

**Have
you
learned
that you
have
polyps
or
fibroids?**

MyoSure[®]
Tissue Removal Simplified

**A quick minimally invasive procedure to
remove intrauterine tissue.**



Have you learned that you have fibroids or polyps?

When fibroids or polyps are located in your uterus, they can often impact your period, making it very heavy and even painful. Heavy periods take a physical, social and emotional toll as well. A myomectomy or polypectomy is a procedure that can eliminate your fibroids or polyps, helping you regain control of your life.

What are fibroids and polyps?

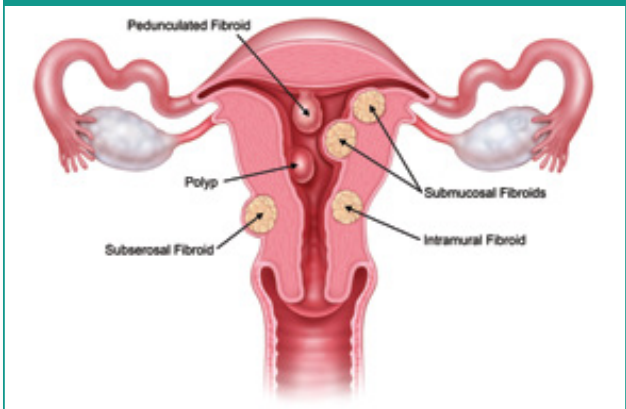
Fibroids

Fibroids are non-cancerous tissue growths in the muscle walls of the uterus. Another medical term for fibroids is “leiomyoma” or just “myoma.” Fibroids can grow as a single mass, or there can be multiple fibroids in the uterus. They can be as small as an apple seed or as big as a grapefruit.

There are several different fibroid types, with different names depending on where they grow on the uterus. Fibroids can grow:

- On a stalk either inside or outside the uterus - **pedunculated fibroids.**
- Just below the lining of the uterus - **submucosal fibroids.**
- In the middle of the uterine wall - **intramural fibroids.***
- Under the outer covering of the uterus - **subserosal fibroids.***

Various fibroid types and locations



Polyps

Uterine polyps are small protrusions of tissue that grow on the uterine lining (endometrium). They are overgrowths of the same kind of cells as the lining itself and may appear as finger-like projections or little mushrooms. As they grow, they become fragile and bleed, and as such, they are a common cause of abnormal uterine bleeding.

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



What is a myomectomy/ polypectomy?

A myomectomy or polypectomy is a simple hysteroscopic procedure that gets rid of unwanted tissue, such as fibroids and polyps, without having to remove or even cut the uterus. Your doctor inserts an instrument (hysteroscope) through the vagina to visualize the inside of your uterus in order to identify the fibroid or polyp. A tool is then inserted through the hysteroscope to remove the tissue. Once the tissue causing your abnormal bleeding has been removed, your period may go back to normal.¹ 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 a myomectomy and polypectomy?

Unlike the removal of fibroids through the abdomen, a hysteroscopic myomectomy requires no cuts or incisions in the skin. The recovery period is quick, and in a clinical study, the overall complication rate was less than 1% for myomectomies and polypectomies.²

How effective is a myomectomy?

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



How effective is a polypectomy?

A polypectomy can have a recurrence rate of less than 3% at 2 years.⁴

How quickly can I resume my normal activities?

Some women will experience some mild cramping after a myomectomy 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.

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 physician 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.



What is the MyoSure tissue removal procedure?

The MyoSure tissue removal system is an ideal 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.

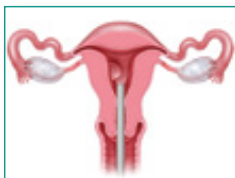
To conduct the procedure, your physician will use the MyoSure tissue removal device to remove the fibroid or polyp in your uterus. This is especially important if you plan to have children in the future.

The MyoSure procedure is often done on an outpatient basis; you can return home the same day.

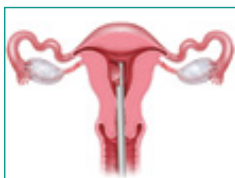


Steps of the procedure:

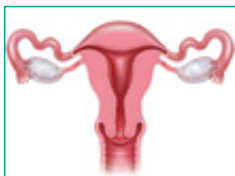
Step 1: Your doctor opens your cervix (the opening to the uterus) slightly by passing through the body's natural openings (i.e., through the vagina) and inserts a slender camera through your cervix and into your uterus, allowing him or her to see inside.



Step 2: Your doctor passes a slender wand through your vagina into your 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 your body.



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



“Had I not had the MyoSure procedure, I would have likely continued in the delay mode or would have eventually had a hysterectomy. I have a very active lifestyle and for me that would have not been in the cards or a desirable option.”

“The MyoSure procedure was quick and painless. I went back to work the next day and on with my daily activities.”

- MyoSure patient

**To find out more about MyoSure
talk to your doctor and visit
Hologic.ca**

MyoSure important safety information

The MyoSure hysteroscopic tissue removal system is intended for hysteroscopic intrauterine procedures by trained gynecologists 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** 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) **2** Jansen FW, Vredevoogd CB, Van Ulzen K, et al. Complications of hysteroscopy: a perspective, multicenter study. *Obstet Gynecol.* 2000;96:266-270. **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** Ayas S, Gurbuz A, Eskicirak E, et al. Follow-up and hysteroscopic evaluation of the uterine cavity after hysteroscopic polypectomy. *SAJOG.* 2011;17:10-13

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