

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"> 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 menopause¹ 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) 98% ² Reintervention rate (5 yrs) 2.8-8.2% ^{2,3} Amenorrhea rates range from 30-75% ^{2,3}	Procedure that removes the uterine lining while preserving the uterus to reduce or eliminate bleeding.	<ul style="list-style-type: none"> One-time, five minute procedure Patient specific treatment Average treatment is 90 seconds Can be performed in-office Immediate results, rapid recovery Not menstrual cycle dependent Minimally invasive 	<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/general 	
Hormone Releasing Intrauterine Device (Data represents Mirena)	Reduction to normal bleeding (1 yr): 67% ⁴ Hysterectomy rate after (5 yrs): 42% ⁵ Amenorrhea (1 yr): 20% ⁵	(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"> Reduces/eliminates problem bleeding combined with contraceptive Remains inserted for 5 years Retain fertility (when IUD removed) 	<ul style="list-style-type: none"> Mirena may take up to 6 months to provide relief from heavy bleeding⁵ Replaced every 5 years⁶ 30% experience hormonal side effects⁶ 70% experience intermenstrual bleeding⁶ 	
Tranexamic acid (Data represents Lysteda)	66% experienced a 1/3 reduction in menstrual blood loss ⁷	Anti-fibrinolytic, helps to normalize clot breakdown within the uterus	<ul style="list-style-type: none"> Non-invasive Self administered Retain fertility throughout 	<ul style="list-style-type: none"> Two tablets taken 3 times a day (high patient compliance required)⁷ Using Lysteda along with hormonal products may increase the chance of blood clots, stroke or heart attack⁷ Will not produce amenorrhea⁷ 	
Hormone Therapy (Data based on Progestogens)	Reduces problem bleeding in approximately 50% of patients ⁸	Estrogen/progestin used for select low-risk patients	<ul style="list-style-type: none"> Self administered Contraceptive Retain fertility once therapy is stopped 	<ul style="list-style-type: none"> Risk for hormonal side effects Results may vary depending on hormone⁹ 	
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 years¹⁰ 	

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.

