

A Retrospective Analysis of Nova-sure Procedures: Outpatient Versus General Anaesthesia Approaches

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INTRODUCTION

Second-generation auto-ablative technology, such as Novasure, has largely replaced first-generation hysteroscopic methods for treating heavy menstrual bleeding due to its reduced reliance on surgical skill and comparable effectiveness.

These characteristics make Novasure an ideal candidate for outpatient procedures, offering a feasible, safe, and effective alternative to treatment under general anaesthesia (GA).

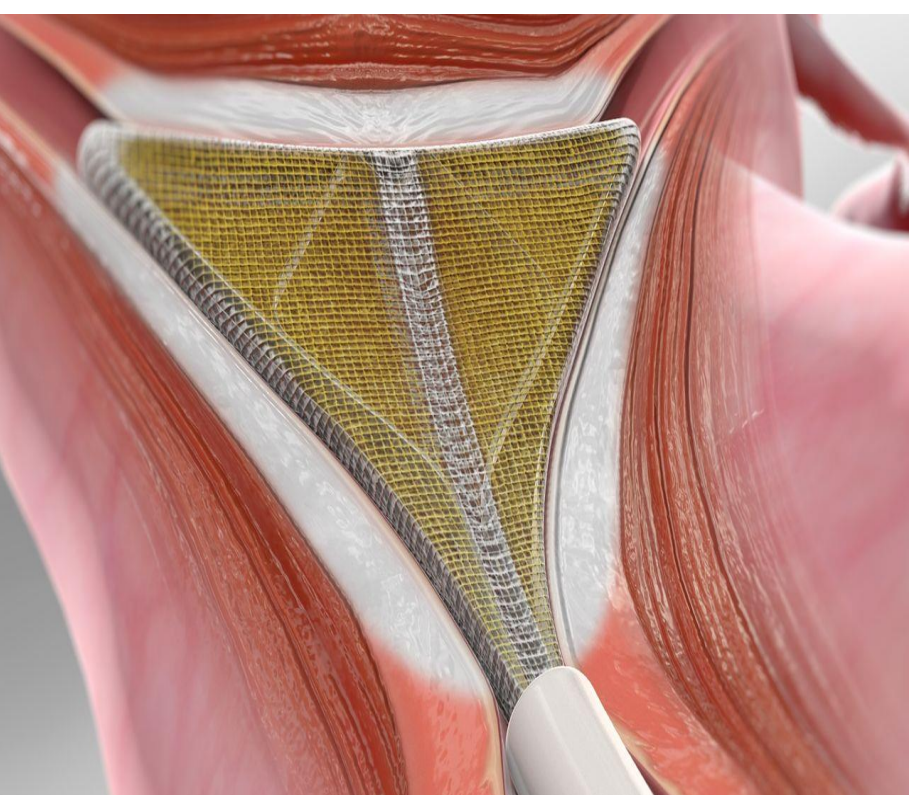
AIM

This study evaluates the proportion of procedures performed outpatient versus under general anaesthesia (GA) and compares their outcomes and complications.

Methods

A retrospective review was conducted on 165 patients who underwent Novasure ablation between March 2021 and March 2024.

- Outpatient Navasure: 77 (46.66%)
Novasure under GA: 88 (53.34%)
- Data on bleeding outcomes and complications were analyzed.



Outpatient Novasure

Total patients:77

Failed procedure:2

1. Large cavity- not suitable for Novasure
2. High BMI- for under GA Novasure

Complications: 19

Intraop/immediate post operative- 10 patients

1. 6 patients: Pain/Felt faint/vasovagal stayed 1-2 hour
2. 1 patients: tonic clonic seizure - transferred to ED for medical review
3. 1 patients: vacuum failure, had to open 2nd device, cavity 80% treated
4. 1patients: Speculum very painful
5. 1 patients: Cervical injection very painful

Delayed complication- 9 patients

1. Ongoing pain after 2-3 weeks- 2 patients
2. Endometritis- 5 patients (2 readmission)
3. Ongoing HMB- 2 patients

Novasure under GA

Total patients:88

Failed procedure:3

Complications: 12

Intraop/immediate post operative- 6 patients

1. Small false passage at the fundus (no perforation)
2. Day 1 urine frequency/leakage. Later on ongoing pain
3. Pain & difficulty passing urine- went home same day with pain relief
4. Stayed overnight for analgesia
5. Admitted 2 days (laparoscopy also done)
6. 80% cavity coverage

Delayed complications- 6 patients

1. 5 patients with ongoing HMB and 3 requiring hysterectomy
2. 1 patient with HMB and pelvic pain planning hysterectomy

Summary

	Outpatient Novasure	Novasure under GA
Total patients	77 (46.66%)	88 (53.33%)
Failed procedure	2	3
Complications	19 (25.3%) (out of 75 pt)	12 (14.1%) (out of 85pt)
Intraop/Immediate	10	6
Delayed	9	6
Good outcome	66 (88%)	79 (93%)

CONCLUSIONS

Outpatient Novasure is effective for most patients, offering quicker recovery and avoiding the risks of GA. However, it may be more painful for some and carries a slightly higher risk of endometritis. Expanding its use could benefit more patients while maintaining safety and effectiveness

