

Treatment Options for Abnormal Uterine Bleeding (AUB)

Choosing the right treatment for you.

There are several treatment options available. This chart highlights the advantages and disadvantages of the most common options. Your doctor can help you decide which treatment may be right for you.

The following treatment options have not been studied head to head. This chart contains summary information from separate studies that each used different methods and criteria to measure efficacy or success. This is not intended to be medical advice and is not an exhaustive list of treatment options. Please consult your medical professional for specific advice regarding your health and treatment.

Treatment	Efficacy/Success Rate*	Description	Advantages	Disadvantages
Hysterectomy	100% ¹	Surgical procedure to remove the uterus	<ul style="list-style-type: none"> Eliminates problem bleeding One-time procedure Permanent 	<ul style="list-style-type: none"> Cost, major invasive surgery Risk associated w/ major surgery Requires general anesthesia 2-8 week recovery time Non-reversible, lose fertility May cause early onset of menopause² Typically the last option for women not responsive to other treatments
Global Endometrial Ablation (Data represents the NovaSure procedure)	Successful reduction in bleeding (1 yr) 77.7% ³ Amenorrhea rate (1 yr): 36% ³	Procedure that removes the uterine lining while preserving the uterus ³ to reduce or eliminate bleeding ³	<ul style="list-style-type: none"> One-time, five minute procedure³ Patient specific treatment³ Average treatment is 90 seconds³ Can be performed in-office under local anesthesia Immediate results, rapid recovery Not menstrual cycle dependent³ Minimally invasive 	<ul style="list-style-type: none"> Must have completed childbearing³ Non-reversible³ Contraception required, due to danger of pregnancy post procedure³ Potential for post-procedure cramping, pain, nausea, vomiting, vaginal discharge and vaginal spotting/bleeding³ May require anesthesia local/general³
Hormone Releasing Intrauterine Device Mirena® (levonorgestrel-releasing intrauterine system)	Decreased uterine bleeding (1 yr): 24% ⁴ Amenorrhea (1 yr): 20% ⁴	A hormone releasing system (device) placed in the uterus to prevent pregnancy for up to 5 years, which can also decrease heavy menstrual blood loss.	<ul style="list-style-type: none"> Reduces/eliminates problem bleeding combined with contraceptive⁴ Effective for 5 years⁴ Retain fertility (when IUD removed)⁴ 	<ul style="list-style-type: none"> Mirena may take up to 6 months to provide relief from heavy bleeding⁴ Replaced every 5 years⁴ 30% experience hormonal side effects⁴ 70% experience intermenstrual bleeding⁴
Tranexamic acid tablets Lysteda™ (tranexamic acid, USP)	66% experienced a 1/3 reduction in menstrual blood loss ⁵	Anti-fibrinolytic, helps to normalize clot breakdown within the uterus ⁵	<ul style="list-style-type: none"> Non-invasive⁵ Self administered⁵ Retain fertility throughout⁵ 	<ul style="list-style-type: none"> Two tablets taken 3 times a day (high patient compliance required)⁵ Using Lysteda along with hormonal products may increase the chance of blood clots, stroke or heart attack⁷ Will not produce amenorrhea⁵
No Management (Do nothing and monitor)	No change until menopause	No treatment of any kind is given, patient is monitored and followed up with accordingly	<ul style="list-style-type: none"> No treatment given 	<ul style="list-style-type: none"> No change likely till menopause Average age of menopause is 51 years⁵

*Efficacy/Success Rates are defined:

For Hysterectomy: Elimination of menstrual bleeding following removal of uterus via abdominal, vaginal, laparoscopic or robot-assisted laparoscopic approach.

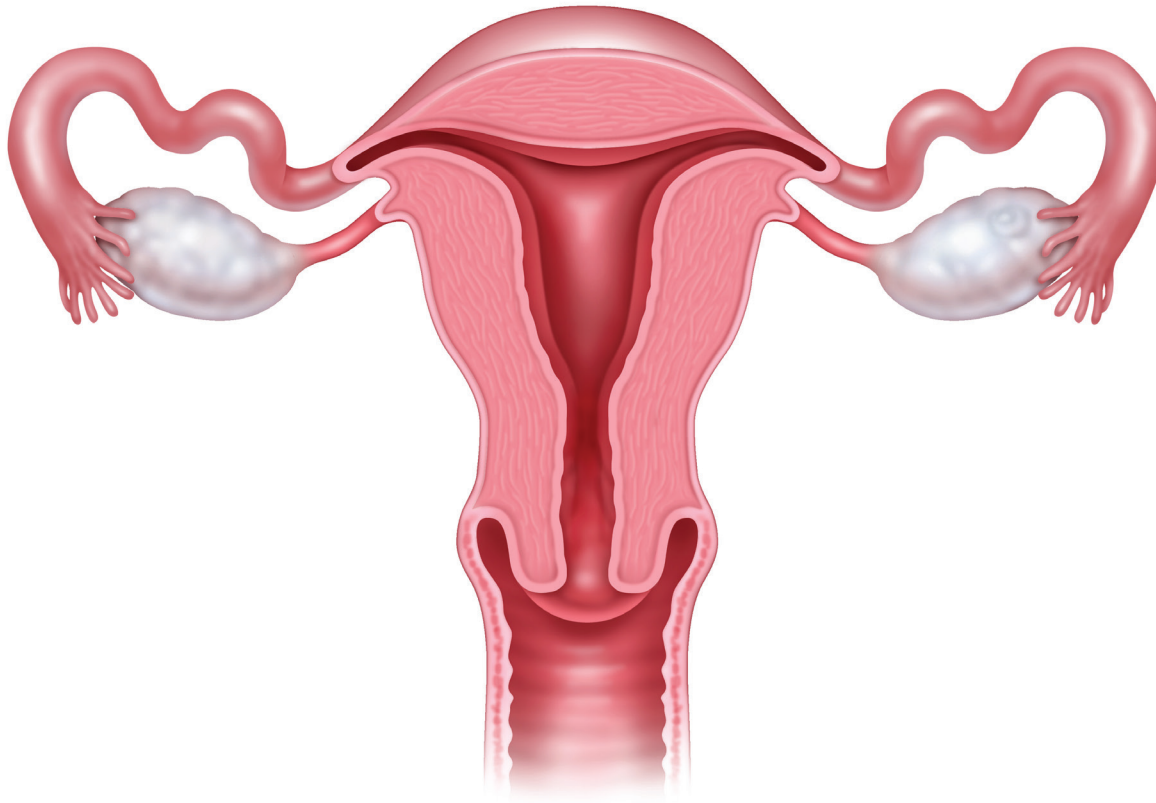
For Global Endometrial Ablation: Effectiveness was measured based on patient reported blood loss. This method records the number of tampons or sanitary towels (pads) used and the degree to which they are stained with blood.

For Hormone Releasing Intrauterine Device: Effectiveness was measured based on weight of patient-used sanitary products by collecting tampons or sanitary towels (pads) for laboratory analysis.

For Tranexamic Acid Tablets: Effectiveness was measured based on weight of patient-used sanitary products by collecting tampons or sanitary towels (pads) for laboratory analysis.

For No Management: N/A

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Resources:

1. AAGL (American Association of Gynecologic Laparoscopists): www.misforwomen.com
2. ACOG (American College of Obstetricians and Gynecologists): www.acog.org/Patients

To learn more about the NovaSure procedure, please visit www.NovaSure.com

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.

References

1. Dickersin K, Munro MG, Clark M, Langenberg P, Scherer R, Frick K, et al. Surgical Treatments Outcomes Project for Dysfunctional Uterine Bleeding (STOP-DUB) Research Group. Hysterectomy compared with endometrial ablation for dysfunctional uterine bleeding: a randomized controlled trial. *Obstet Gynecol.* 2007;110(6):1279–89. [PubMed]
2. Siddle N, et al. The effect of hysterectomy on the age at ovarian failure: identification of a subgroup of women with premature loss of ovarian function and literature review. *Fertil Steril.* 1987; 47:94-100.
3. NovaSure Instructions for Use.
4. Mirena [package insert]. Wayne, NJ: Bayer HealthCare Pharmaceuticals Inc.; 2007.
5. Lysteda Prescribing Information.
6. The American College of Obstetricians and Gynecologists. Frequently Asked Questions, Gynecologic Problems. ACOG. 2011; FAQ162.