

Endometrial Ablations

The end of heavy bleeding. Period.

by Paige Turner

FOR MANY WOMEN, HEAVY MENSTRUAL cycles are a way of life each month. Their schedules are altered, and plans are limited during the days when they know they will experience heavy bleeding. It can be an uncomfortable and embarrassing situation causing them to not live their life to the fullest. For many women, they suffer with the inconvenience, believing the only option for correction is a hysterectomy. There is another option, though.

An endometrial ablation is a procedure that removes the endometrial lining of the uterus, which causes monthly bleeding. Ablations have been regularly performed for over 15 years, but are not as well known as hysterectomies. One local doctor is trying to change that.

Dr. Scott Schade M.D., an obstetrician/gynecologist at Rockwood Clinic, has been performing ablations for over ten years, and uses the NovaSure endometrial ablation procedure. As a testimony of his devotion to the procedure, last August, Schade was selected by NovaSure, from doctors across the country, to perform the one-millionth NovaSure ablation.

According to NovaSure, "Dr. Schade has performed more than 500 NovaSure procedures and believes the 'NovaSure system is the safest, simplest and most effective ablative technique now available. It often can be performed in the office setting and requires minimal anesthesia; many patients go to work the next day. Hysterectomy or long-term hormonal therapies are no longer the only choices; women need not suffer in silence."

One in five women suffer from heavy bleeding or irregular periods. Before the onset of menopause, periods tend to get worse. For some women excessive bleeding becomes so unbearable it may prevent them from being able to leave the house or participate in day-to-day activities. If this happens for four to five days every month, it creates a considerable upset in their quality of life.

"In general, two groups benefit from ablation," says Schade. "The first group is patients who, for medical reasons, would consider a hysterectomy; a group of women who are so sick from their periods. Another huge group is patients whose periods impact their life and quality of life."

While there are other methods of ablation, Schade prefers the NovaSure method because it allows a greater amount of precision, is less invasive to the uterus and is effective. "In my mind those are limited because you are estimating," says Schade of the effectiveness of other ablation options. "You can't tell how far you are reaching. I know I'm going exactly seven millimeters into the thickest part of the muscle," he says of the precision with which the NovaSure can operate.

With a traditional hysterectomy, a patient can expect to spend anywhere from one to three nights in the hospital followed up by a lengthy recovery period. With an ablation procedure, patients can be in and out of the office in 90 minutes. On average, 160,000 hysterectomies are done every

year because of bleeding; Novasure can reduce that number by 90 percent. It is a low-cost, low-recovery and low-risk way to deal with painful, heavy, disrupting periods, while avoiding the dangers, complications and interruptions of a major surgery.

"The recovery and cost make an ablation worth it," says Schade who points out the risks are minimal. "There is a small risk of infection which is almost completely eliminated because we give you prophylactic antibiotics."

The procedure is simple. A "wand" is inserted through the cervix into the uterus. The wand is expanded, revealing a mesh material that fills the uterine cavity. Radio frequency is delivered through the mesh, into the walls of the uterus for approximately 90 seconds. This burns off the endometrial lining of the uterus, which house the cells that cause monthly bleeding to occur. The ablation is done in-office with an IV sedation administered by an anesthesiologist.

Trying to get the word out to women has been a priority of Schade. "Many women don't want to complain to their doctors, so they just deal with it," he says. "We want women to know there is a safe and simple alternative for the treatment of menstrual problems. By far this is the most rewarding part of my practice. The cool thing about this is I can tell patients I can do this in the office. I've basically exceeded their expectation. They come in expecting the worst, and I can deliver this great message that 'you don't have to put up with that'"

There is not a set parameter of how bad a period has to be in order to have an ablation, says Schade. "It is [appropriate] when a patient sees their period as a problem. If you experience this and you are done having children and don't want periods, talk to your doctor."

It should be noted that an ablation is not a form of birth control. "It would be very difficult to get pregnant after an ablation, but it cannot be considered birth control," says Schade. This is because in some patients, their periods may return after a period of time.

Despite the possibility of it not entirely eliminating periods, according to Schade, ninety-five percent of patients are satisfied with the results, and 60 percent no longer have any periods.

There are some myths about ablation that Schade tries to clear up with patients. "It does not put you into menopause or make it start. It cannot prevent any forms of cancer, but it definitely does not create a cancer; it will not mask of endometrial cancer, nor increase your risk." ■

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