

Subsequent Intervention Rates following Thermablate and Novasure Endometrial Ablations

European Society for Gynaecological Endoscopy, 23rd Annual Congress, Sept 2014. American Association of Gynecologic Laparoscopists, 43rd Annual Meeting, Nov. 2014.

Martin C Powell, FRCOG FRCS DM, martincpowell@doctors.org.uk 077733027661, Rozmina Mohamed, MB ChB, Rozmina.Mohamed@nuh.nhs.uk, Atia Qaiser atia.qaiser@nuh.nhs.uk and George Vilos, MD, george.vilos@sjhc.london.on.ca. Ambulatory Gynaecology Unit, The CIRCLE Nottingham Treatment Centre on the Queens Medical Centre Campus Nottingham England, NG7 2FT; Gynaecology, University of Western Ontario, London, Ontario, Canada.

Objective: To determine intervention rates following either Thermablate or Novasure Ablations

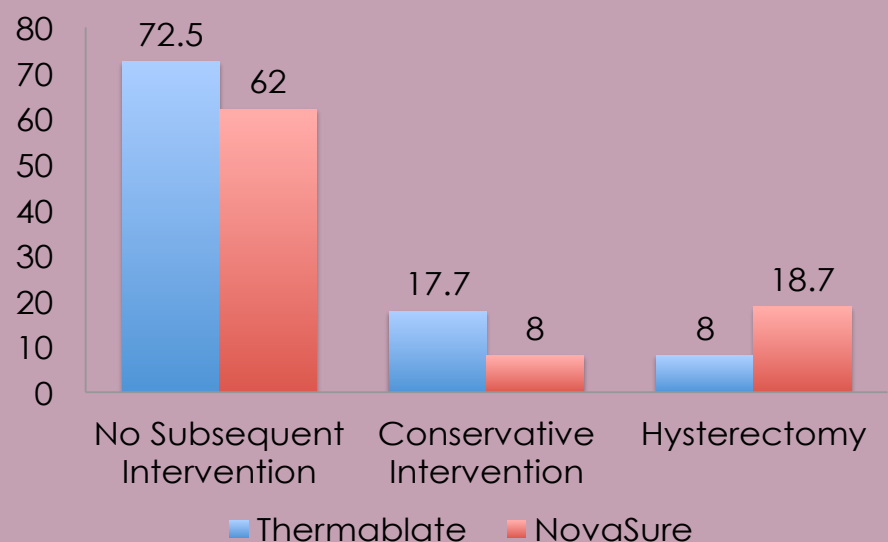
Design: A retrospective comparison over 5 years

Setting: The Gynaecology Department at the Nottingham CIRCLE Treatment Centre Nottingham University NHS Trust between Jan 2008 and November 2013

Patients: 133 and 175 women treated with Novasure and Thermablate, respectively.

Interventions: Women attending the out patient department presented with symptoms of heavy menstrual bleeding. They were offered an outpatient thermablate ablation or a local or general anaesthetic Novasure. The records were reviewed to ascertain additional interventions that were subsequently performed.

Measurements & Main Results: At a median follow up of 19 months , range 0.5 to 5 year, 83 women who had a novasure(62%),and 127 in the Thermablate group (72.5%) had no subsequent interventions. Resectoscopic removal of the residual endometrium was performed in 11 (8%) Novasure patients vs 31 (17.7%) of the Thermablate. An eventual hysterectomy was carried out in 25 (18.7%) of the Novasure women vs 14 (8%) of the Thermablate group.



Conclusions: Thermablate patients had a higher rate of conservative intervention but a lower rate of hysterectomy compared with the Novasure group ($p=0.35$), based on a 95% confidence interval. This may well be because the Novasure procedure destroys the uterine cavity more than the Thermablate, so fewer interventions such as a resection are possible. Therefore with persistent symptoms of bleeding or pain after a Novasure ablation, a hysterectomy may be the only available option. This has implications for everyday practice when making a decision as to what initial treatment is appropriate, as well as cost implications for the National Health Service.