

Blind versus visual endometrial ablation: a randomised controlled trial

Submission date 14/06/2010	Recruitment status Stopped	<input checked="" type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
Registration date 29/07/2010	Overall study status Stopped	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
Last Edited 04/07/2016	Condition category Urological and Genital Diseases	<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

Contact name
Dr Kevin Cooper

Contact details
Ward 42
Aberdeen Royal Infirmary
Foresterhill
Aberdeen
United Kingdom
AB25 2ZN

Additional identifiers

Study information

Scientific Title
Patient satisfaction, menstrual outcome and costs following blind versus visual second-generation ablation for the treatment of menorrhagia: a randomised controlled trial

Study objectives
Current study hypothesis as of 13/10/2011:
The aim of the study is to compare visual endometrial ablation (Hydrotheramablator) with blind endometrial ablation (Thermal balloon or Novasure Bipolar array) under general or local

anaesthesia in the postmenstrual phase in an adequately powered, double-blind, prospective randomised controlled trial. Pre-operative data, 1-year and 5-year data will be taken.

Previous study hypothesis:

The aim of the study is to compare Hydro ThermAblator (HTA) with Microwave Endometrial Ablation (MEA) under general or local anaesthesia in the postmenstrual phase in an adequately powered, double-blind, prospective randomised controlled trial. Pre-operative data, 1-year and 5-year data will be taken.

Ethics approval required

Old ethics approval format

Ethics approval(s)

NHS Grampian Ethics Committee - approval pending

Study design

Double-blind randomised active-controlled parallel-group trial

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Women's health - reproductive disease

Interventions

Patients will be randomised in a 1:1 basis to either blind or visual endometrial ablation performed under local or general anaesthesia in the immediate post-menstrual phase. Patients can choose their anaesthetic and will have their lining prepared by a medically induced withdrawal bleed. HTA, Thermochoice and Novasure are all NICE-approved methods of endometrial ablation and will be used within their CE mark. The duration of follow-up will be 1 year in the short term, with a follow up at 5 and 10 years to assess long-term outcomes.

Intervention Type

Procedure/Surgery

Primary outcome(s)

Patient satisfaction with each technique, measured using a six-point Likert scale post-operatively and at 6 and 12 months.

Key secondary outcome(s)

1. Comparison of operative details, e.g.

1.1. Times

1.2. Difficulties

1.3. Numbers needing general anaesthetic

1.4. Acceptability of treatment measured using a six-point Likert scale post-operatively and at 6 and 12 months

1.5. Operative pain assessed by Visual Analogue Scale (VAS) and McGill Pain Questionnaire

2. Menstrual outcome

- 2.1. Menstrual Bleeding and Pain Scores assessed with standardised local bleeding/pain scores (0-50) and follow-up Pictorial Bleeding Assessment Chart (PBLAC) scores, at baseline, 6 and 12 months
 - 2.2. Number of women having no periods after each procedure
 3. Quality of life, measured by SF-12
 4. Health service costs of Microwave Endometrial Ablation to Hydro ThermAblator ablation under general or local anaesthesia performed in the post-menstrual phase
 5. Complication rates
- Follow up at 5 and 10 years will assess long-term outcomes.

Completion date

10/01/2017

Reason abandoned (if study stopped)

Lack of funding/sponsorship

Eligibility

Key inclusion criteria

1. Patients eligible for endometrial ablation and be willing to be randomised to either treatment
2. Normal endometrial biopsy results
3. Uterine cavity less than 12 cm
4. Completed their family, use reliable contraception and otherwise be acceptant of hysterectomy
5. A pre-operative ultrasound scan must confirm they are suitable for either MEA or HTA
6. Pre-operative data, 1-year and 5-year data will be taken

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

Female

Key exclusion criteria

1. Desire for further family
2. Abnormal endometrial pathology
3. Uterine cavity > 12 cm
4. Normal or light periods
5. Previous classical caesarean section/myomectomy/hysterotomy
6. Previous caesarean section scar less than 10 mm
7. Acute uterine infection

Date of first enrolment

10/01/2012

Date of final enrolment

10/01/2017

Locations

Countries of recruitment

United Kingdom

Scotland

Study participating centre

Aberdeen Royal Infirmary

Aberdeen

United Kingdom

AB25 2ZN

Sponsor information

Organisation

NHS Grampian Endowments (UK)

ROR

<https://ror.org/00ma0mg56>

Funder(s)

Funder type

Government

Funder Name

NHS Endowments. An application for Health Technologies Agency (HTA) funding is in progress

Results and Publications

Individual participant data (IPD) sharing plan**IPD sharing plan summary**

Not provided at time of registration