

Today, it's possible  
to manage  
menstrual  
irregularity  
without a  
hysterectomy



# Taking Control

Irregular menstrual cycles, incredibly painful cramping, and the uncertainty of what would happen next made Shellie Byrne's life miserable for four years. As a registered nurse first assistant (RNFA) who has logged many hours working in obstetrics and gynecology, she wondered if a hysterectomy was her only option.

That's until she discovered an outpatient procedure called endometrial ablation (EA). This procedure is designed to stop or greatly decrease menstruation. And it's significantly reducing the escalating number of hysterectomies performed every year to address excessive bleeding and other symptoms.

Three years ago, Byrne had the opportunity to see the procedure firsthand and track patients' positive results by working with Hillcrest Hospital's director of OB/GYN, Marcus Tower, M.D.

"I was thrilled to know that my problem existed during a time in history when EA was available," Byrne says. "I also highly respected

By Sherri Kightlinger

Dr. Tower and thought his skills in the surgical suite were as phenomenal as his bedside manner.”

### Making the Decision

Byrne’s family, already complete with two teenagers, made her an excellent candidate for EA. “Candidates for EA are typically in their premenopausal years and are finished having children,” Dr. Tower says. “They also have abnormal cycles and heavy flow, and sometimes have fibroids or ovulatory disorders.”

While a hysterectomy completely removes the uterus, and often the ovaries, an EA destroys the first two or three layers of the uterine wall and leaves the ovaries and the hormones they produce intact. A hysterectomy is major surgery requiring up to six weeks of recovery. EA is an outpatient procedure that enables most women to return to normal activities the next day. While pregnancy after EA is not theoretically impossible, it is highly unlikely.

Byrne elected to have the outpatient surgery the day after Thanksgiving at Hillcrest Hospital.

### The Process

Dr. Tower has been performing all versions of endometrial ablation at Hillcrest since its introduction in 1985. “Today a slender wand is inserted into the uterus,” he explains. “By extending a triangular mesh device through the wand, a vacuum is used to open up the mesh like a fan. As it expands, it contours to the uterine lining. Then electrical

currents are dosed to destroy the first few layers of the uterine lining.”

Remarkably, that part of the process only takes 90 seconds. Importantly, there are other steps involved to consider before EA. In Byrne’s case, after she was given anesthesia, Dr. Tower performed



Shellie Byrne relaxes with a good book after taking back control of her life. She underwent an outpatient procedure at Hillcrest Hospital, called endometrial ablation, which is an alternative to a hysterectomy, designed to stop or greatly decrease menstruation.

a hysteroscopy to look for polyps or fibroids within the uterine cavity. “This is important because any time you are dealing with abnormal bleeding, there is a greater risk for uterine cancer,” Dr. Tower explains. “If any abnormal tissue is found, it is documented before we proceed.”

Next, dilation and curettage (D & C) is performed. This procedure starts with a small instrument

called a curette that is inserted into the vagina to scrape the lining of the uterus to look for abnormal cells. The EA is the final step. The entire process takes approximately 20 minutes.

“I felt very uncomfortable for about six hours after the procedure and have had no pain since,” Byrne says. “But I do have an extremely low tolerance to pain.” She was released from the hospital later that day. She continues to be very pleased with the results. Her period comes for only a day or two, and has a light flow. She does not have the horrendous cramping and pain she once suffered.

“It’s important to remember that while this procedure has a 90 to 95 percent success rate,” Dr. Tower explains, “it does not work on all patients.” Other risks during surgery include perforation of the uterine wall or complications due to the anesthesia.

But since approximately 600,000 hysterectomies were performed last year\*, endometrial ablation remains an excellent option for women to consider.

Byrne had a textbook outcome and has become the “poster child” for EA. “I have my life back,” she says, “and it’s wonderful.” ■

*\*National Uterine Fibroids Foundation*

## Free Directory

To learn more about endometrial ablation or for a free OB/GYN physician directory, call Medline at (440) 312-4533.

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