

Abnormal Uterine Bleeding (AUB) Treatment Options

Treatment	Description	Advantage	Disadvantage
Hormone Therapy	Estrogen/progestin used for select low-risk patients	<ul style="list-style-type: none"> Reduces problem bleeding in about half of patients¹ Self-administered Contraceptive Retain fertility (when therapy is stopped) 	<ul style="list-style-type: none"> Hormonal side effects may include nausea, headaches and weight gain¹ Results may vary depending on hormone²
Hormone Releasing IUD	Device inserted into the uterus that releases a steady amount of progestins, which can help control bleeding	<ul style="list-style-type: none"> Reduces problem bleeding in about 70% of patients³ Contraceptive Effective for 5 years Retain fertility (when IUD is removed) 	<ul style="list-style-type: none"> Must be removed and replaced every 5 years May experience intermenstrual bleeding/spotting⁴ May experience hormonal side effects⁵, which may include depression⁶, acne⁶, headaches⁷, nausea, weight gain and hair loss^{4,6,8} Other side effects include abdominal pain, infection and difficulty inserting the device, requiring cervical dilation³
D&C (Dilation and Curettage)	Surgical procedure used to temporarily control heavy bleeding by scraping the inside of the uterus	<ul style="list-style-type: none"> Diagnostic tool that can provide a tissue sample to test for cancer of the uterus Retain fertility 	<ul style="list-style-type: none"> Requires local, general or regional anesthesia Reduction in bleeding is temporary⁹ Risk of complications associated with minimally invasive procedure
Myomectomy & Polypectomy (the MyoSure Procedure)	A minimally invasive intrauterine procedures to remove fibroids and polyps without removing the uterus	<ul style="list-style-type: none"> Outpatient procedure - go home the same day No long recovery time - return to full activities in 48 hours No incisions - uterine form and function is preserved 	<ul style="list-style-type: none"> May require hospital visit Possible temporary mild cramping and discomfort immediately following the procedure Risk of complications associated with minimally invasive procedure
Endometrial Ablation (NovaSure Procedure)	A procedure that removes the uterine lining, while preserving the uterus, to reduce or eliminate bleeding	<ul style="list-style-type: none"> For 90% of women, menstrual bleeding is dramatically reduced or stopped One-time, five-minute procedure Can be done in your doctor's office, usually for the cost of a copay Rapid recovery 	<ul style="list-style-type: none"> Must have completed childbearing Non-reversible Contraception required, due to danger of pregnancy post procedure Risk of complications associated with minimally invasive surgery May require anesthesia local/general¹⁰
Hysterectomy (Removal of the uterus)	Permanent, surgical option for women not responsive to other treatments	<ul style="list-style-type: none"> Eliminates problem bleeding One-time procedure 	<ul style="list-style-type: none"> Cost Involves major invasive surgery Risk of complications associated with major surgery Requires general or regional anesthesia 2- to 8-week recovery time May result in early onset of menopause/possible need for future hormone treatment¹¹ Non-reversible; lose fertility

References:

1. Cooper KG, et al. A randomised comparison of medical and hysteroscopic management in women consulting a gynaecologist for treatment of heavy menstrual loss. *Br J Obstet Gynaecol.* 1997; 104:1360-1366. 2. Singh RH, et al. Hormonal management of abnormal uterine bleeding. *Clin Obstet Gynecol.* 2005; 48:337-352. 3. Istre O, et al. Treatment of menorrhagia with levonorgestrel intrauterine system versus endometrial resection. *Fertil Steril.* 2001; 76:304-309. 4. Hurskainen R, et al. Clinical outcomes and costs with the levonorgestrel releasing intrauterine system or hysterectomy for treatment of menorrhagia: randomized trial 5-year follow-up. *JAMA.* 2004; 291:1456-1463. 5. FAQ. The American College of Obstetricians and Gynecologists. <http://www.acog.org/-/media/For%20Patients/faq095.pdf?dmc=1&ts=20130613T1302316232>. 6. Mirena. Wayne, NJ: Bayer HealthCare Pharmaceuticals Inc.; 2007. 7. American Society for Reproductive Medicine. *Uterine Fibroids: A Guide for Patients.* Patient Information Series 2003. http://www.asrm.org/uploadedFiles/ASRM_Content/Resources/Patient_Resources/Fact_Sheets_and_Info_Booklets/uterine_fibroids.pdf. 8. Backman T, Huhtala S, Blom T, Luoto R, Rauramo I, Koskenvuo M. Length of use and symptoms associated with premature removal of levonorgestrel intrauterine system: a nationwide study of 17,360 users. *BJOG* 2000; 107:335-9. 9. DeCherney AH, et al. *Current Obstetric & Gynecologic Diagnosis & Treatment*, ninth edition. New York, NY: McGraw-Hill Medical; 2003. 10. Singh RH, et al. Hormonal management of abnormal uterine bleeding. *Clin Obstet Gynecol.* 2005; 48:337-352. 11. Siddle N, et al. The effect of hysterectomy on the age at ovarian failure.

Important Safety Information

NovaSure endometrial ablation is for premenopausal women with heavy periods due to benign causes who are finished childbearing. Pregnancy following the NovaSure procedure can be dangerous. The NovaSure procedure is not for those who have or suspect uterine cancer; have an active genital, urinary or pelvic infection; or an IUD. NovaSure endometrial ablation is not a sterilization procedure. Rare but serious risks include, but are not limited to, thermal injury, perforation and infection. Temporary side effects may include cramping, nausea, vomiting, discharge and spotting. If you, or someone you know, have possibly experienced a side effect when using our product, please contact your physician.

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