# Endometrial tissue ablation: a clinical trial

| Submission date   | <b>Recruitment status</b> No longer recruiting | <ul><li>Prospectively registered</li></ul> |  |  |
|-------------------|------------------------------------------------|--------------------------------------------|--|--|
| 12/09/2005        |                                                | ☐ Protocol                                 |  |  |
| Registration date | Overall study status                           | Statistical analysis plan                  |  |  |
| 12/09/2005        | Completed                                      | [X] Results                                |  |  |
| Last Edited       | Condition category                             | [] Individual participant data             |  |  |
| 27/10/2010        | Urological and Genital Diseases                |                                            |  |  |

## Plain English summary of protocol

Not provided at time of registration

## Contact information

## Type(s)

Scientific

#### Contact name

Dr J. Kleijn

#### Contact details

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## Additional identifiers

**Protocol serial number** N/A

# Study information

Scientific Title

**Study objectives** 

Demonstrate that the HydroThermAblation procedure is equally effective compared to the Novasure procedure in achieving patent satisfaction at twelve months post-treatment for menorrhagia secondary to DUB.

### Ethics approval required

Old ethics approval format

#### Ethics approval(s)

Not provided at time of registration

#### Study design

Randomised controlled trial

#### Primary study design

Interventional

#### Study type(s)

Treatment

#### Health condition(s) or problem(s) studied

Dysfunctional uterine bleeding

#### **Interventions**

Hydrothermablator (HTA) System versus ablation with Novasure

#### Intervention Type

Other

#### Phase

**Not Specified** 

#### Primary outcome(s)

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

## Key secondary outcome(s))

- 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.

#### Completion date

01/08/2007

## **Eligibility**

#### Key inclusion criteria

- 1. Refractory menorrhagia with no definable organic cause (dysfunctional uterine bleeding).
- 2. Age over 25 years old
- 3. Uterine sound measurement of 6.0 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. Intracavitary pathology, such as type 2 fibromas and small polyps ( $\leq$  2cm), confirmed by hysteroscopy or Saline Infused Sonography (SIS)

#### Participant type(s)

**Patient** 

#### Healthy volunteers allowed

No

#### Age group

Adult

#### Sex

**Not Specified** 

#### Key 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. Prior endometrial ablations.
- 6. Patients on medications that could thin the myometrial muscle, such as long-term steroid use.
- 7. Patients on anticoagulants.
- 8. Desire to have children or to preserve fertility
- 9. Patients currently on hormonal birth control therapy or unwilling to use a non-hormonal birth control post-ablation.
- 10. Abnormal/Obstructed Cavity as confirmed by hysterscopy, Saline Infused Sonography (SIS) or HSG. Specifically: Septate or bicornuate uterus or other congenital malformation of the uterine cavity.

#### Date of first enrolment

01/03/2005

#### Date of final enrolment

01/08/2007

## Locations

#### Countries of recruitment

**Netherlands** 

### Study participating centre Maxima Medisch Centrum Veldhoven Netherlands 5500 MB

# Sponsor information

### Organisation

Maxima Medisch Centrum (The Netherlands)

#### **ROR**

https://ror.org/02x6rcb77

# Funder(s)

#### Funder type

Hospital/treatment centre

#### Funder Name

Máxima Medisch Centrum (Netherlands)

## **Results and Publications**

Individual participant data (IPD) sharing plan

## IPD sharing plan summary

Not provided at time of registration

## **Study outputs**

| Output type     | Details | Date created | Date added | Peer reviewed? | Patient-facing? |
|-----------------|---------|--------------|------------|----------------|-----------------|
| Results article | results | 01/10/2010   |            | Yes            | No              |