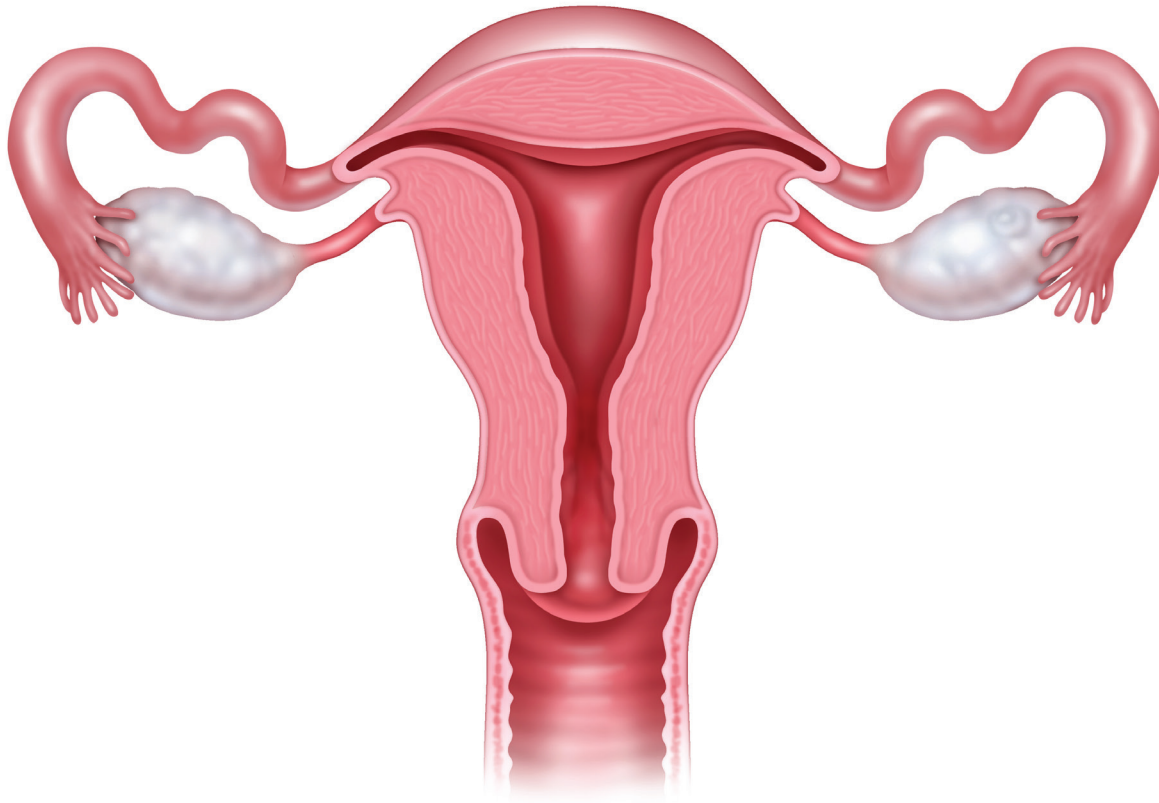


Treatment Options for Abnormal Uterine Bleeding (AUB)

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 Amenorrhea rates range from 30-75% ²	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.

Treatment Options for Abnormal Uterine Bleeding (AUB)



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 NovaSure:

- 1. www.Changethecycle.com
- 2. www.NovaSure.com

Notes:

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.