

# 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"> <li>• Eliminates problem bleeding</li> <li>• One-time procedure</li> <li>• Permanent</li> </ul>	<ul style="list-style-type: none"> <li>• Major invasive surgery</li> <li>• Risk associated w/ major surgery</li> <li>• Requires general anaesthesia</li> <li>• 2-8 week recovery time</li> <li>• Non-reversible, lose fertility</li> <li>• May cause early onset of menopause<sup>1</sup></li> <li>• Typically the last option for women not responsive to other treatments</li> </ul>	
Global Endometrial Ablation (Data represents the NovaSure procedure)	Successful reduction in bleeding (1 yr) 98% <sup>2</sup> Reintervention rate (5 yrs) 2.8-8.2% <sup>2,3</sup> Amenorrhoea rates range from 30-75% <sup>2,3</sup>	Procedure that removes the uterine lining while preserving the uterus to reduce or eliminate bleeding.	<ul style="list-style-type: none"> <li>• One-time, five minute procedure</li> <li>• Patient specific treatment</li> <li>• Average treatment is 90 seconds</li> <li>• Can be performed in-outpatients</li> <li>• Immediate results, rapid recovery</li> <li>• Not menstrual cycle dependent</li> <li>• Minimally invasive</li> </ul>	<ul style="list-style-type: none"> <li>• Must have completed childbearing</li> <li>• Non-reversible</li> <li>• Contraception required, due to danger of pregnancy post procedure</li> <li>• Risk of complications associated with minimally invasive surgery</li> <li>• May require anaesthesia local/general</li> </ul>	
Hormone Releasing Intrauterine Device (Data represents Mirena)	Reduction to normal bleeding (1 yr): 67% <sup>4</sup> Hysterectomy rate after 5 yrs: 42% <sup>5</sup> Amenorrhoea (1 yr): 20% <sup>5</sup>	(Mirena) Device inserted into the uterus that releases a steady amount of progestin, which can help control bleeding	<ul style="list-style-type: none"> <li>• Reduces/eliminates problem bleeding combined with contraceptive</li> <li>• Remains inserted for 5 years</li> <li>• Retain fertility (when IUD removed)</li> </ul>	<ul style="list-style-type: none"> <li>• Mirena may take up to 6 months to provide relief from heavy bleedings<sup>5</sup></li> <li>• Replaced every 5 years<sup>5</sup></li> <li>• 30% experience hormonal side effects<sup>5</sup></li> <li>• 70% experience intermenstrual bleeding<sup>5</sup></li> </ul>	
Tranexamic acid (Data represents Lysteda)	66% experienced a 1/3 reduction in menstrual blood loss <sup>7</sup>	Anti-fibrinolytic, helps to normalise clot breakdown within the uterus	<ul style="list-style-type: none"> <li>• Non-invasive</li> <li>• Self administered</li> <li>• Retain fertility throughout</li> </ul>	<ul style="list-style-type: none"> <li>• Two tablets taken 3 times a day (high patient compliance required)<sup>7</sup></li> <li>• Using Lysteda along with hormonal products may increase the chance of blood clots, stroke or heart attack<sup>7</sup></li> <li>• Will not produce amenorrhoea<sup>7</sup></li> </ul>	
Hormone Therapy (Data based on Progestogens)	Reduces problem bleeding in approximately 50% of patients <sup>8</sup>	Estrogen/progestin used for select low-risk patients	<ul style="list-style-type: none"> <li>• Self administered</li> <li>• Contraceptive</li> <li>• Retain fertility once therapy is stopped</li> </ul>	<ul style="list-style-type: none"> <li>• Risk for hormonal side effects</li> <li>• Results may vary depending on hormone<sup>8</sup></li> </ul>	
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"> <li>• No treatment given</li> </ul>	<ul style="list-style-type: none"> <li>• No change likely till menopause</li> <li>• Average age of menopause is 51 years<sup>10</sup></li> </ul>	

## References:

1. Siddle N, et al. The effect of hysterectomy on the age at ovarian failure: Identifi cation 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.