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Modified Thermal Balloon Endometrial Ablation for Treatment of Heavy Menstrual Bleeding

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Statement of the problem: Heavy Menstrual Bleeding (HMB) is the most common type of menstrual bleeding disorder. HMB should be recognized as having a major impact on a woman's quality of life. Furthermore, the impact on health care resources is considerable. In most cases, medical therapy is effective in managing abnormal bleeding, while surgical treatment is normally restricted to women with whom medical treatments have failed. Regarding surgical treatment, until recently, hysterectomy has been the standard treatment for women with menorrhagia unresponsive to medical treatment. However, since the 1980s, minimally invasive procedures to destroy the endometrium (endometrial ablation) have been developed as an efficient and cost effective alternative to hysterectomy.

The original device (ThermaChoice) combines heat and pressure within the uterine cavity to destroy the endometrium and part of the myometrium. The use of Foley's catheter for this purpose has not been fully evaluated. The purpose of this study was to assess the efficacy and safety of modified thermal balloon using Foley's catheter to achieve endometrial ablation in the treatment of HMB in a low-resource setting.

Methodology: Twelve patients with HMB aged 35–55 years underwent modified thermal balloon ablation using Foley's catheter. The procedure was undertaken in the operation theater under general anesthesia/intravenous sedation. Three cycles of modified thermal balloon ablation using Foley's catheter were performed to ablate the endometrium. The time given to each cycle was 7 min. All the cycles were performed in the same setting. The main outcome measures that were studied were reduction in the menstrual flow, the need for further treatment and relief of dysmenorrhea if present.

Findings: Eighty two percent of patients experienced a reasonable reduction in menstrual blood flow at 3 month follow up. Eighteen percent observed no change in bleeding pattern and needed further treatment after failure of the procedure.

Conclusion: Modified thermal balloon ablation with Foley's catheter can be a promising management of HMB in resource poor settings. It is a cost effective alternative to the original endometrial ablation techniques.

Recent publications

1. Bickerstaff H. Disorders of the menstrual cycle. *Gynaecology by Ten Teachers*. 20th ed. Boca Raton, London, New York: Taylor and Francis Group, LLC; 2017. p. 90–102.
2. Horne AW, Critchley HO. Heavy menstrual bleeding. In: Edmonds DK, editor. *Dewhurst's Textbook of Obstetrics and Gynecology*. 9th ed. USA & UK: John Wiley and Sons, Ltd; 2018. p. 1277–94.
3. Christine PW. Abnormal uterine bleeding. In: David ML, Kilby MD, editors. *Obstetrics and Gynecology. An Evidence Based Text for MRCOG*. 3rd ed. Boca Raton, London, New York: Taylor and Francis Group, LLC; 2016. p. 611–9.

Biography

Baraa Lukman Humo Al-Ibrahim, obstetrician and gynecologist, lecturer in College of Medicine- Mosul University. She has good experience in the field of obstetrics and gynecology, aiming for improving women health and wellbeing. She and her colleague have built this model to treat heavy menstrual bleeding effectively with minimum cost. They have built this model after years of experience in research, teaching and patient management both in hospital and education institutions.