

# Abnormal uterine bleeding (AUB) treatment comparison guide

## Choose the right treatment for YOU

This chart outlines the differences among the most common AUB treatments, from least to most invasive. Understanding the spectrum of AUB treatment options available empowers you to choose the treatment you believe is best for you.

TREATMENT KEY

**US** Uterine-sparing

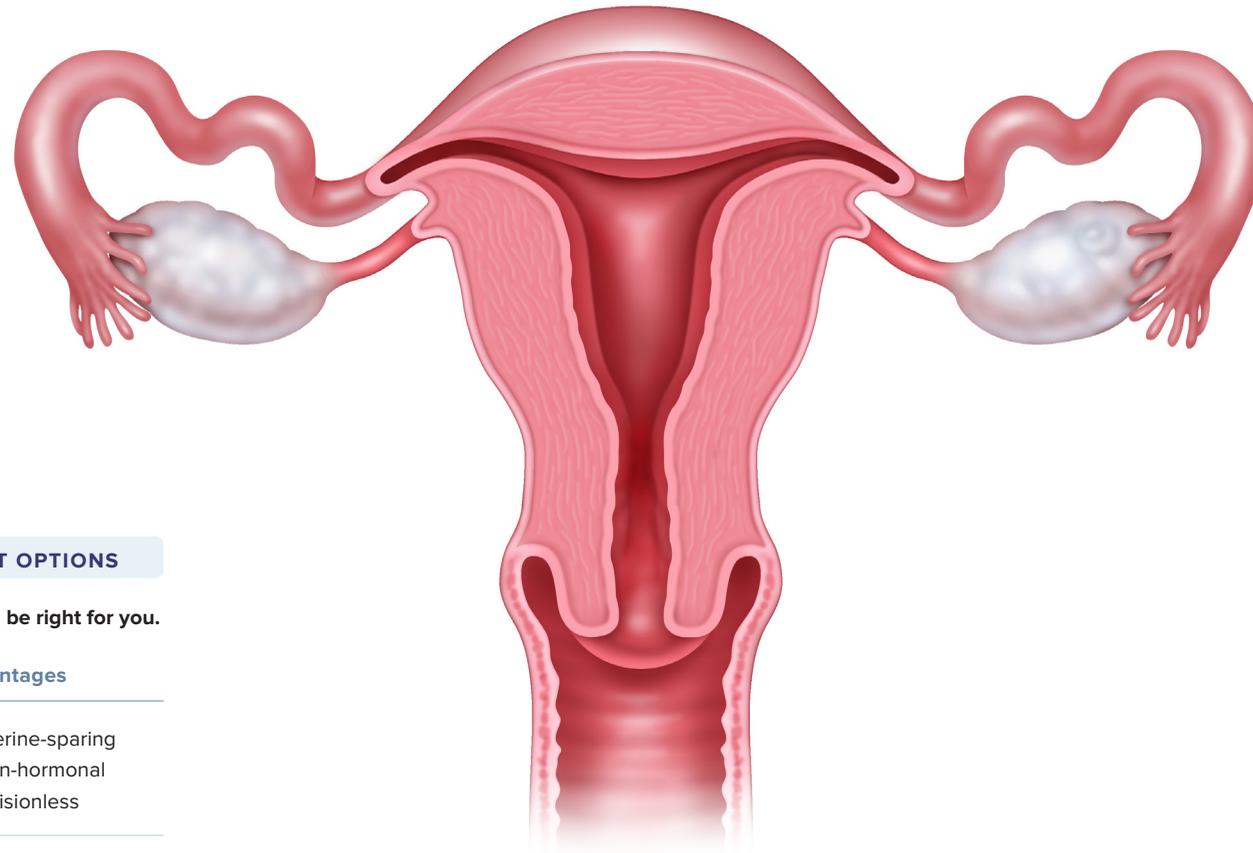
**NH** Non-hormonal

For AUB caused by fibroids, refer to the treatment comparison guide for uterine fibroids.

Some of these treatment options have been studied head-to-head and some have not. This chart contains summary information from separate studies using different methods and criteria to measure efficacy or success. This is not intended to be medical advice or an exhaustive list of treatment options. Please consult your medical professional for specific advice regarding your health and treatment.

Treatment & Description	Considerations	Success Rates	Anesthesia	Recovery	Limitations	
<b>WATCHFUL WAITING</b> <b>US NH</b> AUB symptoms are monitored by the patient and doctor without treatment. Treatment is considered if symptoms change or worsen.	<ul style="list-style-type: none"> <li>No disruption to daily life from new medications or surgical recovery</li> <li>Symptoms will likely remain the same or worsen over time and may last until menopause</li> </ul>	N/A	N/A	N/A	N/A	NON-INVASIVE
<b>MEDICATION</b> <b>US NH</b> Tranexamic acid (TXA) is an oral, anti-fibrinolytic medication that blocks the breakdown of blood clots to help reduce the amount of menstrual blood loss. <sup>1</sup>	<ul style="list-style-type: none"> <li>Self-administered treatment</li> <li>High patient compliance required with daily pills taken multiple times a day (two tablets, three times a day)<sup>1</sup></li> <li>Using a TXA medication along with hormonal products may increase the chance of blood clots, stroke or heart attack<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>66% experienced one-third reduction in menstrual blood loss<sup>1</sup></li> </ul>	N/A	N/A	Will not produce amenorrhea (the absence of menstrual periods) <sup>1</sup>	
<b>HORMONAL INTRAUTERINE DEVICE (IUD)</b> <b>US</b> A hormone releasing device is placed in the uterus to prevent pregnancy for a limited time, which can also decrease heavy menstrual bleeding.	<ul style="list-style-type: none"> <li>Incisionless</li> <li>Reduces or eliminates bleeding combined with contraceptive</li> <li>Retained fertility when IUD removed<sup>2</sup></li> <li>May take up to six months to provide relief from heavy bleeding<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>At one year, 24% experienced decreased uterine bleeding and 20% experienced amenorrhea (the absence of a menstrual period)<sup>2</sup></li> <li>30% experience hormonal side effects and 70% experience intermenstrual bleeding<sup>2</sup></li> </ul>	N/A	N/A	Will need to be replaced/removed dependent on guidance from physician	MINIMALLY-INVASIVE
<b>HYSTEROSCOPIC POLYPECTOMY and/or HYSTEROSCOPIC MYOMECTOMY</b> <b>US NH</b> <b>MyoSure<sup>®</sup> tissue removal*</b> Polyps (polypectomy) or fibroids (myomectomy), which may cause AUB symptoms, are resected and removed from the uterine cavity through the vagina (transcervically).	<ul style="list-style-type: none"> <li>Incisionless</li> <li>Procedure keeps your uterus intact, which may allow for the potential for future fertility</li> </ul>	<ul style="list-style-type: none"> <li>99% of polyps are removed<sup>3</sup></li> <li>95% of fibroid tissue is removed<sup>3</sup></li> <li>89% reported satisfaction rate<sup>3</sup></li> </ul>	May require local or general anesthesia	1-2 days <sup>4</sup>	Only addresses uterine tissue, polyps and fibroids in the uterine cavity	
<b>GLOBAL ENDOMETRIAL RADIOFREQUENCY ABLATION</b> <b>US NH</b> <b>NovaSure<sup>®</sup> endometrial ablation</b> A netted device is inserted through the vagina, fitting to each patient's unique anatomy. Radiofrequency energy (heat) is used to remove the uterine lining (endometrium)—the part of the uterus that can cause heavy periods.	<ul style="list-style-type: none"> <li>Incisionless</li> <li>Permanent procedure (non-reversible)</li> <li>Contraception required (due to danger of pregnancy post procedure)<sup>6</sup></li> </ul>	<ul style="list-style-type: none"> <li>At one year, 77% experienced decreased uterine bleeding and 36% experienced amenorrhea (the absence of a menstrual period)<sup>5</sup></li> <li>Return to normal cycles or significant reduction in bleeding, in some women bleeding is eliminated entirely<sup>5</sup></li> <li>94% reported satisfaction rate at two years<sup>5</sup></li> </ul>	May require local or general anesthesia	1 day <sup>5</sup>	Only intended for people who do not wish to become pregnant in the future	
<b>HYSTERECTOMY</b> A patient's uterus is removed through the vagina (transcervically), or the abdomen (laparoscopically, robotically, or open).	<ul style="list-style-type: none"> <li>Permanent procedure (non-reversible)</li> <li>Permanent loss of fertility</li> <li>May cause early onset menopause<sup>6</sup></li> <li>May increase risks of stress urinary incontinence<sup>7</sup></li> <li>Potential for organ prolapse<sup>6</sup></li> </ul>	<ul style="list-style-type: none"> <li>Complete relief from menstrual bleeding due to permanent removal of uterus</li> </ul>	Requires general anesthesia	Up to 6-weeks <sup>8</sup>	Only intended for people who do not wish to become pregnant in the future	INVASIVE

\*Myosure Manual is not indicated for use for the removal of fibroids.



## YOUR MINIMALLY-INVASIVE AUB TREATMENT OPTIONS

Together with your doctor, decide which treatment could be right for you.

Procedure	Recovery	Advantages
<b>MyoSure procedure</b>	Patients resume normal activities in 1-2 days <sup>4</sup>	<ul style="list-style-type: none"> <li>• Uterine-sparing</li> <li>• Non-hormonal</li> </ul>
<b>NovaSure procedure</b>	Most patients resume normal activities next day <sup>5</sup>	<ul style="list-style-type: none"> <li>• Incisionless</li> </ul>



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### References

1. Lysteda Prescribing Information.
2. Mirena [package insert]. Wayne, NJ: Bayer HealthCare Pharmaceuticals Inc.; 2007.
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5. NovaSure Instructions for Use.
6. Hysterectomy. Cleveland Clinic. https://my.clevelandclinic.org/health/procedures/hysterectomy. Accessed August 2025.
7. Tulokas, Sari, et al. "Stress Urinary Incontinence after Hysterectomy: A 10-Year National Follow-up Study." *Archives of Gynecology and Obstetrics*, U.S. National Library of Medicine, Apr. 2022, www.ncbi.nlm.nih.gov/pmc/articles/PMC8967811/.
8. Consultant, C.O., Lingman, G. and Ottosen, L. (2000). Three methods for hysterectomy: a randomised, prospective study of short term outcome. *BJOG: An International Journal of Obstetrics & Gynaecology*, 107: 1380-1385. https://doi.org/10.1111/j.1471-0528.2000.tb11652.x .

### Important Safety Information

**MyoSure tissue removal system** is intended to remove unwanted tissue from the uterus. During a MyoSure procedure, a trained gynecologist inserts the MyoSure device through your vagina and then removes the unwanted tissue from inside the uterus. Use of the MyoSure system is not appropriate for patients who are or may be pregnant, or have signs or symptoms of a pelvic infection, cervical cancer, or previously diagnosed uterine cancer. As with any surgical procedure, there are potential risks including but not limited to internal injury, excessive bleeding, and complications related to anesthesia. Temporary side effects may include cramping, bleeding, fever, and nausea. This information is not medical advice. Please discuss the risks and benefits with your doctor to find out if the MyoSure procedure may be right for you.

**NovaSure endometrial ablation** is for premenopausal women with heavy periods due to benign causes who are finished childbearing. Pregnancy following the NovaSure procedure can be dangerous. The NovaSure procedure is not for those who have or suspect uterine cancer; have an active genital, urinary or pelvic infection; or an IUD. NovaSure endometrial ablation is not a sterilization procedure. Rare but serious risks include, but are not limited to, thermal injury, perforation and infection. Temporary side effects may include cramping, nausea, vomiting, discharge and spotting. If you or someone you know has possibly experienced a side effect when using our product, please contact your physician.

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