, bipolar radiofrequency ablation, and cryoablation.

Electrosurgery is performed in a hospital operating room or surgery center. Medications are given through the veins to make someone unaware of the procedure and reduce any discomfort. Using a lighted telescope, called a hysteroscope, the doctor will examine the inside of the uterus. Then the doctor will use a tool that has electrical current to destroy the endometrium.

The following types of endometrial ablation procedures are often performed in the hospital operating room, but can also be done in a doctor's office:

Balloon endometrial ablation. In this procedure, the doctor places a flexible balloon into the uterus. The balloon is then filled with hot fluid until it is big enough to rest against the endometrium and destroy the endometrium.

Bipolar radiofrequency. The doctor places a thin wand, or probe, into the uterus. When the device is turned on, it puts out short waves of energy to destroy the endometrium.

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Cryoablation. The doctor inserts a very small probe into the uterus. It is cooled to a very low temperature so that it freezes and destroys the endometrium.

Is this a risky procedure?

It is rare to have a severe complication during an endometrial ablation procedure. However, there are a few serious injuries that could happen during the procedure. The devices used for endometrial ablation could puncture or make a hole in the uterus. This could lead to serious bleeding or problems with other organs near the uterus, such as the bowel, bladder, nerves, or blood vessels. The fluids used for some of these technologies could leak and cause burns. The fluid used for electrosurgery can cause an electrolyte imbalance, which is when there is too much or too little of the important salts in the body. It is possible that further surgery could be needed, including hysterectomy.

You still have a uterus! This means...

Endometrial ablation only removes the lining of your uterus. You still have a uterus; however, it is much less likely you will become pregnant. In those that do get pregnant, the risk for complications in pregnancy is higher. After having this procedure, birth control is recommended. When taking hormone therapy after menopause, the hormone therapy must include a progestogen (also called progesterone or progestin). Progestogens reduce the risk of developing cancer in the uterus. Though rare, some studies have suggested that it might be more difficult to diagnose cancer of the uterus after endometrial ablation.

Revised 2023