## Treatment Options for Abnormal Uterine Bleeding (AUB)

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Efficacy/Success Rate</th>
<th>Description</th>
<th>Advantages</th>
<th>Disadvantages</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hysterectomy</td>
<td>100%</td>
<td>Surgical procedure to remove the uterus</td>
<td>• Eliminates problem bleeding&lt;br&gt;• One-time procedure&lt;br&gt;• Permanent</td>
<td>• Cost, major invasive surgery&lt;br&gt;• Risk associated w/ major surgery&lt;br&gt;• Requires general anesthesia&lt;br&gt;• 2-8 week recovery time&lt;br&gt;• Non-reversible, lose fertility&lt;br&gt;• May cause early onset of menopause1&lt;br&gt;Typically the last option for women not responsive to other treatments</td>
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<tr>
<td>Global Endometrial Ablation</td>
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<td>Procedure that removes the uterine lining while preserving the uterus to reduce or eliminate bleeding.</td>
<td>• One-time, five minute procedure&lt;br&gt;• Patient specific treatment&lt;br&gt;• Average treatment is 90 seconds&lt;br&gt;• Can be performed in-office&lt;br&gt;• Immediate results, rapid recovery&lt;br&gt;• Not menstrual cycle dependent&lt;br&gt;• Minimally invasive</td>
<td>• Must have completed childbearing&lt;br&gt;• Non-reversible&lt;br&gt;• Contraception required, due to danger of pregnancy post procedure&lt;br&gt;• Risk of complications associated with minimally invasive surgery&lt;br&gt;• May require anesthesia local/general</td>
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<td>Hormone Releasing Intrauterine Device</td>
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<td>(Mirena) Device inserted into the uterus that releases a steady amount of progestin's, which can help control bleeding</td>
<td>• Reduces/eliminates problem bleeding combined with contraceptive&lt;br&gt;• Remains inserted for 5 years&lt;br&gt;• Retain fertility (when IUD removed)</td>
<td>• Mirena may take up to 6 months to provide relief from heavy bleeding6&lt;br&gt;• Replaced every 5 years5&lt;br&gt;• 30% experience hormonal side effects5&lt;br&gt;• 70% experience intermenstrual bleeding5</td>
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<td>Tranexamic acid</td>
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<td>Anti-fibrinolytic, helps to normalize clot breakdown within the uterus</td>
<td>• Non-invasive&lt;br&gt;• Self administered&lt;br&gt;• Retain fertility throughout</td>
<td>• Two tablets taken 3 times a day (high patient compliance required)9&lt;br&gt;• Using Lysteda along with hormonal products may increase the chance of blood clots, stroke or heart attack5&lt;br&gt;• Will not produce amenorrhea7</td>
<td></td>
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<tr>
<td>Hormone Therapy</td>
<td></td>
<td>Estrogen/progestin used for select low-risk patients</td>
<td>• Self administered&lt;br&gt;• Contraceptive&lt;br&gt;• Retain fertility once therapy is stopped</td>
<td>• Risk for hormonal side effects&lt;br&gt;Results may vary depending on hormone3</td>
<td></td>
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<tr>
<td>No Management</td>
<td></td>
<td>No treatment of any kind is given, patient is monitored and followed up with accordingly</td>
<td>• No treatment given</td>
<td>• No change likely till menopause&lt;br&gt;• Average age of menopause is 51 years10</td>
<td></td>
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</tbody>
</table>

References:
7. Lysteda Prescribing Information.
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.

Resources:
2. ACOG (American College of Obstetricians and Gynecologists): www.acog.org/Patients

To learn more about NovaSure:
1. www.Changethecycle.com

Notes: