One in five women experience abnormal heavy menstrual bleeding. This can lead to extreme fatigue, anemia, and limited activity for fear of embarrassing accidents. These can place severe restrictions on a woman’s personal life as well as cause problems in the workplace with additional costs due to time lost.

In the past, aggressive therapy consisted of hysterectomy, but major surgery has its risks and severely limits a woman’s ability to return to full activity for a considerable amount of time both at home and at work.

Fortunately, with today’s technology, there is a new treatment option which is quick, safe and has a short recovery period. This new treatment is called Endometrial Ablation. This means that the lining of the uterus (Endometrium) is treated to reduce its buildup and thereby shortening, lessening, or eliminating periods. It does not affect the ovaries, so that it does not interfere with normal hormonal production thereby eliminating the need for hormonal replacement therapy.

Initially the lining of the uterus was treated with lasers or equipment borrowed from urologists to remove or resect the endometrial down to the underlying muscle. Now, more sophisticated devices are being used which are safer and can be done without general anesthesia.

These are the new options that are placed through the vagina and into the lining of the uterus:

- Radio Frequency (Electrical Energy)- where a precisely measured amount of energy is delivered through a slender hand held device.
- Balloon- when a small balloon is placed and filled with hot water.
- Hot Water (Hydrothermal) - when fluid is introduced and is heated to a precise temperature.
- Freezing (Cryoablation) - when a small device is inserted and the temperature is dropped to freeze the lining.
- Microwave- a small probe that delivers energy to heat the lining.

All the new systems are quick, require no incisions and take 1-1/2 to 10 minutes to perform. They are done in an outpatient setting and generally require a day or two as recovery time.

Most women see a significant reduction in their menstrual bleeding. Many women notice less menstrual cramping, less PMS symptomatology, and some even stop bleeding altogether without menopausal symptoms since the ovaries are not treated.

This new minimally invasive therapy for excessive menstrual bleeding is:

- an alternative to hysterectomy
- an outpatient procedure
- a treatment affording a rapid recovery with return to a normal lifestyle and cost savings for employers.
- able to reduce or eliminate excessive menstrual periods.

If heavy menstrual bleeding is a problem, then this treatment should be seriously considered and discussed with a Board Certified Gynecologist with experience in the use of this new and exciting treatments modality.

About Richard G. Tucker, D.O., FACOOG (Dist.)
Dr. Tucker is a Board Certified Obstetrician and Gynecologist. He is an alumnus of Cardinal Dougherty High School, Philadelphia College of Osteopathic Medicine and LaSalle College.

Dr. Tucker is Past President and Distinguished Fellow of the American College of Osteopathic Obstetrics and Gynecology. He is a Clinical Associate Professor of Obstetrics and Gynecology for the University of Medicine & Dentistry of New Jersey/School of Osteopathic Medicine.

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Dr. Tucker participates in the Cardinal Dougherty Alumni Band.