



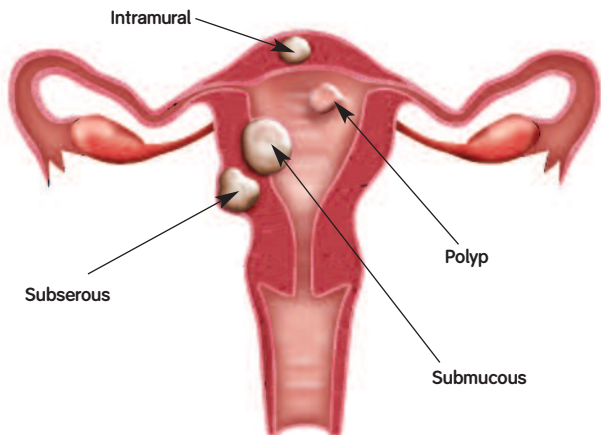
 smith&nephew

Treating heavy menstrual
bleeding caused by fibroids
or polyps

With today's medical advances the outlook for successful treatment of fibroids and polyps has never been better.

You don't have to live with the discomfort and inconvenience of menorrhagia (prolonged or excessive bleeding) associated with endometrial polyps and uterine fibroids. And you don't have to let fibroids interfere with your daily activities. There are alternatives, which are discussed in this brochure, and they don't have to come at a high physical and emotional cost.

If you are suffering from heavy or abnormal menstrual bleeding, talk with your doctor. Be sure to not only discuss your symptoms, but also your concerns and expectations, such as the length of your recovery period or a future planned pregnancy. And ask what treatment options are right for you.



Locations of Fibroid and Polyp Growths

A woman may have a single fibroid or multiple fibroids of any type. There are three different types of fibroids:

Intramural: The most common type of fibroid, intramural fibroids can lead to heavier than usual menstrual bleeding, pelvic pain, back pain or generalized pressure.

Submucosal: This is the least common, but most problematic of the fibroids. Even very small growths can cause heavy bleeding and prolonged periods. They cannot be detected by clinical exam alone.

Subserosal: These fibroids typically do not affect menstrual flow, but they can cause significant pelvic and back pain, as well as generalized pressure.

The most appropriate treatment of fibroids is determined by their location.

Endometrial polyps grow from the lining of the uterus (the endometrium). The incidence increases with age, traditionally peaking between 40 and 50 years, before gradually declining after menopause. They can be single or multiple growths. Polyps typically present abnormal bleeding episodes, vaginal discharge, and even postmenopausal bleeding. In fact, it has been reported that 25% of all abnormal pre and postmenopausal bleeding is caused by endometrial polyps.

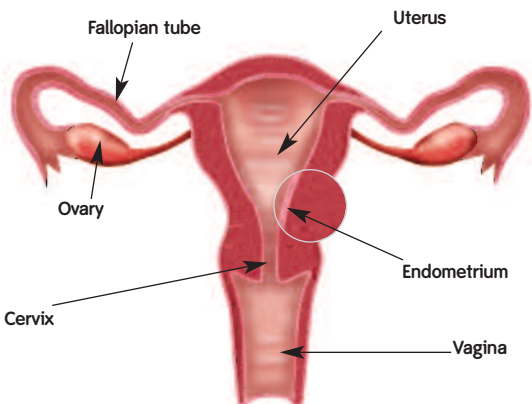
Polyp and Fibroid Disease

Growths within the uterus are known as endometrial polyps or uterine fibroids. Polyps typically cause irregular bleeding and fibroids commonly cause heavy bleeding.

Endometrial polyps are growths extending from the lining of uterus, called the “endometrium”. Polyps cause irregular spotting or pre or postmenstrual staining. In rare cases, polyps can become cancerous. The risk for cancerous polyps does increase, only slightly, as a patient passes age 50.

Uterine fibroids, (also called myomas or leiomyomas) can grow in different parts of the uterus: inside the wall, inside the uterine cavity, and toward the outer surface of the uterus. They vary in size and quantity. It is estimated that 20% to 50% of women between ages 30 and 50 have fibroids and many women in their 20’s can also develop these growths. By the age of 40, approximately 40% to 70% of women may have them. Fibroids are more prevalent in African American women, who have a 3 to 5 times greater risk than Caucasian women of developing fibroids. Women who are overweight are also at a slightly higher risk. Fibroids are not typically associated with an increased risk of uterine cancer and almost never develop into cancer.

Reproductive System



Treatment Options

Medical/Drug Treatment

As an option, fibroids can be treated with medication. These can range from oral contraceptives to synthetic hormone medication designed to shrink the fibroids or to stop menstruation altogether (fibroids and symptoms can return after medication is discontinued). Since these medications interfere with the menstrual cycle, they are not recommended for women who want to become pregnant. It is also important to note that the high levels of hormones may cause fibroids to grow even as they help to decrease the bleeding.

Traditional Surgical Treatment

Fibroids

Two kinds of surgeries most commonly performed to treat fibroids are the hysterectomy and myomectomy procedures.

Hysterectomy is a surgical procedure that completely removes the uterus (and usually the cervix). As a patient, you should be aware that a hysterectomy eliminates all chances of pregnancy, and it can trigger the early onset of menopause.

Myomectomy involves removing just the fibroids while preserving the uterus, making this a good option for women who want to have children.

The location of the fibroid determines how the doctor performs the removal. The two minimally invasive, outpatient surgical alternatives are the Hysteroscopic and Laparoscopic Myomectomy procedures. An open abdominal myomectomy is an option that is invasive and is considered major surgery, which requires hospitalization.

- *A Hysteroscopic Myomectomy uses a device called a resectoscope that enables the doctor to see and work inside a fluid-filled uterus. The fibroid is removed with an electrified wire loop inserted through the cervix.*
- *A Laparoscopic Myomectomy allows the doctor to operate through several small incisions in the abdomen. Through the use of various instruments the doctor can see and remove the fibroid(s) from the uterus.*

Polyps

Endometrial polyps can be treated with a range of surgical procedures. The most common, is a Dilation and Curettage (D&C) procedure. An instrument is placed through the cervix to scrape the growths from the uterine wall.

A second approach is a Polypectomy (removal of the polyps) using a hysteroscope. A special grasping device is used to snag the polyps and remove them. A third approach to a polypectomy involves the use of an electrical loop to cut the growths out of the uterus.

Advancement in Hysteroscopic Myomectomy and Polypectomy Procedures: A minimally invasive alternative

The Smith & Nephew Operative Hysteroscopy System

The Smith & Nephew Operative Hysteroscopy System offers the doctor an option with increased safety for women suffering from submucosal fibroids or endometrial polyps. The procedure is performed on an outpatient basis with a hysteroscope inserted through the cervix. The doctor uses a small probe with a specially designed tip that is inserted through the hysteroscope (see the diagrams) and rapidly shaves away the growths. The system has been designed to avoid damage to the inner lining of the uterus (the endometrium) which helps preserve the chances of pregnancy at a future date. Use of this system can help reduce some of the common risks associated with existing hysteroscopic surgical procedures.

Including:

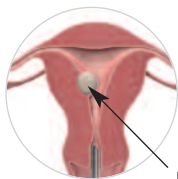
- *Sodium (salt) imbalance from non-electrolyte fluids used to fill (distend) the uterus*
- *Distension fluid overload; a fluid absorption complication*
- *Thermal injuries from the use of electrical energy instruments to remove tissue*
- *The length of the procedure*

The Smith & Nephew System allows the doctor to use saline (an electrolytic salt solution) to fill the uterus during the procedure. Saline solution is compatible with the body's natural chemistry. Performing the procedure in an electrolytic solution reduces the dangers of salt imbalance that can occur with some procedures that use electrified wire loop instruments that function only in non-electrolyte solution.

The Smith & Nephew Operative Hysteroscopy System incorporates patient safety measures into the procedure through enhanced fluid monitoring capabilities and a quick tissue removal process to minimize the procedure time. Reducing the procedure time helps reduce the risks of fluid overload condition as well as prolonged exposure to anesthesia.

In addition, this system allows the doctor to remove the growth(s) quickly by using a safe mechanical process. The procedure does not require the use of electricity in the uterus and therefore eliminates the risk of thermal injury.

How the Smith & Nephew Operative Hysteroscopy System Performs:



Fibroid

With the patient under anesthesia, the hysteroscope is inserted into the vagina, past the cervix, and into the uterus. This instrument allows the doctor to see and to access the growth.



Saline fluid is pumped through a small channel in the hysteroscope to inflate the uterus.



This allows the doctor to see the fibroid or polyp and gives the doctor space in which to work. Now the doctor is ready to remove the tissue.



A specially designed device (called a Morcellator) is selected depending on the type of growth you have— a fibroid or a polyp. The morcellator tip has a small opening with a cutting edge.



The morcellator is inserted into a small channel in the hysteroscope.



The doctor places the small opening on the morcellator against the tissue. The morcellator is then activated to shave and remove tissue while simultaneously keeping the doctor's view clear. The special design of the morcellator allows the tissue to be removed as quickly as possible to reduce risk of fluid absorption.



The doctor controls the placement of the morcellator on the tissue until the tissue is removed. The doctor will then remove the instruments from the uterus, completing the procedure. While recovery times vary by patient, in most instances you will be able to go home within a couple of hours.

Endoscopy

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Printed in USA

10/05 10600116 Rev. A