Comparative study between endometrial resection and electrocoagulation in patients with abnormal uterine bleeding

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ABSTRACT

Objective: To compare clinical outcomes between two first-generation endometrial ablation techniques.

Design: Randomized controlled trial.

Setting: Tertiary public hospital, university teaching center. Seventy-three patients with abnormal uterine bleeding unresponsive to clinical treatment submitted to endometrial ablation between October 2011 to September 2013.

Methods and main outcome measures: Patients were randomly assigned to either monopolar U-shaped electrode resection with rollerball electrocoagulation (group A, n = 36) or rollerball electrocoagulation alone (group B, n = 37). Mean follow-up length was 359 (280-751) and 370 days (305-766) in groups A and B, respectively. Bleeding pattern, associated symptoms, failure/success rates were assessed 30, 90, 180 and 360 days post-procedure.

Findings: Patient characteristics were similar in both groups (P > .05). Surgery duration (mean of 48.5 [±12.0] vs. 31.9 [±5.6] min, P < .001) and medium distention use (5.700 mL vs. 3.500 mL, P < .01) were decreased in group B. Mean duration of hospital stay was 1.2 days (0.5-2.0) in group A and 2.0 days (1.0-3.0) in group B, respectively. Post-ablation clinical improvement was considerable in both groups. Vaginal discharge incidence after the procedure was lower in group B (30.5% vs. 8.1%, P < .05). Hysterectomy rate was 9.6%. Overall success rate was 86.1% and 88.1% in groups A and B, respectively.

Conclusions: Endometrial ablation using rollerball electrocoagulation alone may be considered safer than resection with rollerball electrocoagulation, which requires shorter surgical time and less distention medium, and is associated with lower postoperative vaginal discharge incidence. Success rate did not statistically differ between groups, but study parameters in absolute values and percents were superior in group B.

Mots clés: uterine bleeding, hysteroscopy, surgical procedures, endometrial ablation techniques, patient satisfaction.

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