



TREATMENT FOR HEAVY PERIODS

WEAR
WHITE
AGAIN



DEFINING HEAVY PERIODS

If you experience heavy and/or long-lasting periods, you may have a condition medically known as 'menorrhagia'. This diagnosis usually occurs if you have to change protection every 1 to 2 hours, or your bleeding lasts 7 or more days per cycle.²

Menorrhagia adversely affects women physically, socially and emotionally.³

YOU ARE NOT ALONE

Many women begin to experience heavy and/or irregular bleeding in their 30s and 40s, particularly as they get closer to menopause. In fact 1-in-5 women aged 35-49 lives with heavy periods.³

TALK TO YOUR DOCTOR TODAY

Whilst heavy menstrual bleeding is the 6th most common reason for a specialist referral,⁴ the vast majority of women do not seek medical help due to embarrassment or the false belief that their bleeding is normal.¹

Ask for a referral to a gynaecologist to ensure you are fully assessed and diagnosed to help determine the cause of your bleeding, which is critical for treatment success.⁵

HIGHLY TREATABLE

Menorrhagia is a highly treatable condition and choices are available for you to discuss with your doctor, including NovaSure® – a minimally-invasive alternative to the often last resort of a hysterectomy. NovaSure is also a treatment option for women who do not want hormonal therapies.^{6,7}

HOW NOVASURE WORKS

NovaSure is a 5-minute procedure known as an 'endometrial ablation'. It is performed by a gynaecologist (a referral from a GP is required) and clinical studies show it can reduce or eliminate periods altogether.^{6,7} It requires no incisions and works by removing the lining of the uterus.⁷ Problem bleeding is reduced in 9-in-10 women.⁶

It is suitable for women who do not want any(more) children, and offers an alternative to hormonal therapies and their associated side effects. NovaSure is not a contraceptive – some form of birth control is required.⁷

VERY HIGH PATIENT SATISFACTION

The results of NovaSure patient satisfaction research show 93% are satisfied or very satisfied one year after treatment and 97% would recommend NovaSure to other women.⁷

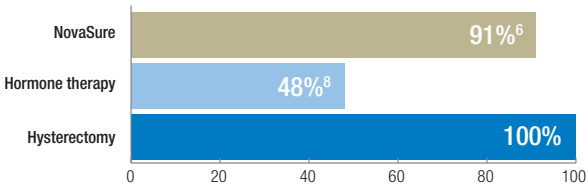
WHAT TO EXPECT

NovaSure is usually performed as a day procedure. General anaesthesia is typically used and patients can go home the same day and are back to work within 1 or 2 days.⁷ Your specialist will be able to provide you with more details, including a full patient information booklet, and advise if NovaSure may be right for you.

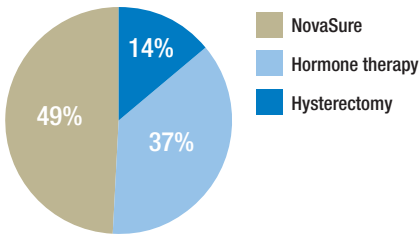
SUCCESSFUL RESULTS WITH A PROVEN TREATMENT

Extensive clinical research has been conducted with NovaSure to look at safety, effectiveness, patient satisfaction and treatment preferences.⁸ Some of the findings are outlined on the following page.

EFFECTIVENESS IN REDUCING BLEEDING TO NORMAL LEVELS OR LOWER:



PATIENT TREATMENT PREFERENCE FOR HEAVY MENSTRUAL BLEEDING:¹



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Refer to the NovaSure[®] Instructions For Use for full product information including contraindications and possible post-procedure complications.

References: 1. Data on file. BioVid; January 2005. 2. Mayo Clinic. Menorrhagia (heavy menstrual bleeding). July 2, 2014. Available at: www.mayoclinic.org/diseases-conditions/menorrhagia/basics/symptoms/con-20021959?p=1. Accessed February 2016. 3. National Women's Health Resource Center. Survey of Women Who Experience Heavy Menstrual Bleeding. Hologic data on file; 2005. 4. Britt H et al. 2004. General practice activity in Australia 2003–04. AIHW Cat. No. GEP 16. Canberra: Australian Institute of Health and Welfare (General Practice Series No. 16). 5. Association of Professors of Gynecology and Obstetrics, Clinical Management of Abnormal Uterine Bleeding, 2002. Warren M, MD. The Need for Proper Diagnosis and Treatment of Menorrhagia. Menopause Management, 2002. 6. Cooper J, et al. A randomized multicenter trial of safety and efficacy of the NovaSure system in the treatment of menorrhagia. J Am Gynecol Laparosc. 2002;9:418-428. 7. NovaSure Instructions for Use. Bedford, MA: Hologic, Inc.; 2011. 8. Data on file with Hologic, Inc. 9. 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 Gynecol 1997;104:1360-66.

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