Second-generation endometrial ablation (thermal destruction) — through the natural passages

01 What is it?

Endometrial ablation consists of removing the endometrium, that is, the lining of the inside of the uterus.

This sheet, given to you by Dr Gatri, is intended to complement the explanations provided during your consultation. Do not hesitate to ask her if you have any questions.

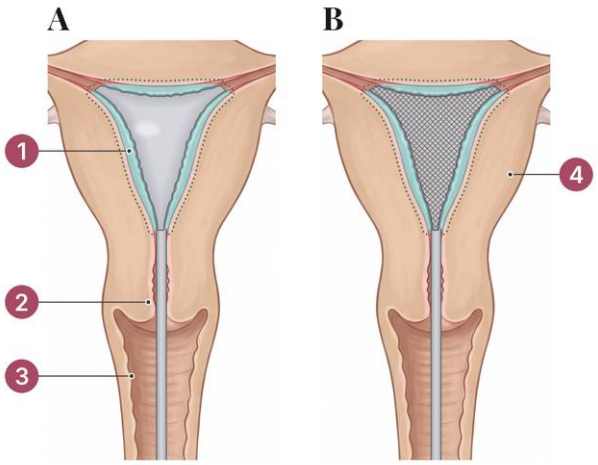


FIGURE 1 — The lining is destroyed by heat, by contact with a device placed in the uterus: A, a small balloon; B, another type of applicator (diagram, front view).

A — A small balloon

1. Endometrium (the lining), destroyed by the rise in temperature on contact with the device
2. Cervix
3. Vagina

B — Another type of applicator

4. Uterus

In blue-green, outlined with dots: the part removed during the operation.

Front view: the right of the image is the patient's left side.

Diagram Wagram Clinic, 2026.

In the so-called "second-generation" technique, the lining is destroyed by heat (thermal destruction), by contact with a device placed in the uterus. The operation is carried out through the natural passages and leaves no scar.

This sheet is based on the patient information sheet of the CNGOF and the SCGP "Endométrectomie : techniques de 2ème génération — destruction endométriale" (2024), adapted to the practice of the clinic.

02 Why this procedure?

It is offered to reduce menstrual bleeding, when periods are too heavy or very long (this is called menorrhagia), or to carry out a complete analysis of the endometrium.

The aim is to reduce the volume of the periods, or even to make them stop.

03 How does the procedure take place?

The operation is performed under general anaesthetic, under regional anaesthesia (spinal anaesthesia) or under local anaesthetic (around the cervix and at the top of the uterus). The anaesthetist will inform you of the details and risks of the technique chosen.

A speculum is inserted. A small camera, the hysteroscope, is introduced through the vagina and then through the cervix. It makes it possible to see the inside of the cavity and to check that no abnormality prevents this type of operation.

A sample of the lining is taken for analysis.

When the shape of the cavity allows it, a small balloon or another type of applicator is placed in the uterus. As its temperature rises, it destroys the lining by simple contact. There is only one technique, but several devices: the choice

depends on your anatomy and on your surgeon's practice.

The destruction of the lining may be preceded, during the same operation, by the removal of polyps or small fibroids, so that the cavity is not deformed.

As in any gynaecological surgery, a vaginal or rectal examination may be needed, as well as the injection of a blue dye into the uterus, bladder or rectum. A urinary catheter or a vaginal pack may be put in place for a short time.

The operation lasts between 10 and 30 minutes; the destruction of the lining itself lasts between 3 and 10 minutes depending on the device.

04 What the procedure does not guarantee

The effectiveness of thermal destruction, in reducing bleeding or lower abdominal pain, is around 50 to 80%. If it fails, your surgeon will offer you other solutions.

The operation reduces fertility, but it is not a form of contraception: contraception is still necessary.

05 Risks and complications

During the operation, haemorrhage or complications of the anaesthetic are extremely rare.

A perforation of the uterus may occur. The operation is then stopped and may be rescheduled at a later date. This risk is higher after the menopause, in women who have never had a vaginal birth, or after a cone biopsy (conisation).

In the first few hours, you may feel a pulling sensation or mild period-like pain; it is well relieved by the painkillers prescribed.

Light bleeding may last two to three weeks, and loss of blood or fluid may persist for several weeks.

Despite all precautions, problems may occur, in isolated cases, during or after the operation.

06 Alternatives

- If thermal destruction fails, your surgeon will offer you other solutions.

07 Contraindications

This operation can only be offered to women who no longer wish to become pregnant: without the lining, future fertility is impaired.

It is not possible if the hysteroscopy shows an abnormality of the cavity that prevents this type of operation, for example a malformation of the uterus or a very large fibroid.

Certain risks may be increased by your condition, your medical history or by treatment taken before the operation. It is essential to tell your doctor about your history (personal and family) and about all treatments and medicines you take.

08 Before the procedure

The anaesthetic consultation is compulsory. Except in an emergency, it takes place at least 48 hours before the operation.

The operation is performed, where possible, outside your period or a heavy bleed. If you have your period or heavy bleeding on the scheduled day, it may be postponed.

Tell the surgeon and the anaesthetist about your personal treatments: some may need to be stopped.

The arrangements for your contraception after the operation can be decided now.

09 After the procedure and your instructions

You will spend time in the recovery room before returning to your room. The nursing team monitors the bleeding.

You will be able to eat and go home as soon as the surgeon agrees. Most often, you go home the same evening (day surgery).

The aftermath involves little or no pain. Simple painkillers will be prescribed for you.

You can resume activity from the next day.

For about two weeks, and for as long as you have bleeding caused by the operation, avoid sexual intercourse, baths and water activities. Do not use tampons or a menstrual cup.

A few days off work are generally prescribed for you, but this is not compulsory: work is generally possible from the next day. In the event of a complication, the time off work may be extended.

The surgeon will give you the results of the sample in about two weeks.

Afterwards, the volume of your periods is greatly reduced. They may stop or become so light that they are barely noticeable.

No longer having periods does not mean being menopausal. The menopause is when the ovaries stop producing hormones for 12 months. Here, only the lining is reduced: your ovaries continue to work normally.

10 When to seek medical advice without delay

Before the post-operative check-up, if you have very heavy continuous bleeding, foul-smelling discharge, unusual pain or fever, do not hesitate to contact the surgical team.

11 Your questions for Dr Gatri

This information sheet probably cannot answer all your questions. In any case, do not hesitate to ask your doctor any question that comes to mind, either orally or in writing.