You’re suffering from heavy menstrual bleeding; you doctor calls it menorrhagia. You don’t really care what it’s called, as long as it can be resolved. Today, an exciting new break-through offers you a treatment that is at once quick, simple, safe, and complete. The NovaSure Impedance Controlled Endometrial Ablation System features rapid treatment time, excellent safety record, not required pre-treatment, high success rate, and fast recovery time. This is a treatment that can finally stop the heavy bleeding so that you can go on with your life.

What is menorrhagia?
Menorrhagia is excessive menstrual bleeding. If your bleeding lasts seven or more days per cycle, or is so excessive that you need to change protection nearly every hour, you may have menorrhagia. Only your doctor can tell you for sure.

Women suffering from menorrhagia can experience fatigue, anemia, embarrassing accidents, and restricted activity. If you're familiar with these effects, you know that menorrhagia can disrupt your life.

And you are not alone. About 1 in 5 women experience unusually heavy menstrual bleeding. And there are now more treatment options available to you.

What are the treatment options?

**Drug therapy** is typically the first treatment option, consisting of oral contraceptives or other hormones that treat hormonal imbalances. This therapy is effective only about 50% of the time, and usually must be continued in order to remain effective. Some women experience undesirable side effects, including headaches, weight change, and nausea.

**Dilation and curettage (D & C)** is frequently the second option if drug therapy is ineffective. It is a common surgical procedure that involves scraping of the inside of the uterus. However, for the majority of women with menorrhagia, it's only a temporary solution that reduces bleeding for a few cycles.

**Endometrial ablation**– If you do not plan to have any more children, your doctor may suggest minimally invasive surgical treatment options. Several methods are currently available:

- Conventional endometrial ablation removes the lining of the uterus with an electrosurgical tool or laser. This method effectively reduces bleeding in approximately 85% of patients, and most women return to work within 3 days. Risks include perforation of the uterus, bleeding, infection, or even heart failure due to fluids used to open up or distend the uterus.

- A new generation of endometrial ablation devices is now available. Some devices destroy the endometrium by using heated fluid. Others use freezing temperatures to destroy the tissue. The NovaSure® System, which uses a precisely controlled dose of energy, is available for use in the U.S.

**Hysterectomy** or surgical removal of the uterus is the only definitive treatment for menorrhagia. Hysterectomy is a major procedure, performed in the hospital under general anesthesia, and is accompanied by surgical risks, hospitalization, and, depending on the technique used, a recovery period of up to 6 weeks.

What is the NovaSure System?
The NovaSure System provides an effective and minimally invasive outpatient alternative to hysterectomy, while avoiding the potential side effects and long-term risks of drug therapy. The patented NovaSure System is a next-generation endometrial ablation device that delivers precisely measured electrical energy via a slender, hand-held device to remove the endometrial lining.

This quick, simple procedure requires no incisions, can be performed in an office or outpatient setting, and generally takes less than five minutes to perform. This is significantly shorter than any other endometrial ablation procedure.

What can I expect with the NovaSure procedure?
Most women will see a significant reduction in the level of their menstrual bleeding. In randomized, controlled clinical studies of the NovaSure System, a majority of patients returning for follow-up at 12 months had their bleeding reduced to light or moderate periods, and many reported that their bleeding had stopped completely. Many women may also experience the added benefits of a significant reduction in painful menstruation (dysmenorrheal), as well as a meaningful reduction in PMS symptoms.
Am I a candidate for the NovaSure procedure?
Pre-menopausal women with heavy menstrual bleeding who have completed childbearing may be candidates for the NovaSure procedure. Your physician may perform diagnostic tests to rule out other abnormal uterine conditions, and your Pap test and biopsy must be normal.

What will I feel during the NovaSure procedure?
Many doctors choose for their patients to be awake during the procedure, as the NovaSure procedure does not require general anesthesia. When your physician is able to perform the procedure with a local anesthetic injected in and around the cervix, he or she may administer an intravenous sedative to make you more comfortable during the procedure. While some women may feel slight, menstrual-like cramping, some may not experience any discomfort at all during the procedure.

What discomforts can I expect after having an endometrial ablation procedure?
The following are some of the post-operative discomforts associated with any endometrial ablation procedure.

You may experience some post-operative uterine cramping and discomfort shortly after the procedure, which can generally be treated with mild pain medication such as Ibuprofen (e.g., Advil® or Motrin®).

Some patients may experience nausea and vomiting as a result of the anesthesia. Watery and/or bloody discharge after an endometrial ablation is also common for several weeks after the procedure.

Are there any post-procedure complications?
You should call your physician if you develop a fever higher than 100.4°F, worsening pelvic pain that is not relieved by ibuprofen or other medication prescribed by your physician, nausea, vomiting, shortness of breath, dizziness, bowel or bladder problems, and/or a greenish vaginal discharge.

Are women satisfied with the results of the NovaSure procedure?
Excellent results have led to very high satisfaction rates among patients treated with the NovaSure System. According to results of a patient satisfaction survey, over 92% of patients treated with the NovaSure System were satisfied or very satisfied with the procedure 12 months after treatment, and 95% indicated that they would recommend the NovaSure procedure to a friend.

What risks are associated with the NovaSure procedure?
Your physician will explain the surgical risks of all treatment options in detail. Some of the risks of endometrial ablation procedures are perforation of the uterus, bleeding, infection, injury to organs within the abdomen and pelvis, and accumulation of blood within the uterus due to scarring.

A possible hazard may exist for women with cardiac pacemakers or other active implants.

Another rare, but important, risk of any endometrial ablation procedure is that it may decrease your doctor's ability to make an early diagnosis of cancer of the endometrium. The reason for this is that one of the warning signs of endometrial cancer is bleeding, and endometrial ablation procedures decrease or eliminate bleeding.

Can I still become pregnant after endometrial ablation?
It is important to know that although the chances for pregnancy are reduced following an endometrial ablation procedure, it is still possible to become pregnant.

However, pregnancy following endometrial ablation is very dangerous for both the mother and the fetus. You should not have the NovaSure procedure if you think you want to have a baby in the future.

You should use some form of birth control if you decide to have endometrial ablation. Please discuss these options with your physician.
The NovaSure® Procedure

The application of energy is intended to permanently remove the endometrium (lining of the uterus), to reduce or eliminate future bleeding. Here's a look at how the procedure is performed:

Your doctor will slightly dilate your cervix and insert a slender wand through the cervix into the uterus.

The doctor then extends the triangular mesh device through the wand where it expands to conform to the dimensions of your uterine cavity.

Electrical energy is then delivered into the uterus on average for approximately 90 seconds.

The triangular mesh device is then retracted back into the wand and removed from the uterus.

No part of the medical device remains inside the uterus after the procedure.

The NovaSure procedure is performed with local anesthesia (with or without IV sedation) or general anesthesia, depending on the surgeon's recommendation.

After the NovaSure procedure, you may spend approximately 2 hours recovering before being sent home.