

12 months post-procedure, 100% of patients responded that they would recommend similar treatment to others experiencing similar symptoms*

“Following the MyoSure[®] procedure, within two weeks I had no more bleeding, and since then there have been no heavy periods or pain. I’m back at the gym four times a week and enjoying swimming again — and finally I have lots more energy”^a

- UK Patient Experience

To find out more about MyoSure[®]:

- Talk to your doctor
- Visit myosure.com

To find out more about Heavy Periods:

- Visit wearwhiteagain.co.uk

MyoSure[®] important safety information

The MyoSure[®] hysteroscopic tissue removal system is intended for hysteroscopic intrauterine procedures by trained gynaecologists to resect and remove tissue including submucous myomas, endometrial polyps and retained products of conception. It is not appropriate for patients who are or may be pregnant, or are exhibiting pelvic infection, cervical malignancies or previously diagnosed endometrial cancer.

References: 1. Guys & St Thomas NHS Trust; Patient information: Surgery to remove polyps or fibroids: <https://www.guysandstthomas.nhs.uk/resources/patient-information/gynaecology/Surgery-to-remove-polyps-or-fibroids.pdf> Accessed Feb 2019 2. NHS Fibroid Overview: <https://www.nhs.uk/conditions/fibroids/> Accessed Feb 2019 3. Emanuel MH, Wamsteker K, Hart AA; et al. Long-term results of hysteroscopic myomectomy for abnormal uterine bleeding. *Obstet Gynecol.* 1999;93:743-748 (II-2) 4. Jansen FW, Vredevoogd CB, van Ulzen K; et al. Complications of hysteroscopy: a perspective, multicenter study. *Obstet Gynecol.* 2000 Aug;96(2):266-270. 5. Rubino RJ, Lukes AS, Twelve Month Outcomes for Patients Undergoing Hysteroscopic Morcellation of Uterine Polyps and Myomas in an Office or Ambulatory Surgical Center. *J Minim Invasive Gynecol.* 2015;22(2):285-90 6. Ayas S, Gurbuz A, Eskicirak E, et al. Follow-up and hysteroscopic evaluation of the uterine cavity after hysteroscopic polypectomy. *SAJOG.* 2011;17(1):10-13 7. American Society for Reproductive Medicine. Uterine Fibroids: A Guide for Patients. <https://www.reproductive.org/news-and-publications/patient-fact-sheets-and-booklets/documents/fact-sheet-and-info-booklets/treatments-of-uterine-fibroids/> Accessed Feb 2019 8. Mail online health, published July 2012. <https://www.dailymail.co.uk/health/article-2174471/Me-operation-it-took-just-wave-wand-painful-fibroid-gone.html> Accessed April 2019

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MyoSure[®]
Tissue Removal Simplified

Wear white again
Goodbye to Heavy Periods



What you should know

about intrauterine fibroids and polyps

MyoSure[®]
Tissue Removal Simplified

What are fibroids and polyps?

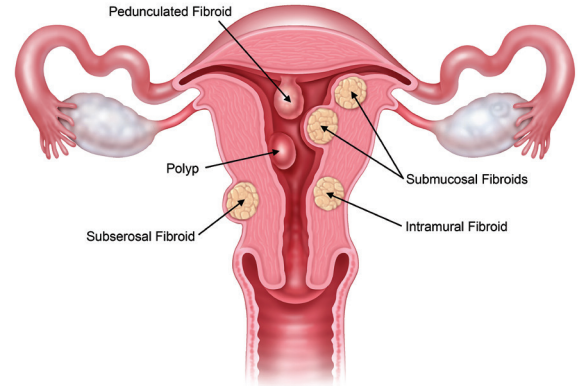
Fibroids

Fibroids are growths (usually benign) of muscle cells in your uterus. They can grow from the size of a pea to as large as a melon and can be in the muscle or protruding into the cavity of the womb. When they are in the cavity (submucosal fibroids), they can cause symptoms such as heavy, painful periods and irregular bleeding. They can also cause reproductive problems, such as preventing you from becoming pregnant.¹

The main types of fibroids are:

- pedunculated fibroids – on a stalk either inside or outside the uterus
- intramural fibroids – the most common type of fibroid, which develop in the muscle wall of the womb*
- subserosal fibroids – fibroids that develop outside the wall of the womb into the pelvis and can become very large*
- submucosal fibroids – fibroids that develop in the muscle layer beneath the womb's inner lining and grow into the cavity of the womb²

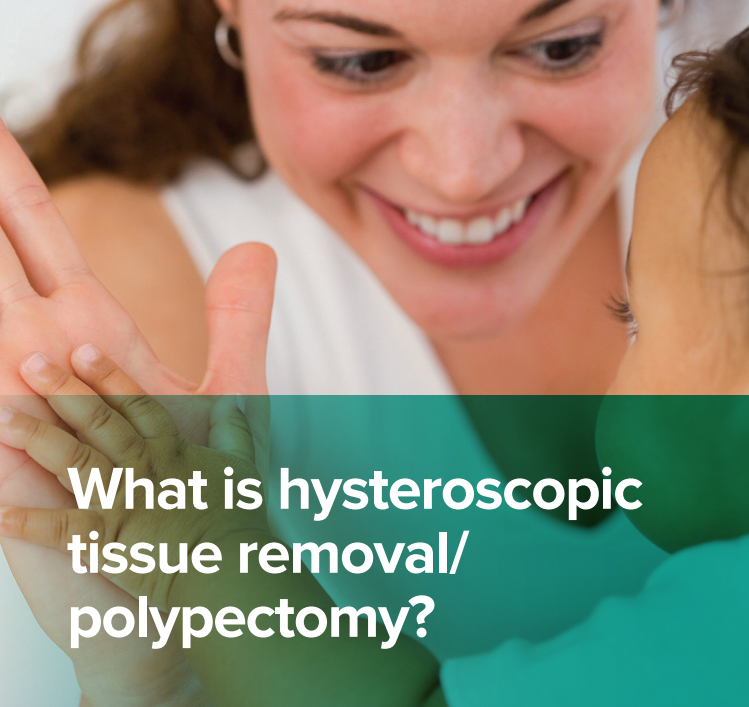
Various fibroid types and locations



Polyps

Uterine polyps are small, usually benign, growths in the endometrium (lining of your uterus). They can cause heavy periods and bleeding in between periods and after sex. Some women also find that they cause some pain.²

*MyoSure® is not indicated for the removal of intramural and subserosal fibroids.



What is hysteroscopic tissue removal/polypectomy?

This simple hysteroscopic procedure is used to perform a procedure called a myomectomy (removal of fibroids) or polypectomy (removal of polyps), which may be causing your heavy bleeding. It allows a doctor to eliminate the unwanted tissue from the womb (uterus) without having to remove or even cut the uterus. A doctor inserts an instrument (hysteroscope) through the vagina to visualise the inside of your uterus in order to identify the fibroid, polyp or other tissue. A tool is then inserted through the vagina to remove the tissue. Once the tissue causing the abnormal bleeding has been removed, periods may go back to normal.³ This is an ideal treatment option if you are looking to reduce your heavy bleeding caused by fibroids or polyps, while retaining a fully functional uterus.

How safe is hysteroscopic tissue removal and polypectomy?

Unlike the removal of fibroids through the abdomen, a hysteroscopic tissue removal requires no cuts or incisions in the skin. The recovery period is quick because there is no need for general anaesthesia, and in a clinical study, the overall complication rate was less than 1% for myomectomies and polypectomies.⁴

How effective is hysteroscopic tissue removal and polypectomy?

The overall effectiveness for reducing heavy bleeding caused by pathology is greater than 90%⁵ and has a recurrence rate of less than 3% at 2 years⁶ and less than 10% at 5 years.³

What can I expect after a MyoSure® procedure?

Some women will experience some mild cramping after a hysteroscopic tissue removal or polypectomy procedure. Your doctor may recommend an over-the-counter pain reliever if cramping persists. You should be able to resume your normal activities within 2 days. Very few patients experience complications following the procedure.⁷

However, you should call your doctor right away if you develop:

- A fever higher than 100.4°F (38°C)
- A worsening pelvic pain that is not relieved by ibuprofen or other prescribed medicine
- Nausea, vomiting, shortness of breath, dizziness
- Bowel or bladder problems
- A greenish vaginal discharge (reddish, yellowish or brownish is normal)

What will my periods be like following the procedure?

Every woman is different and you should discuss this with your doctor. If your period persists after your fibroids or polyps have been removed, sometimes there are other causes of your heavy bleeding, including thickening of the endometrial lining. You should consult with your doctor to find out what your options may be.

One of these options may be the NovaSure® procedure. NovaSure® endometrial ablation is a procedure that can reduce or stop heavy menstrual bleeding. It works by removing the endometrium, or the lining of the uterus (the part that causes the bleeding), with a quick delivery of radiofrequency energy.

For more information, please visit www.novasure.co.uk

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What is the MyoSure[®] tissue removal procedure?

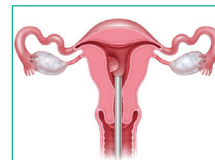
The MyoSure[®] tissue removal system is a suitable treatment option if you are looking to reduce your heavy menstrual bleeding caused by polyps or fibroids, while retaining a fully functional uterus. This is especially important if you plan to have children in the future.

To conduct the procedure, your doctor will use the MyoSure[®] tissue removal device to remove the fibroid or polyp in your uterus.

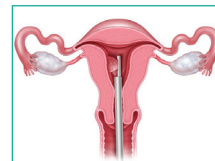
The MyoSure[®] procedure can be done in outpatients and you can return home the same day. On average, the treatment can be completed in less than 10 minutes, depending on the size of the tissue being removed.

Steps of the procedure:

Step 1: A doctor opens your cervix (the opening to the uterus) slightly by passing through the body's natural openings (i.e. through the vagina) and inserts a slender camera through the cervix and into the uterus, allowing him or her to see inside.



Step 2: A doctor passes a slender wand through the vagina into the uterus. The side of the wand gently cuts the fibroid or polyp into tiny pieces and suctions the removed tissue through a small open window into the wand and out of the body.



Step 3: Once the fibroid has been taken away, the wand is removed from the uterus. Nothing is left in the body after the procedure.

