

Transcript Details

This is a transcript of an educational program accessible on the ReachMD network. Details about the program and additional media formats for the program are accessible by visiting:

<https://reachmd.com/programs/womens-health-update/shattering-the-myths-surrounding-global-endometrial-ablation/10475/>

ReachMD

www.reachmd.com

info@reachmd.com

(866) 423-7849

Shattering the Myths Surrounding Global Endometrial Ablation

Announcer:

Welcome to *Women's Health Update* on ReachMD. This medical industry feature, titled *Management of AUB After Ablation*, is sponsored by Hologic.

Narrator:

Despite the long-term success of global endometrial ablation, or GEA devices, such as NovaSure, many patients with abnormal uterine bleeding are not given the option of GEA prior to a hysterectomy. This underutilization may be due to concerns over GEA masking cancer or delaying the diagnosis of cancer, and perceived difficulties in managing continued abnormal uterine bleeding, or AUB, post-ablation. Clinicians have long been concerned over the possibility that GEA may delay cancer diagnosis due to intrauterine adhesions that develop post-ablation. But this long-standing myth has been disproven by well-designed studies showing that GEA does not mask cancer, delay cancer diagnosis, or increase the risk of endometrial cancer. When it comes to treating patients with bleeding or pain post-GEA, hysterectomy is a valid option for some, but others are available. Ultrasound-guided Reoperative Hysteroscopy (or UGRH) combines sonographic and hysteroscopic views for the identification and removal of endometrial growth.³⁴ UGRH is minimally invasive, comes with a low risk of adverse effects, and even reduces the need for hysterectomy in the majority of women with post-

ablation AUB, making it an attractive alternative to hysterectomy. Another study showed that endometrial assessment after ablation is feasible with a successful sample taken in 77% of women with previous thermal ablation. Despite misconceptions over its efficacy rates or that it may cause, mask, or delay the diagnosis of cancer, GEA devices like NovaSure are an excellent option for women who suffer from AUB. While uncommon, late-onset GEA failures do occur, the possibility of managing these complications should not deter clinicians from recommending GEA to their patients, especially since post-ablation AUB can now be managed with minimally invasive UGRH or hysterectomy.

Important Safety Information:

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. Inform patients to contact you if they experience a possible side effect related to use of this product. For detailed benefit and risk information, please consult the IFU.

Announcer:

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