The effectiveness and cost-effectiveness of microwave and thermal balloon endometrial ablation for heavy menstrual bleeding: a systematic review and economic modelling

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Record Status
This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.

Citation

Authors' objectives
The aim of the project was to estimate the clinical effectiveness and cost-effectiveness of microwave endometrial ablation (MEA) and thermal balloon endometrial ablation (TBEA) for heavy menstrual bleeding (HMB) compared with the existing (first-generation) endometrial ablation (EA) techniques of transcervical resection (TCRE) and rollerball (RB) ablation, and hysterectomy.

Authors' conclusions
Both MEA and TBEA techniques appear to offer effective alternatives in the surgical treatment of women with HMB.

Second-generation techniques are quicker to perform and appear to provide similar outcomes to first-generation approaches. First-generation techniques are associated with fewer adverse effects than hysterectomy and there is evidence in favour of greater safety for second- over first-generation techniques. In trials between first- and second-generation techniques, there were very few significant differences in the main clinical outcomes.

In essence, there seems to be little discernible difference between second-generation techniques on the basis of currently available data. However, TBEA may be suitable for fewer women as it has more restrictions on uterine size, abnormality and pathology. Both MEA and TBEA appear to offer similar outcomes to older ablation techniques at similar or lower costs. It is not possible to predict which patients will become amenorrhagic and the differences are small. If amenorrhoea is the preferred outcome, hysterectomy is the most effective technology, but with higher costs. The costutility ratio for hysterectomy versus EA is within the range considered by decision-makers to represent acceptable value for money.

Project page URL
http://www.hta.ac.uk/1333

Indexing Status
Subject indexing assigned by CRD

MeSH
Balloon Dilatation; Catheter Ablation /methods; Menorrhagia /surgery; Microwaves /therapeutic use; Uterine Hemorrhage /prevention & control

Language Published
English

Country of organisation
England
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AccessionNumber
32004000112

Date bibliographic record published
13/02/2004

Date abstract record published
13/02/2004