

SONATA® PROCEDURE

**Treat your
fibroids
without
incisions**



**Treat your symptoms and
keep your uterus.**

Reduce heavy periods caused by fibroids with the Sonata procedure and get back to normal activity in 1-2 days.^{1,2}

What are uterine fibroids?

Also referred to as leiomyomas or myomas, uterine fibroids are muscle growths (noncancerous tumors) that develop in or around the uterus and form when a cell goes rogue and replicates over time.

Did you know 77% of women will develop fibroids in their lifetime?⁴

Fibroids affect women of all ages, but typically impact women of reproductive age and may affect fertility. They can cause discomfort and pain, as well as heavy bleeding, and if left untreated, fibroid symptoms may worsen over time. In fact, women with fibroids wait on average 3.6 years to seek treatment,³ which could cause increased complexity in treatment.

COMMON FIBROID SYMPTOMS



Heavy menstrual bleeding



Abdominal bloating and cramping



Pelvic, back, and leg pain



Pain during sex



Frequent urination



Fatigue

Don't let fibroids hold you back.

Understanding your options empowers you to choose the treatment that's right for you, so you and your doctor can find symptom relief that fits your lifestyle.



GO BACK TO BASICS

Understand the symptoms and causes of fibroids and explore treatment options.



Know your options

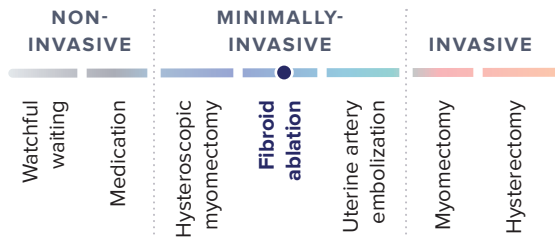
Did you know that 51% of women with fibroids want to keep their uterus?⁴ In the past, treatment options were mostly limited to watchful waiting, medication, or hysterectomy. Now there are minimally-invasive options, including non-hormonal and uterine-sparing procedures, like fibroid ablation.

WHAT IS FIBROID ABLATION?

Fibroid ablation is a minimally-invasive treatment that uses energy to treat and shrink fibroids which helps relieve symptoms without major surgery or removing your uterus.

Sonata (transcervical) and Acessa® (laparoscopic) are fibroid ablation procedures that use radiofrequency energy (heat) to ablate fibroids, causing proteins in the fibroids to break down. Treated fibroids will soften, changing in consistency from that of a baseball to a marshmallow and shrink in the following weeks and months, reducing fibroid symptoms.

Discussing your needs and treatment options with your doctor can help you choose the best approach for you. The chart below shows common fibroid treatments, ranked from least to most invasive, to help you see where fibroid ablation fits.



SONATA FIBROID ABLATION

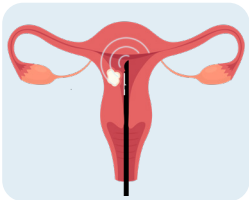
Sonata fibroid ablation treats fibroids within the uterine wall from inside the uterus, so there's no cutting or scarring.

The procedure is done in an outpatient setting, with patients going home the same day. It usually takes less than an hour, depending on the number and size of fibroids.⁵ Most patients recover quickly, with many returning to normal activities the next day.²

What to expect

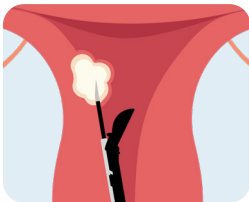
Your doctor will review pre-procedure instructions with you in detail, however you will need to arrange for someone to drive you to and from your appointment. It's also important to know that your doctor will perform a pregnancy test to confirm you are not pregnant prior to performing the Sonata procedure.

PROCEDURE STEPS



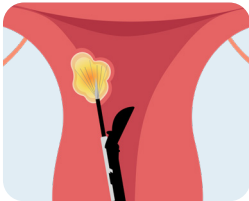
1. Insertion

The cervix is dilated and a slim ultrasound probe is gently inserted into the uterus to locate fibroids.



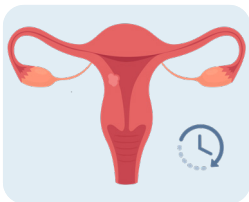
2. Placement

Once the fibroid is located, the tip of the device is inserted into the center of the fibroid.



3. Ablation

Targeted heat is then used to ablate and treat the fibroid. This process may be repeated until each intrauterine fibroid is treated.



4. Device removal

The device is removed from the uterus, and over time, the treated fibroid tissue shrinks, softens and is naturally absorbed by the body.*

Most patients get cleared to go home within 2-3 hours after starting the procedure.³ After the procedure, patients may experience bleeding, discharge, or spotting, and, in some cases, post-ablation inflammation.¹ Cramping and mild pain are also common and are generally managed with over-the-counter medications.¹

Is it right for me?

The Sonata procedure may be an option for women with symptomatic uterine fibroids who want a less invasive treatment option with minimal downtime. Your doctor will review your symptoms and health history with you to help decide if the Sonata procedure is right for you.

AT-A-GLANCE

Minimally-invasive procedure: No incisions or stitches, non-hormonal, and uterus-sparing

Quick outpatient procedure: Typically takes less than an hour, depending on the number and size of fibroids⁵

Quick recovery: Most women return to normal activities within 1-2 days²

Post procedure: Most women report little or no pain²

Symptom improvement: 90% of patients reported a reduction in menstrual bleeding at 3 months⁶ and 95% at 12 months²

High satisfaction:** 94% of patients were satisfied with the Sonata procedure,⁷ and 97% said they would recommend it to a friend²

What about future pregnancy?

The safety and effectiveness of the Sonata procedure in women who wish to get pregnant has not been established. Potential risks or benefits regarding pregnancy are unknown but patients have reported getting pregnant post-treatment. Talk with your doctor about your personal fertility goals.

Important considerations

The Sonata procedure is not recommended if you are pregnant, have an active pelvic infection, certain gynecologic cancers, or certain implanted devices. Your doctor will review your medical history and discuss potential risks and benefits with you.



HEAR FROM PATIENTS

Watch patient testimonials to see how the Sonata procedure is making better possible for women suffering from fibroids.

BETTER IS POSSIBLE™

* Most patients reported significant relief within three months during the 12-month Sonata Clinical Trial

** Based on 12-month Sonata Clinical Trial results

References

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3. Borah, Bijan J. et al. The impact of uterine leiomyomas: a national survey of affected women, *American Journal of Obstetrics & Gynecology*, October 2013, Volume 209, Issue 4, 319. e1—319.e20. Wise LA, Laughlin-Tommaso SK. *Clin Obstet Gynecol.* 2016;59(1):2-24. Alexander AL, et al. *Obstet Gynecol.* 2019;133(1):6-12.
4. Johns Hopkins Medicine. <https://www.hopkinsmedicine.org/health/conditions-and-diseases/uterine-fibroids>. Accessed January 2026.
5. Bradley LD, Pasic RP, Miller LE. Clinical Performance of Radiofrequency Ablation for Treatment of Uterine Fibroids: Systematic Review and Meta-Analysis of Prospective Studies. *J Laparoendosc Adv Surg Tech A.* 2019;29:1507-1517.
6. Brölmann H, Bongers M, Garza-Leal JG, et al. The FAST-EU trial: 12-month clinical outcomes of women after intrauterine sonography-guided transcervical radiofrequency ablation of uterine fibroids. *Gynecol Surg.* 2016;13:27-35.
7. Miller CE, Osman KM. Transcervical Radiofrequency Ablation of Symptomatic Uterine Fibroids: 2-Year Results of the SONATA Pivotal Trial. *J Gynecol Surg.* 2019;35:345-349.

Important Safety Information

The Sonata system is intended for diagnostic intrauterine imaging and transcervical treatment of symptomatic uterine fibroids, including those associated with heavy menstrual bleeding. Contraindications: Current pregnancy; active pelvic infection; known or suspected gynecologic malignancy or premalignant disorders such as atypical endometrial hyperplasia; presence of one or more intratubal implants for sterilization; and presence of an intrauterine device (IUD), unless removed prior to the introduction of the Sonata treatment device.

Anticipated Postoperative Events: abdominopelvic pain/cramping; back pain; constipation; dizziness/fatigue; headache; fever; malaise; nausea/vomiting; sloughing and, less commonly, intact expulsion of ablated fibroid tissue per vaginam (particularly after treatment of submucous fibroids), post-ablation inflammatory symptoms; and vaginal spotting/bleeding/dysmenorrhea.

Potential Risks associated with fibroid ablation using the Sonata system include: allergic reactions (including rash) to device materials; bowel or bladder perforation; cervical/vaginal laceration or tear; dysmenorrhea; electrical shock; hematometrium; hemorrhage; infections: major and minor local and systemic infections, including intrauterine infection; retention of device fragment; skin burn from the dispersion of radiofrequency energy; thrombotic events; unintended injury to the uterus, cervix or vaginal vault, adjacent organs or tissue; unknown risk to future pregnancies; and complications including death.

Pregnancy: Safety and effectiveness with regard to fertility and fecundity after use of the Sonata system have not been established. As a uterus-conserving alternative to hysterectomy, treatment with the Sonata System does not eliminate the possibility of pregnancy.

Adenomyosis: Effectiveness in women with clinically significant adenomyosis has not been established.

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