

Rate of infection requiring antibiotics after endometrial ablation: A retrospective audit

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Background

Endometrial ablation is an established minimally invasive treatment for heavy menstrual bleeding. Although postoperative infective morbidity is recognised, reported infection rates following hysteroscopic procedures are low, and current guidelines do not recommend routine perioperative antibiotic prophylaxis.^{1 2}

However, the evidence supporting these recommendations is limited, with few studies specifically evaluating infective complications following endometrial ablation. Existing guidance is largely extrapolated from diagnostic and operative hysteroscopy, despite differences in the extent of endometrial tissue injury.^{3 4}

Aim

This audit aimed to determine the incidence of postoperative infective morbidity following endometrial ablation within a large tertiary health service and assess whether local outcomes support current perioperative practice.

Results

Patient and procedural characteristics

Characteristic	Value
Diabetes	7 (8.5%)
Immunocompromised	11 (13.4%)
Mean cavity length	56.4 ± 16 mm
Mean cavity width	38.0 ± 7.8 mm

Clinical outcomes

Outcome	n(%)
Successful ablation	78 (94%)
Further intervention within 12 months	6 (7.2%)
Overnight stay	14 (13%)
Overnight stay for bleeding	1 (1.2%)

Postoperative antibiotic use and infection outcomes

Outcome	n(%)
Prophylactic intraoperative antibiotics	0
Postoperative antibiotics	11 (13.2%)
Confirmed endometritis	6 (7.2%)
IV antibiotics (admission)	2
IV antibiotics (ED only)	1
Mean time to antibiotics	6 ± 5 days
Mean admission length	3.5 days

Take home messages

- ❖ Postoperative antibiotics were given to 13.2% of patients following endometrial ablation.
- ❖ Confirmed endometritis occurred in 7.2% of patients.
- ❖ A small but clinically important proportion required hospital-based intravenous antibiotic therapy.
- ❖ Diabetes and immunosuppression were not significantly associated with postoperative antibiotic use or endometritis in this cohort.
- ❖ These findings support prospective research into the role of antibiotic prophylaxis at the time of endometrial ablation.

Discussion

Postoperative infection following endometrial ablation is generally considered uncommon, and routine prophylactic antibiotics are not currently recommended for hysteroscopic procedures. In this audit, however, 13.2% of patients received postoperative antibiotics and 7.2% developed confirmed endometritis.

Although most infections did not require hospital admission, three patients required hospital-based intravenous antibiotic treatment, including two inpatient admissions and one emergency department presentation. This demonstrates that, while uncommon, postoperative infection can result in clinically significant morbidity and healthcare utilisation.

Neither diabetes nor immunosuppression was significantly associated with postoperative antibiotic use or endometritis. However, the relatively small number of patients with these comorbidities may limit the ability to detect an association.

These findings highlight the limited evidence base regarding antibiotic prophylaxis specifically for endometrial ablation. Given the observed rate of postoperative antibiotic use and confirmed endometritis, prospective evaluation of peri-procedural antibiotic prophylaxis is warranted.

References

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