# **Endometrial tissue ablation: a clinical trial.**

No registrations found.

**Ethical review** Positive opinion **Status** Recruitment stopped

Health condition type -

**Study type** Interventional

## **Summary**

#### ID

NL-OMON22028

**Source** 

Nationaal Trial Register

**Brief title** 

N/A

**Health condition** 

Dysfunctional uterine bleeding

## **Sponsors and support**

Primary sponsor: Channa Klein; J.Kleijn@mmc.nl Source(s) of monetary or material Support: NONE

#### Intervention

#### **Outcome measures**

#### **Primary outcome**

Patients satisfaction:

At each follow up visit/ telephone call patients satisfaction was noted. Patients can express their level satisfaction by using - completely satisfied, satisfied, doubtful satisfied or not satisfied.

It; s also noted if any kind of reintervention is performed, such as the use of oral contraceptives or surgery.

## **Secondary outcome**

1. Quality of life:

All patients are asked to complete quality of life questionnaires at baseline, at two days, six weeks, three months, six months and twelve months after surgery. We evaluate quality of life with the medical outcomes study SF 36, the Rotterdam symptom checklist and a structured clinical history questionnaire;

2. Amennorhoea:

At each follow up visit/ telephone call duration of menstruation, dysmennorhoea and presence of clots are registered. Patients also complete a pictorial chart.

# **Study description**

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Background summary
Objective:
To compare patient satisfaction amd health-related quality of life (HRQoL) after bipola frequency ablation and ablation with a HYDROTHERMABLATOR (HTA) SYSTEM in wom dysfunctional uterine bleeding.
Design:
Randomized clinical trial.
Setting:
Teaching hospital.
Patient(s):
Women suffering from dysfunctional uterine bleeding.
Intervention(s):

Bipolar radio frequency ablation and ablation with aHYDROTHERMABLATOR (HTA) SYSTEM.

Main outcome measure(s):

Patients will be asked to report treatment satisfaction complete HRQoL questionnaires at baseline, and at 3 months, 6 months, and 12 months after surgery. The questionnaires contain the medical outcomes study Short-Form 36 (SF-36) and a structured clinical history questionnaire.

#### Study objective

Demonstrate that the HydroThermAblation $^{\text{\tiny M}}$  procedure is equally effective compared to the Novasure $^{\text{\tiny M}}$  procedure in achieving patent satisfaction at twelve months post-treatment for menorrhagia secondary to DUB.

## Study design

N/A

#### Intervention

Hydrothermablator (HTA) system versus ablation with novasure.

## **Contacts**

#### **Public**

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#### **Scientific**

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# **Eligibility criteria**

#### Inclusion criteria

- 1. Refractory menorrhagia with no definable organic cause (dysfunctional uterine bleeding);
- 2. Ages over 25 years old;
- 3. Uterine sound measurement of 6.0 "C 12 cm (external os to internal fundus);
- 4. Failed, contraindicated or intolerance to conservative (medical) therapy;
- 5. Menstrual Diary: A minimum PBLAC score of > 150 for 1 month;
- 6. Intracavitary pathology, such as type 2 fibromas and small polyps (¡Ü 2cm), confirmed by hysteroscopy or Saline Infused Sonography (SIS).

## **Exclusion criteria**

- 1. Presence of bacteremia, sepsis, or other active systemic infection;
- 2. Active or recurrent chronic pelvic inflammatory disease;
- 3. Patients with documented coagulopathies;
- 4. Symptomatic endometriosis;
- 5. Prior uterine surgery (except low segment cesarean section) which interrupts the integrity of the uterine wall e.g., transmural myomectomy or classical cesarean section;
- 6. Prior endometrial ablations;
- 7. Patients on medications that could thin the myometrial muscle, such as long-term steroid use;
- 8. Patients on anticoagulants;
- 9. Desire to have children or to preserve fertility;
- 10. Patients currently on hormonal birth control therapy or unwilling to use a non-hormonal birth control post-ablation;
- 11. Abnormal/Obstructed Cavity as confirmed by hysterscopy, Saline Infused Sonography

(SIS) or HSG. Specifically:

11.1 Septate or bicornuate uterus or other congenital malformation of the uterine cavity.

# Study design

## **Design**

Study type: Interventional

Intervention model: Parallel

Allocation: Randomized controlled trial

Masking: Single blinded (masking used)

Control: Active

## Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 01-03-2005

Enrollment: 160

Type: Actual

## **Ethics review**

Positive opinion

Date: 29-07-2005

Application type: First submission

# **Study registrations**

## Followed up by the following (possibly more current) registration

No registrations found.

## Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

RegisterIDNTR-newNL66NTR-oldNTR98Other: N/A

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# **Study results**

## **Summary results**

N/A