

2012

## Chart for options to treat menorrhagia

	<u>Hormone therapy</u>	<u>Medical therapy-Lysteda</u>	<u>D and C Hysteroscopy</u>	<u>Endometrial Ablation</u>	<u>Lupron Therapy</u>	<u>Hormone IUD</u>	<u>Hysterectomy</u>	<u>Uterine artery embolization</u>
<u>Description</u>	Low dose Est/Prog	2-3 day med non hormonal	Operative treatment of structural polyps/fibroids	Safe and simple ablation of uterine lining -90 seconds	Injection designed to temporarily STOP ovulation to shrink fibroids.	Foreign body	Same day surgery to remove large and refractory uterine problems.	Done in radiology dept by interventional radiologist--uterus sparing
<u>Advantages</u>	Daily well known therapy	Very effective; simple 3 doses/ day	Precise removal of structural causes with direct camera	85-95% effective in decreasing hemorrhaging; uterus sparing; goal is to get to menopause without hysterectomy	Effective 80%	Decreases bleeding in some patients	Removes uterus with severe structural problems such as refractory fibroids; check for hidden cancers Return to work (90%) in 2-3 wks.	Effectively shrinks certain fibroids very well; allows pt to retain uterus and to get to menopause without hysterectomy.
<u>Disadvantages</u>	Non "natural"; can cause blood clots in legs; high blood pressure; wt gain.,etc	Fairly new in USA; rare blood clots in legs.	General anesthesia (brief)	Cauterizes uterine lining -not a contraceptive; also not meant for women who desire future childbearing	Menopausal side effects may be severe Expensive Monthly Problems recur when med stopped.	May increase bleeding and infection in some pts.	Major surgery	Occasionally fails; appropriate for women done with childbearing.