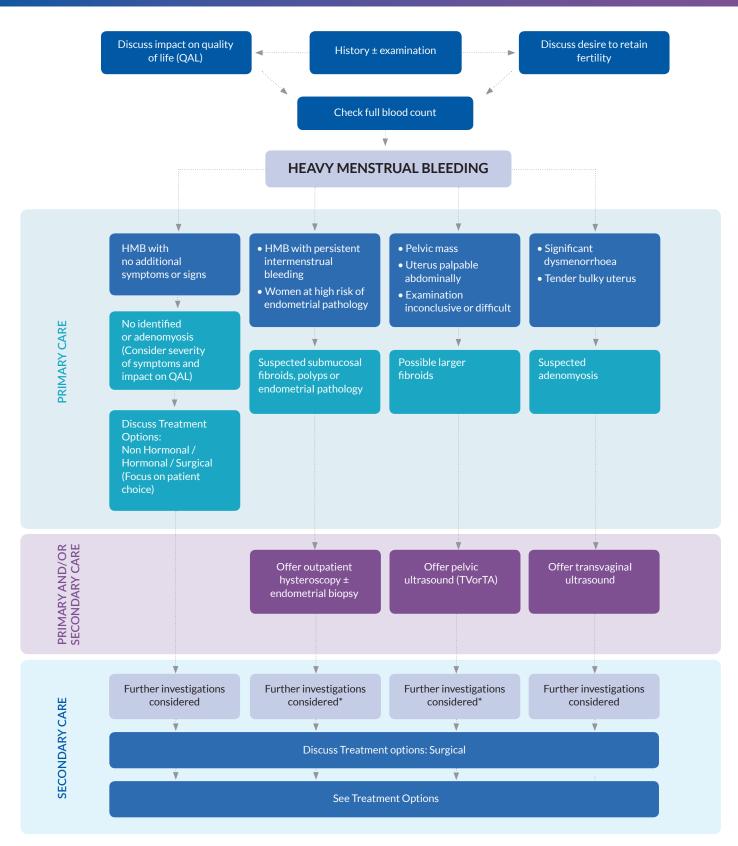
Choosing the right treatment pathway



NICE NG88 heavy menstrual bleeding treatment pathway¹



^{*} There should be an increased focus on hysteroscopy as first line for diagnosis and treatment of fibroids, with the recommendation that women with HMB are offered outpatient hysteroscopy if their history suggests submucosal fibroids, polyps or endometrial pathology¹

Treatment options

NICE recommends that healthcare professionals advise each women with HMB about the treatments that are right for her, with a clear focus on the woman's choice.¹

PRIMARY CARE

Non-hormonal

Effectiveness:

- NSAIDs 45% reduction in bleeding3
- Tranexamic acid E.G: Lysteda. 66% experience 1/3rd reduction in menstrual blood loss⁴

Advantages:

- ✓ Reversible
- ✓ Conception still possible
- ✓ Self administered

Disadvantages:

- X Risk of side effects
- May take up to 3 months to take effect

Hormona

Contraceptive pill/injection or intrauterine hormonal system (IUS) E.G: Mirena

Effectiveness:

- 67% effective at reducing Heavy menstrual bleeding @ 1 year⁵
- Up to 60% of patients discontinue using LNG-IUS within 5 years⁶

Advantages:

- Reversible, can be performed in a GP practice or in an outpatient setting
- Conception still possible once treatment ceased

Disadvantages:

- Hormonal side effects
- May take up to 3-6 months to take effect

SECONDARY CARE

Endometrial ablation

Removal of the womb lining. Methods include: Thermal balloon and Radiofrequency E.G. with NovaSure

Effectiveness:

100% effective at reducing HMB @ 1 years and 96% @ 5 years⁷

Advantages:

- ✓ No hormones
- ✓ Performed in outpatients
- ✓ Quick recovery time⁸
- √ Average treatment time 90 seconds⁸
- One off procedure

Disadvantages:

- Conception no longer possible (contraception still required)
- Only suitable for pre-menopausal women
- X Non-reversible

Fibroid & Polyp removal

A minimally invasive procedure. Methods include: Embolisation, Hysterscopic Resection and Hysterscopic Morcellation E.G. with MyoSure

Effectiveness:

95% success rate for removal of fibroids, 99% for polyps with MyoSure⁹

Advantages:

- ✓ No pre-treatment required
- ✓ Outpatient treatment possible
- Quick procedure and recovery
- Retain fertility

Disadvantages:

- ★ Sometimes necessary to repeat the procedure
- X Contraception still required

Hysterectomy

Removal of the womb and possibly ovaries.

Methods include: Vaginal Hysterectomy, Key-Hole Surgery or Abdominal Hysterectomy.

Effectiveness:

100% success rate

Advantages:

✓ Permanent solution

Disadvantages:

- X Major surgery, 2-8 weeks recovery
- X Fertility not retained

For more information visit wearwhiteagain.co.uk



SSL-00330-GBR-EN Rev 002

(1) NICE's guideline heavy menstrual bleeding (NG88); (2) Royal College of Obstetricians and Gynaecologists. National Heavy Menstrual Bleeding Audit (July 2014) https://www.rcog.org.uk/globalassets/documents/guidelines/research--audit/national_hmb_audit_final_report_july_2014.pdf (accessed on 25:10.18) (3) Medscape.com. Managing menorrhagia.http://www.medscape.com/viewarticle/751107_3. (accessed on 09:10.19); (4) Lysteda* Prescribing Information (5) Istre O, Trolle B. Treatment of menorrhagia with the levonorgestrel intrauterine system versus endometrial resection. Fertil Steviction. Fertil Stev



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