



Menorrhagia is a highly treatable condition that affects 1 out of every 5 women

Use the following chart as a handy reference when discussing and considering the most common treatment options

|                      | <b>NOVASURE<sup>®</sup></b>   | <b>Hormone Releasing IUD</b><br>(Intrauterine device)  | <b>D&amp;C</b><br>(Dilation and curettage)   | <b>Hormone Therapy</b>   | <b>Hysterectomy</b><br>(Removal of the uterus)   |
|----------------------|---|--|--|--|--|
| <b>Description</b>   | Simple, safe procedure that removes the lining of the uterus to reduce or eliminate bleeding  | Device inserted into the uterus that releases a steady amount of progestins, which can help control bleeding   | Surgical procedure used to temporarily control heavy bleeding by scraping the inside of the uterus. Primarily used as a diagnostic tool  | Low-dose estrogen/progestin used for selected low-risk patients  | Permanent, surgical option for women not responsive to other medical treatments  |
| <b>Advantages</b>    | <ul style="list-style-type: none"> <li>• Procedure takes approximately 4 minutes</li> <li>• Simple, 90-second treatment</li> <li>• Proven safe and effective<sup>1</sup></li> <li>• Requires no pretreatment</li> <li>• Convenient—can be performed at any time during the menstrual cycle</li> <li>• Rapid recovery</li> <li>• Excellent success rate</li> <li>• Removes uterine lining while preserving uterus</li> </ul> | <ul style="list-style-type: none"> <li>• Convenient—inserted into the body</li> <li>• Reduces problem bleeding in about 70% of patients<sup>2</sup></li> <li>• Local delivery of hormone, thereby minimizing systemic side effects</li> <li>• Contraceptive</li> <li>• Reversible</li> </ul> | <ul style="list-style-type: none"> <li>• Temporary reduction in bleeding<sup>4</sup></li> <li>• Important diagnostic tool that can provide tissue sample to test for cancer of the uterus</li> </ul> | <ul style="list-style-type: none"> <li>• Helps control problem bleeding in about 50% of patients<sup>5</sup></li> <li>• Convenient—self-administered</li> <li>• Contraceptive</li> <li>• Reversible</li> </ul>   | <ul style="list-style-type: none"> <li>• Eliminates problem bleeding</li> <li>• Permanent</li> </ul>   |
| <b>Disadvantages</b> | <ul style="list-style-type: none"> <li>• Only appropriate for women who have completed childbearing</li> <li>• Requires anesthesia: local or general</li> </ul>   | <ul style="list-style-type: none"> <li>• Must be removed and replaced per manufacturer's designated intervals</li> <li>• Intermenstrual bleeding<sup>3</sup></li> <li>• Possible hormonal side effects (ie, depression, acne, headache, weight change)<sup>3</sup></li> </ul>                | <ul style="list-style-type: none"> <li>• Requires anesthesia</li> <li>• Reduction in bleeding is temporary<sup>4</sup></li> </ul>  | <ul style="list-style-type: none"> <li>• Hormonal side effects<sup>5</sup></li> <li>• Cost issues</li> <li>• Results vary depending on which hormone is used<sup>6</sup></li> <li>• Must select appropriate hormonal management approach<sup>6</sup></li> <li>• Contraindications may rule out some women</li> </ul> | <ul style="list-style-type: none"> <li>• Cost</li> <li>• Involves major invasive surgery</li> <li>• Risk of complications</li> <li>• Requires general or regional anesthesia</li> <li>• 2- to 8-week recovery time</li> <li>• May result in early onset of menopause/possible need for future hormone treatment<sup>7</sup></li> <li>• Non-reversible</li> </ul> |

Please see back page for references.

**References:** 1. Cooper J, et al. A randomized, multicenter trial of safety and efficacy of the NovaSure system in the treatment of menorrhagia. *J Am Assoc Gynecol Laparosc.* 2002;9:418-428. 2. Istre O, et al. Treatment of menorrhagia with levonorgestrel intrauterine system versus endometrial resection. *Fertil Steril.* 2001;76:304-309. 3. 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. 4. DeCherney AH, et al. *Current Obstetric & Gynecologic Diagnosis & Treatment, ninth edition.* New York, NY: McGraw-Hill Medical; 2003. 5. 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. 6. Singh RH, et al. Hormonal management of abnormal uterine bleeding. *Clin Obstet Gynecol.* 2005;48:337-352. 7. 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.