

# Uterine Health



**Treatment Options That Help  
You Take Charge Again**

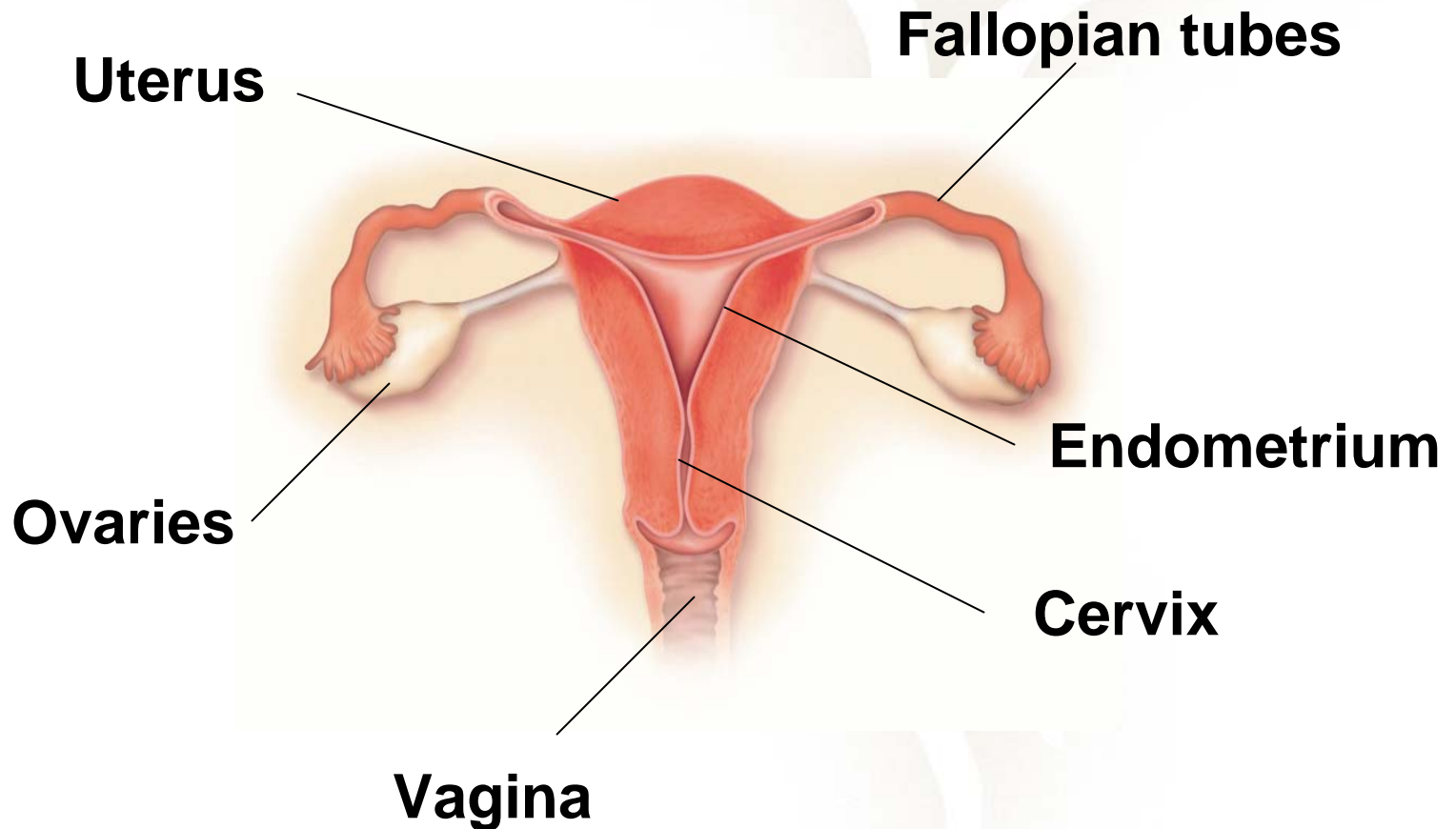
# What We'll Talk About Today

- I. The Female Reproductive System
- II. Uterine Conditions & Treatment Options
  - Menorrhagia
  - Fibroids
- III. Hysterectomy
  - Laparoscopic Supracervical Hysterectomy
- IV. Questions & Resources

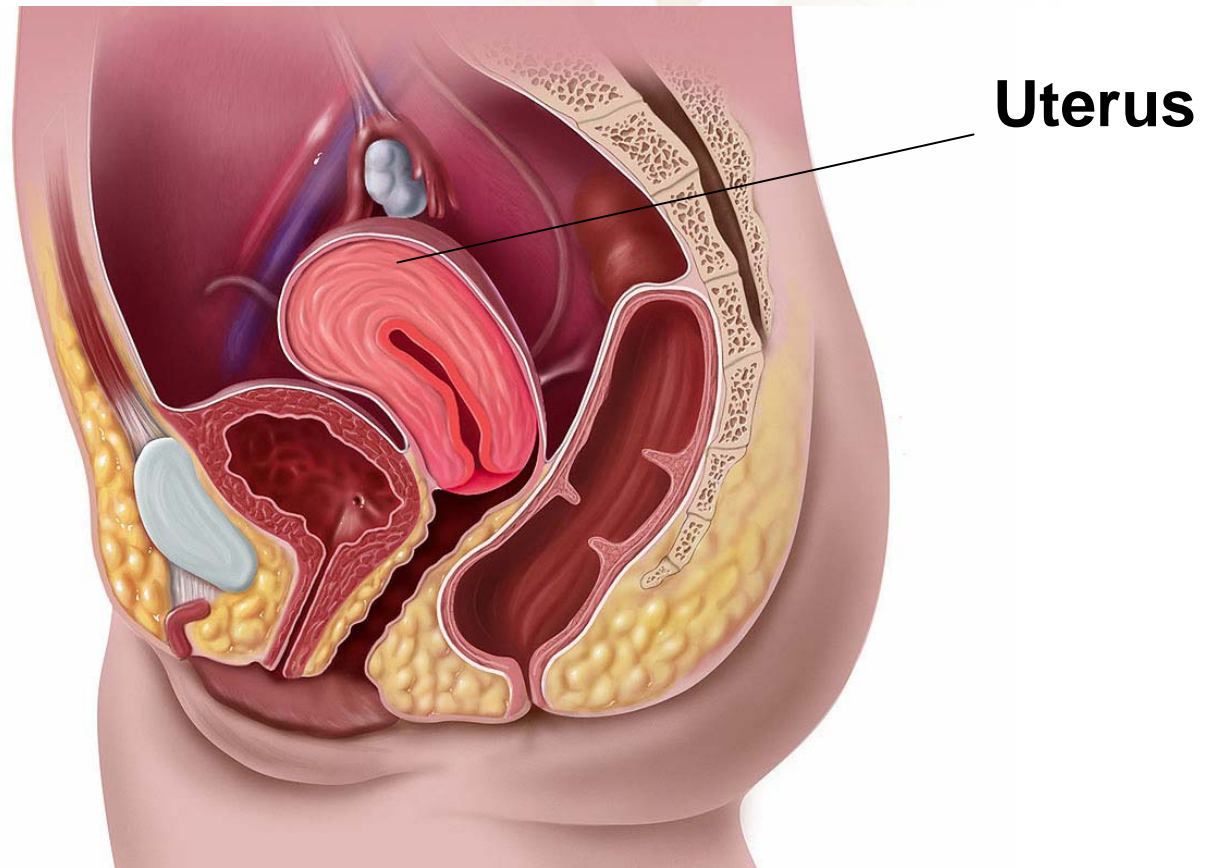
# Uterine Health and You

- Reproductive functions change as you move through life
- Hormone imbalances, infection and disease can affect the function of your uterus
- This presentation will discuss fibroids and heavy periods, common in women in their 30s and 40s

# Overview of Reproductive System



# Female Anatomy

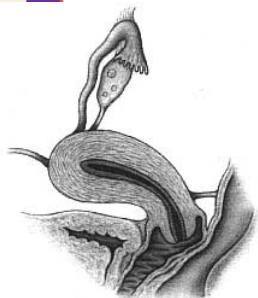


# The Menstrual Cycle

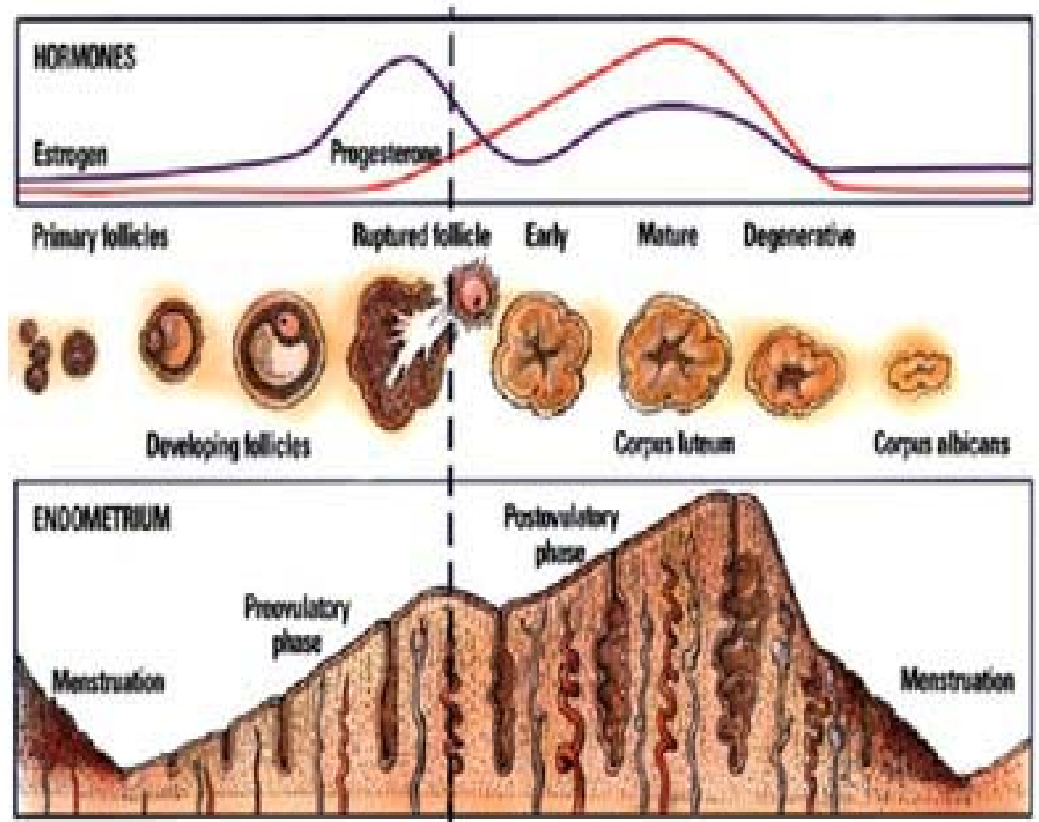
Hypothalamus

Pituitary

Ovarian



Uterus





# Heavy Periods and Treatment Options

# What is Excessive Menstrual Bleeding?

- Unmanageable or heavy bleeding month after month
- Also known as menorrhagia (men-or-ah-zha)



- 1 out of 5 women have heavy periods



## For some women, this means:

- Bleeding for more than 7 days
- Using more than 10 pads or tampons per day during a period
- Feeling tired, worrying about embarrassing accidents and generally feeling frustrated that periods rule one's quality of life



# Changes in Your Menstrual Cycle

- Many women experience a change in their periods six or more years leading up to menopause – commonly referred to as perimenopause
- Typically, women in their 30's and 40's may experience heavier periods
- Some women always have heavy periods

# What Causes Heavy Bleeding?

- Hormonal imbalance
- Fibroids (benign uterine growths)
- Infection/Disease



# How is Heavy Bleeding Diagnosed?

- Pelvic Exam
- Ultrasound
- Hysteroscopy
- Endometrial Biopsy





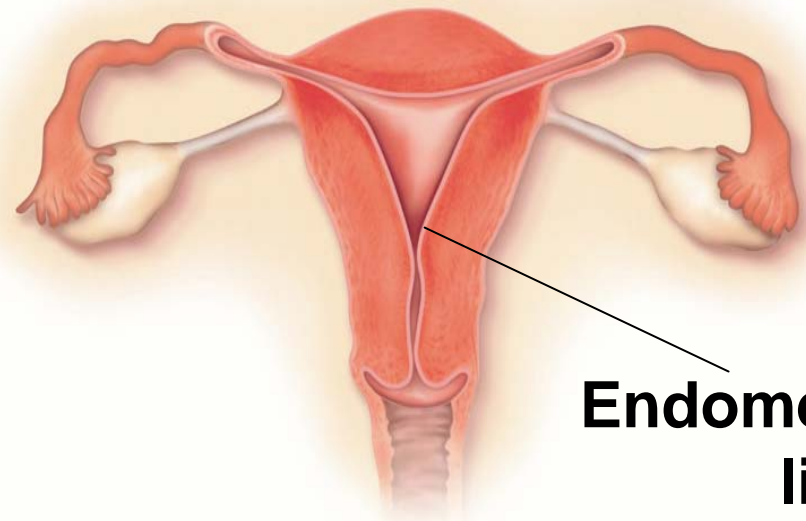
# Hormonally-Caused Heavy Bleeding and Treatment Options

# Medication

- Birth control pills may be prescribed to control heavy bleeding
- Drawbacks:
  - Not always well tolerated
  - Not always effective
  - May have to be taken until menopause

# Endometrial Ablation

- Removes uterine lining and preserves the uterus
- Performed under general or local anesthesia
- Option for women past childbearing



**Endometrial  
lining**

# GYNECARE THERMACHOICE\*

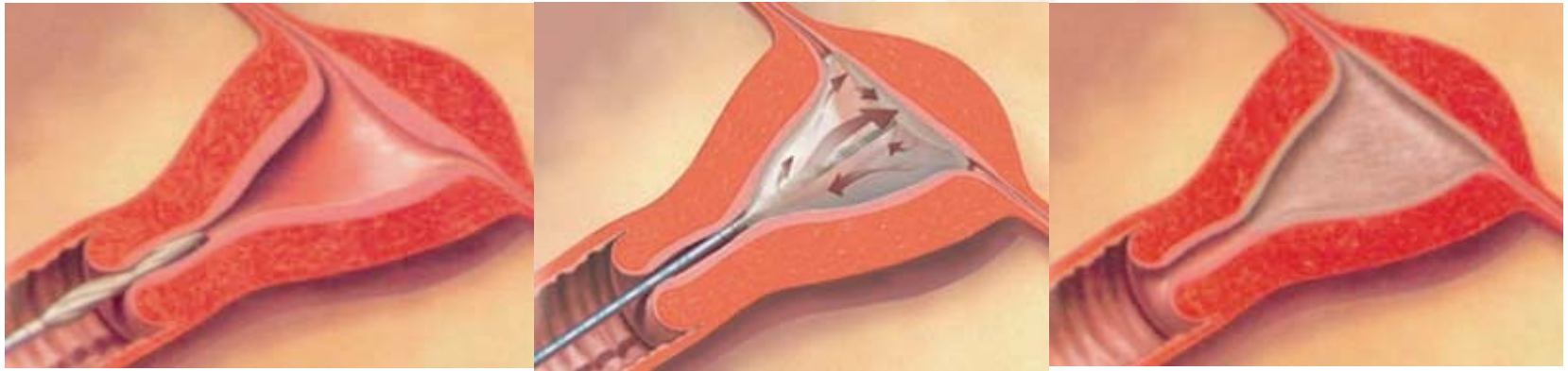
## Uterine Balloon Therapy

- Can be performed under local anesthesia
- Simple outpatient treatment, no incision required
- Treats endometrium, preserves uterus

\*Trademark of ETHICON, Inc.



## How It Works



- Uses hot liquid in balloon to treat uterine lining
- Minimally invasive, inserted through cervix
- Procedure is quick, uterine lining is treated for 8 minutes
- Uterine lining will slough off like a period in 7-10 days

# Benefits of GYNECARE THERMACHOICE

- 95% of patients report normal bleeding levels or less\*, 93% patient satisfaction
- Clinical data shows that women who have menorrhagia and have undergone treatment with Thermachoice experienced a decrease in painful periods
- Non-hormonal, one-time treatment

# Drawbacks of GYNECARE THERMACHOICE

- Rare side effects include blood loss, heat burn of internal organs, perforation or rupture of uterine wall, leakage of heated fluid into cervix or vagina
- All medical procedures have potential risks

## Who is a Candidate?

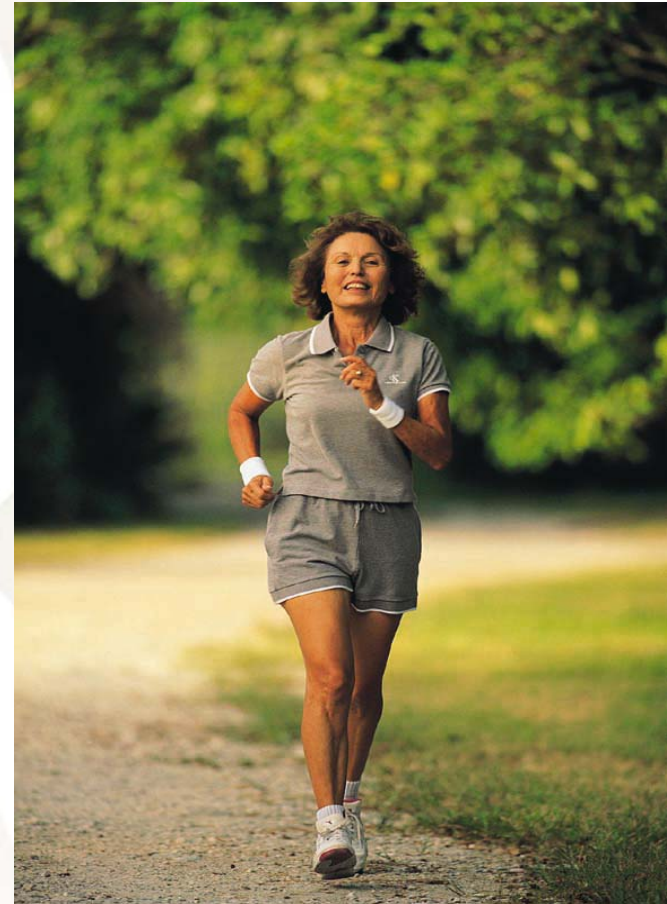
- Pre-menopausal woman
- Childbearing complete
- Normal pap smear and biopsy



# Patient Testimonial

“There were two days out of every month that I knew that I wasn’t going to be able to leave the house and I would have to reschedule appointments or just totally miss work. It’s great now. I really don’t have to plan around my menstrual cycle. I know what I’m in for basically and it’s not at all what it use to be so I’m very glad I got the THERMACHOICE treatment done.”

Debby





# Fibroids And Treatment Options

## Fibroids

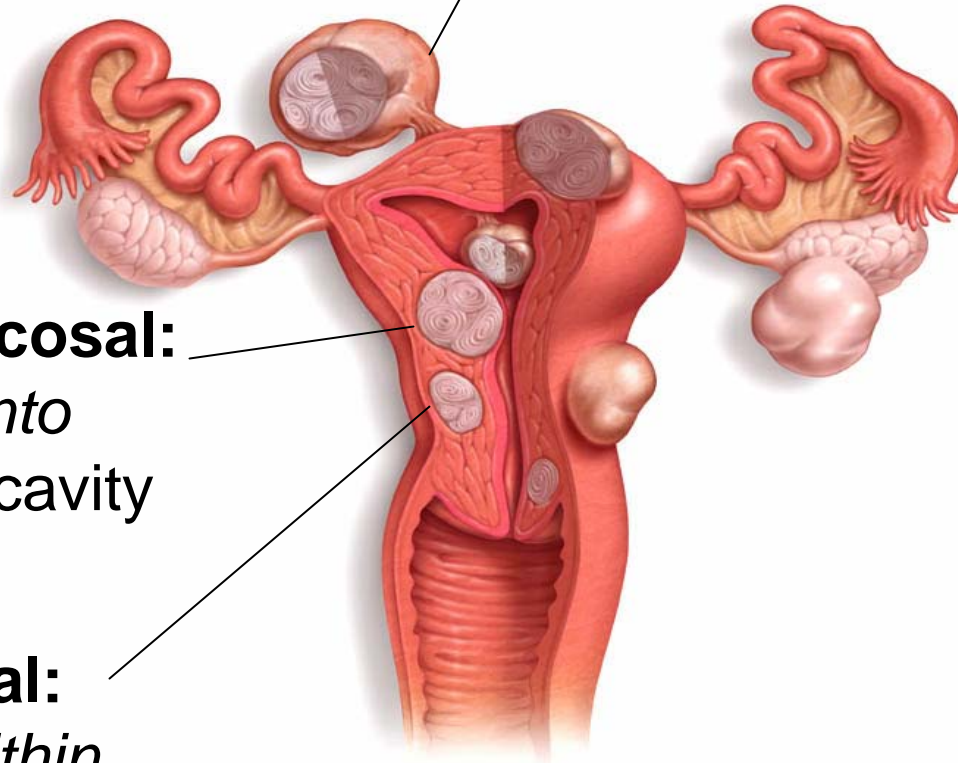
- May cause heavy bleeding, pain, infertility
- Occurs in 20% of pre-menopausal women
- Exact cause is unknown, but evidence suggests that many fibroids require estrogen to grow

# Types of Fibroids

**Pedunculated subserosal:** grows from uterine wall *to the outside* uterine cavity

**Submucosal:** grows *into* uterine cavity

**Intramural:** occurs *within* uterine wall





# How are Fibroids diagnosed?

- Pelvic exam
- Ultrasound
- Hysteroscopy
- Laparoscopy

## Medication

- Typically used to shrink fibroids before surgical removal
- Fibroids may return soon after discontinuation of treatment
- May produce menopause symptoms

# Fibroid Removal – Surgical Options

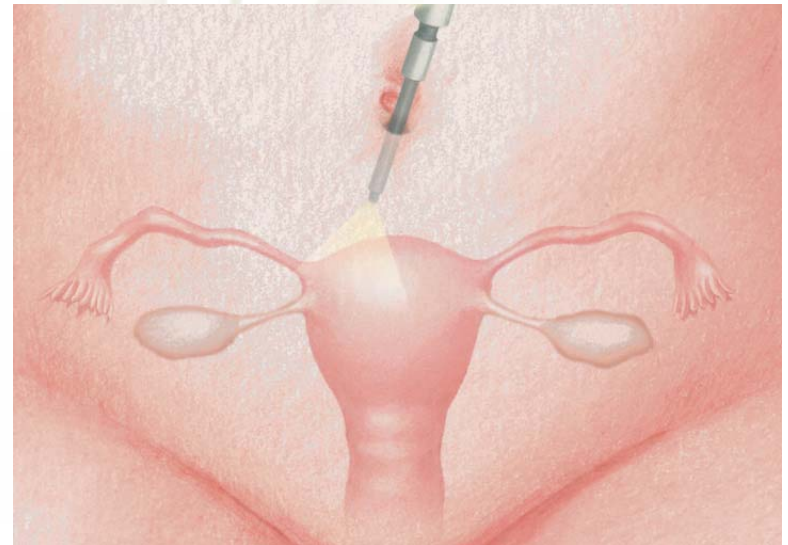
- Myomectomy



- Embolization: A non-surgical option

# Myomectomy

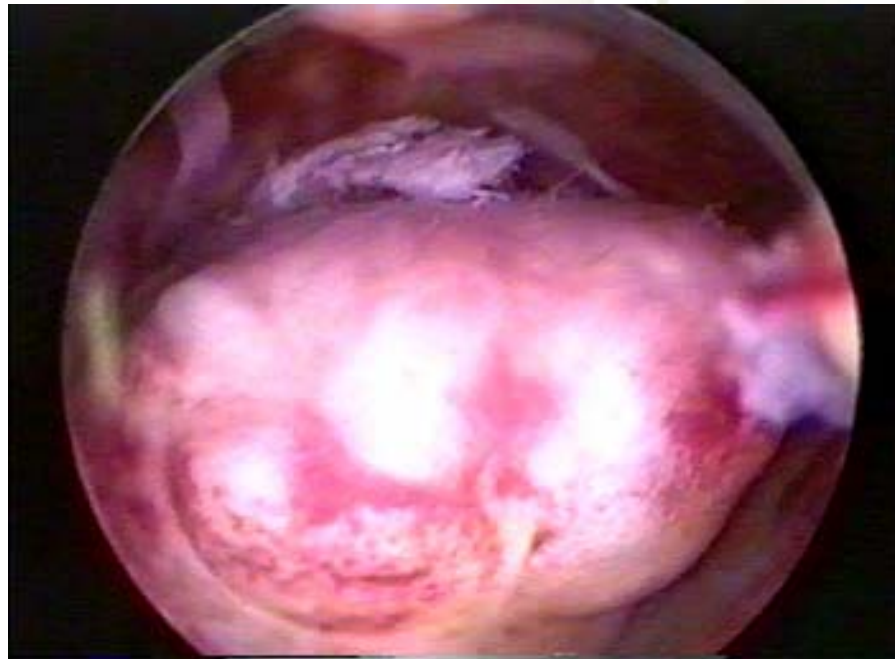
- Removes just fibroids, preserving uterus
- Women may still be able to have children
- Types:
  - Open
  - Laparoscopic
  - Hysteroscopic



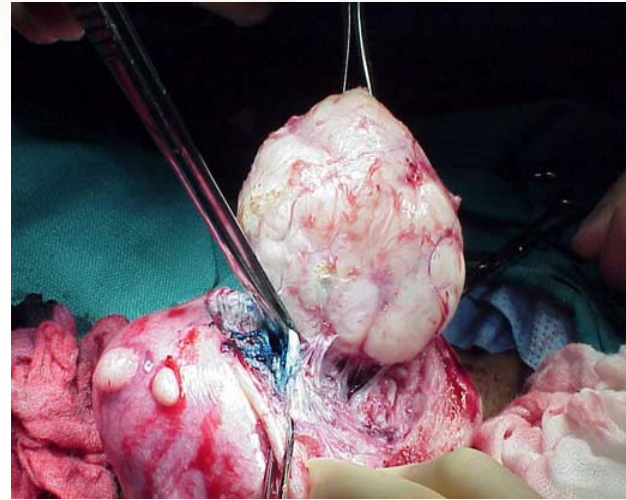
# Benefits of Hysteroscopic and Laparoscopic Myomectomy

- Can maintain fertility, preserves the uterus
- Option to avoid major surgical procedures
- Outpatient procedure, no hospital stay

# Hysteroscopic Myomectomy



# Abdominal Myomectomy



## Drawbacks of Myomectomy

- Fibroids may come back after surgery, and repeat surgery may be necessary.
- Other potential risks include:
  - Bleeding, infection, damage to vital organs
  - May result in perforation to uterus



## Fibroid Embolization

- Blocks blood supply to fibroids causing them to shrink
- Appears effective, long-term results unknown
- Not recommended for women planning to have children

A faint, stylized illustration of a woman's torso and arms, rendered in a light beige color, serves as a background for the text. The woman's arms are raised, and her torso is visible, though the details are soft and blended into the overall light background.

# Hysterectomy

# Hysterectomy

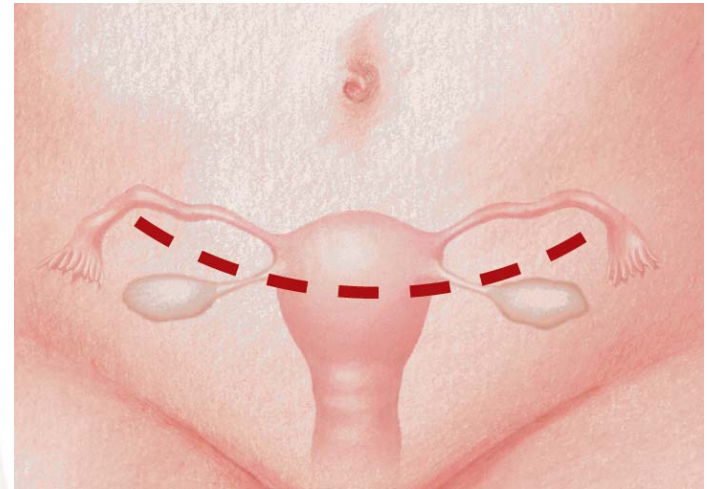
- Surgical removal of uterus
  - May or may not remove the fallopian tubes and ovaries
- Should only be considered after other options have been explored
- Major surgery, usually requires hospital stay

## Is It Necessary?

- In most cases, hysterectomies are elective procedures
- Know your options:  
Different ways to perform hysterectomy

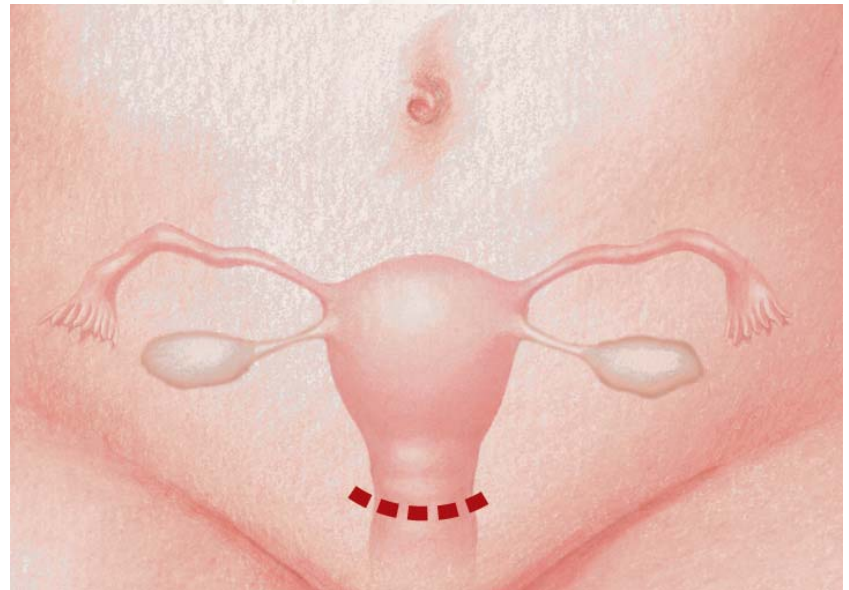
# Abdominal Hysterectomy

- Major surgery; most invasive type of hysterectomy
- Removes uterus and cervix through abdominal incision
- Performed under general anesthesia
- Requires hospital stay of 3-6 days, long recovery period (up to 6 weeks).



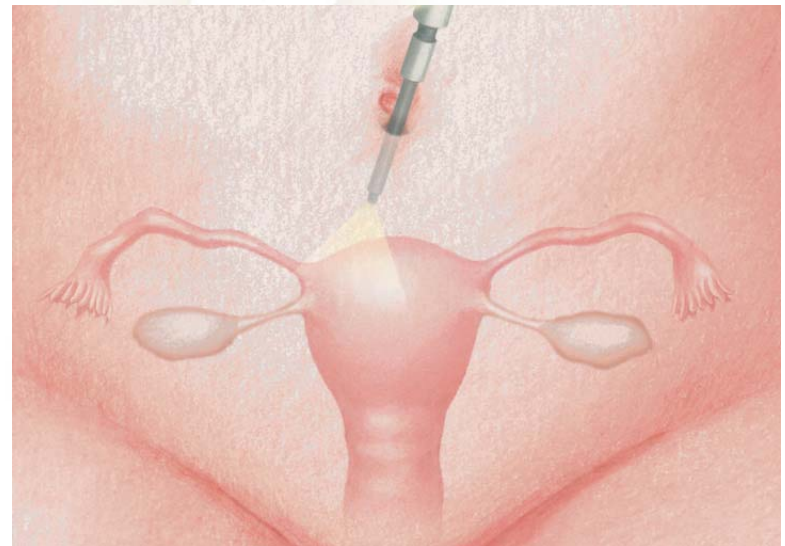
# Vaginal Hysterectomy

- Removes uterus and cervix through incision inside vagina
- Typical hospital stay, 1-3 days
- Average recovery time, 4 weeks



# Laparoscopic-assisted Vaginal Hysterectomy (LAVH)

- Removes uterus and cervix
- Laparoscope inserted through small incision in navel
- Typical hospital stay, 1-3 days
- Average recovery time, 4 weeks





# *Not Your Mother's Hysterectomy*

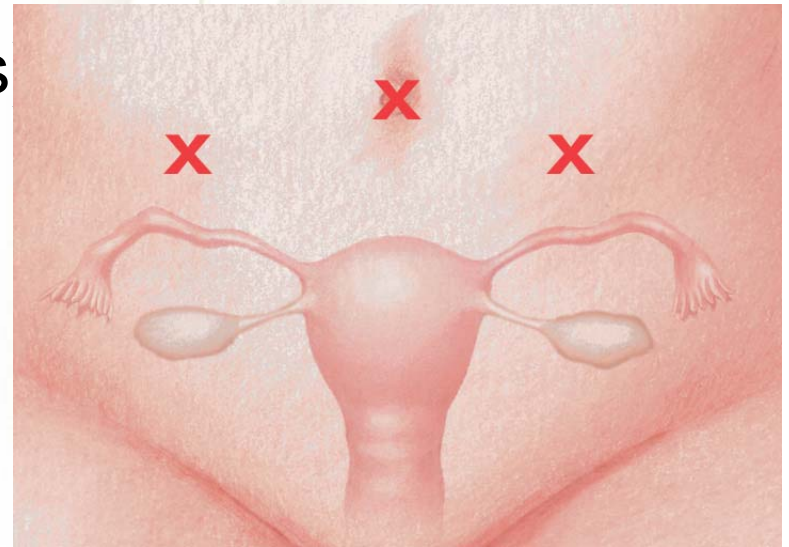
Laparoscopic Supracervical Hysterectomy  
An innovative approach



# Laparoscopic Supracervical Hysterectomy

Using laparoscopy:  
(small abdominal incisions

- Detach and removes top part only of the uterus
- Leaves cervix (lower portion) in place
- Considered a partial hysterectomy



# LSH

## Benefits:

- Typical hospital stay, one day or less
- Average recovery time, six days
- Less invasive, minimal scarring
- Less traumatic for your body

## LSH

*Why should I consider preserving my cervix?*

May help reduce complications associated with total hysterectomies, such as pelvic floor prolapse and urinary incontinence

## LSH

*Is there any downside to retaining my cervix?*

You will need to continue regular pap test to screen for cervical cancer and you may still have slight bleeding every month

# LSH Procedure



## Hysterectomy Risks (for all types)

- All surgery involves risks
- Potential risks include blood loss, infection, damage to internal organs
- Long-term complications may include incontinence later in life
- Risks of general anesthesia

# Know All of Your Options For Uterine Health

- There are many potential treatment options
- Get informed
- Talk with your doctor



# Frequently Asked Questions

- How do I know what treatment option is best for me?
- Can I get pregnant after any of these treatments?
- Do any of these problems resolve themselves?
- What are success rates of each medication and surgical procedure available?
- What surgical alternatives do I have other than hysterectomy?



# Resources

Where you can find more information:

- [www.healthywomen.org](http://www.healthywomen.org) (National Women's Health Resource Center -- NWHRC)
- [www.acog.org](http://www.acog.org) (The American College of Obstetricians and Gynecologists)
- [www.asrm.org](http://www.asrm.org) (American Society for Reproductive Medicine)
- [www.aagl.org](http://www.aagl.org) (The American Association of Gynecologic Laparoscopists)
- [www.apgo.org](http://www.apgo.org) (Association of Professors of Gynecology and Obstetrics)