

# Treatment Options for Abnormal Uterine Bleeding (AUB)

Treatment	Efficacy/Success Rate	Description	Advantages	Disadvantages	Comments
Hysterectomy	100%	Surgical procedure to remove the uterus	<ul style="list-style-type: none"> <li>Eliminates problem bleeding</li> <li>One-time procedure</li> <li>Permanent</li> </ul>	<ul style="list-style-type: none"> <li>Cost, major invasive surgery</li> <li>Risk associated w/ major surgery</li> <li>Requires general anesthesia</li> <li>2-8 week recovery time</li> <li>Non-reversible, lose fertility</li> <li>May cause early onset of menopause<sup>1</sup></li> <li>Typically the last option for women not responsive to other treatments</li> </ul>	
Global Endometrial Ablation (Data represents the NovaSure procedure)	Successful reduction in bleeding (1 yr) 98% <sup>2</sup> Reintervention rate (5 yrs) 2.8-8.2% <sup>2,3</sup> Amenorrhea rates range from 30-75% <sup>2,3</sup>	Procedure that removes the uterine lining while preserving the uterus to reduce or eliminate bleeding.	<ul style="list-style-type: none"> <li>One-time, five minute procedure</li> <li>Patient specific treatment</li> <li>Average treatment is 90 seconds</li> <li>Can be performed in-office</li> <li>Immediate results, rapid recovery</li> <li>Not menstrual cycle dependent</li> <li>Minimally invasive</li> </ul>	<ul style="list-style-type: none"> <li>Must have completed childbearing</li> <li>Non-reversible</li> <li>Contraception required, due to danger of pregnancy post procedure</li> <li>Risk of complications associated with minimally invasive surgery</li> <li>May require anesthesia local/general</li> </ul>	
Hormone Releasing Intrauterine Device (Data represents Mirena)	Reduction to normal bleeding (1 yr): 67% <sup>4</sup> Hysterectomy rate after (5 yrs): 42% <sup>5</sup> Amenorrhea (1 yr): 20% <sup>5</sup>	(Mirena) Device inserted into the uterus that releases a steady amount of progestin's, which can help control bleeding	<ul style="list-style-type: none"> <li>Reduces/eliminates problem bleeding combined with contraceptive</li> <li>Remains inserted for 5 years</li> <li>Retain fertility (when IUD removed)</li> </ul>	<ul style="list-style-type: none"> <li>Mirena may take up to 6 months to provide relief from heavy bleeding<sup>5</sup></li> <li>Replaced every 5 years<sup>6</sup></li> <li>30% experience hormonal side effects<sup>6</sup></li> <li>70% experience intermenstrual bleeding<sup>6</sup></li> </ul>	
Tranexamic acid (Data represents Lysteda)	66% experienced a 1/3 reduction in menstrual blood loss <sup>7</sup>	Anti-fibrinolytic, helps to normalize clot breakdown within the uterus	<ul style="list-style-type: none"> <li>Non-invasive</li> <li>Self administered</li> <li>Retain fertility throughout</li> </ul>	<ul style="list-style-type: none"> <li>Two tablets taken 3 times a day (high patient compliance required)<sup>7</sup></li> <li>Using Lysteda along with hormonal products may increase the chance of blood clots, stroke or heart attack<sup>7</sup></li> <li>Will not produce amenorrhea<sup>7</sup></li> </ul>	
Hormone Therapy (Data based on Progestogens)	Reduces problem bleeding in approximately 50% of patients <sup>8</sup>	Estrogen/progestin used for select low-risk patients	<ul style="list-style-type: none"> <li>Self administered</li> <li>Contraceptive</li> <li>Retain fertility once therapy is stopped</li> </ul>	<ul style="list-style-type: none"> <li>Risk for hormonal side effects</li> <li>Results may vary depending on hormone<sup>9</sup></li> </ul>	
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"> <li>No treatment given</li> </ul>	<ul style="list-style-type: none"> <li>No change likely till menopause</li> <li>Average age of menopause is 51 years<sup>10</sup></li> </ul>	

**References:**  
**1.** 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. **2.** Gimpelson R. Ten-year literature review of global endometrial ablation with the NovaSure device. *Int J Womens Health.* 2014;6:269-280. **3.** Gallinat A. An impedance-controlled system for endometrial ablation: five-year follow-up on 107 patients *J Reprod Med.* 2007; 52(6):467-472 **4.** Istre O, et al. Treatment of Menorrhagia with levonorgestrel intrauterine system versus endometrial resection. *Fertil Steril.* 2001;76:304-309. **5.** Hurskainen R et al. Clinical Outcomes and Costs With the Levonorgestrel-Releasing Intrauterine System or Hysterectomy for Treatment of Menorrhagia. *JAMA.* 2004;291(12):1456-1463 **6.** Mirena [package insert] Wayne, NJ; Bayer HealthCare Pharmaceuticals Inc; 2007 **7.** Lysteda Prescribing Information **8.** 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 **9.** Singh RH, et al. Hormonal management of abnormal uterine bleeding. *Clin Obstet Gynecol.* 2005;48:337-352. **10.** The American College of Obstetricians and Gynecologists. Frequently Asked Questions, Gynecologic Problems. *ACOG.* 2011; FAQ162.

