INTRODUCTION

Dysfunctional uterine bleeding is an uncomfortable and inconvenient complaint that may not be relieved by drug treatment in the long term. In such circumstances, hysterectomy has been regarded as the best treatment, but it's extensive use when there is no evidence of microscopic or macroscopic disease has also provoked criticism (Alexander et al, 1996).

A considerable number of women who had hysterectomy suffered psychological sequelae engendered by the loss of an organ which is considered by them central to female phenotype. Women with menorrhagia now have an option other than loss of a major organ, with seven to ten days hospitalization, considerable post operative pain and several weeks convalescence (Gillespie, 1991).

Endometrial ablation is becoming increasingly accepted as a safe and effective form of management for menorrhagia caused by dysfunctional uterine bleeding. Most of the advantages are obvious, with reasonably reliable and dramatic reduction in uterine bleeding, short hospital stay, rapid recovery and retention of the uterus being the foremost appealing features to the majority of women. Since the two alternative therapies are long term medication -sometimes with trouble some side effects- and hysterectomy (Fraser et al, 1993) .