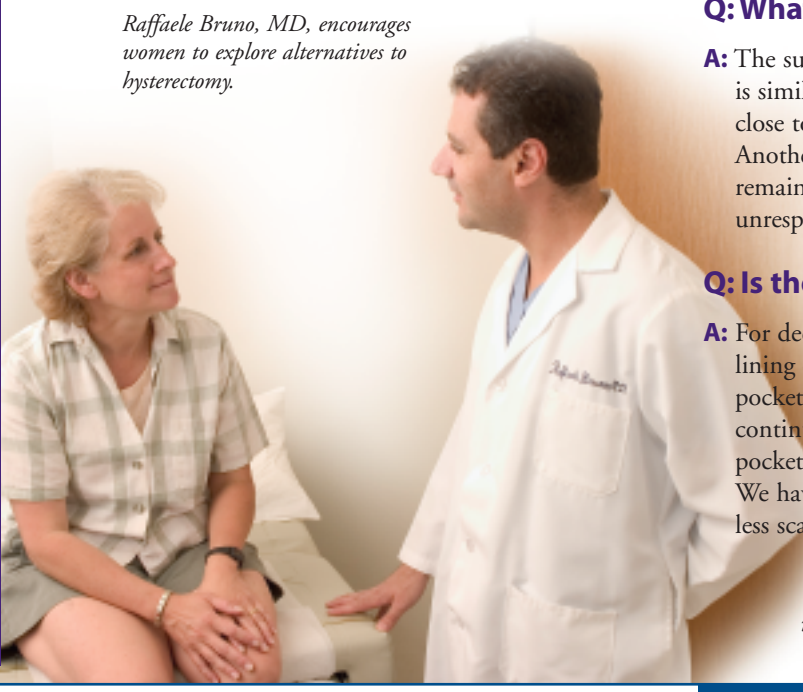
Seeking Alternatives to Hysterectomy

Hysterectomy is the second most common major surgery among women. In fact, the Centers for Disease Control and Prevention reports that more than one in four women in the United States will undergo the operation by the time they are 60 years of age.

Surgical removal of the uterus is a life-changing procedure. At Lahey Clinic, patients are encouraged to consider the nonsurgical alternatives available to women today. Here, gynecologist Raffaele Bruno, MD, answers questions about an innovative procedure known as "cryoablation." This minimally invasive technique is being used to cure abnormal uterine bleeding, the most common reason for hysterectomy.



Raffaele Bruno, MD, encourages women to explore alternatives to hysterectomy.

Q: Who might be a candidate for cryoablation?

A: The procedure is designed for women who have abnormal uterine bleeding. These women may bleed very heavily a few days per month, or they may have periods that last more than 10 days. Not only can this excessive bleeding confine women to their homes, but it can put them at risk of anemia.

Because cryoablation serves to thin the lining of the uterus, it is only recommended for women who are done with childbearing. Women with large fibroids (masses of tissue in the uterus) or a very large uterus may be poor candidates, since these conditions tend to lessen the success rate.

Q: What causes excessive uterine bleeding?

A: Most women with abnormal periods do not have a bleeding disorder—in other words, there is nothing wrong with their blood. In most cases, the uterus builds up too much lining, and there may be instability to that lining depending on how much estrogen their ovaries make. Fibroids may also cause excessive bleeding, since they can cause a widening of the uterus and increase the surface area of the lining. In many cases, the symptoms can be controlled with birth control pills or by removing the fibroids.

Q: How is cryoablation performed?

A: Cryoablation involves nothing more than using a small wand to freeze the lining of the uterus. We do this with ultrasound guidance, so we can view the uterus and adjust the freezing based on the size of the uterus and how thick the lining is. It can be anywhere from a 12-minute to a 20-minute procedure, depending on how large the uterus is.

The procedure itself can be performed in an office setting with sedation, or in an operating room with general anesthesia, depending on the patient's preference. It is a very minimally invasive procedure, and most women have very little discomfort. They usually experience light bleeding or spotting the first day, followed by some watery discharge that lasts one to two weeks.

Q: What is the success rate of the procedure?

A: The success rate of cryoablation is about 80 to 90 percent long term, which is similar to other ablation techniques. For those with a normal-sized uterus, close to half of women will have no period at all following the procedure. Another one-third will have spotting for a couple days per month, and the remainder will have a light period. Only about five out of 100 will be unresponsive to treatment.

Q: Is there an advantage to using cryoablation?

A: For decades, physicians have used heat ablation as a method of thinning the lining of the uterus. While effective, the heat can cause scarring. And if a pocket of tissue is trapped underneath the scarring, there is a chance it could continue to grow and create pain. In addition, if cancer were to form in the pocket, the patient is not going to have the early warning sign of bleeding. We have found that since cryoablation uses freezing, there appears to be less scarring.

To make an appointment with a gynecologist at Lahey Clinic to learn more about cryoablation, please call 781-744-8564.