

The Cryotherapy Option

First performed in the mid 1970's, the technique for endometrial ablation (EA) has been refined and improved with better equipment and approaches. EA destroys the uterine lining or endometrium by either heat, excision or freezing. Each modality has its pros and cons. One of the newest techniques for GEA is the **HerOption® Cryotherapy Ablation** system. The approach is that of freezing to ablate the uterine lining. Freezing tissue to destroy lesions has been utilized for years in the area of Dermatology, and now is being used to treat tumors in other areas of the body. Cryoablation offers several advantages including a high degree of patient satisfaction with excellent rates of lightening or even stopping periods (95% of patients will have light or no periods) and fewer risks when compared to other techniques. And because it produces less pain and discomfort, it finally achieves the advantage to where it can be performed in an office setting.

Who is not a candidate for EA? If you may want a pregnancy in the future, then you should not have an EA. Endometrial Ablation is not birth control and should not be relied on to prevent pregnancy. Other forms of birth control will still be necessary.

If there is a malignant or premalignant change to the endometrium, then EA is contraindicated. Obviously, if you are pregnant, EA cannot be performed. Also, if there is infection, EA should not be done.

Other answers to questions you may have:

- We perform HerOption® exclusively in our office.
- Discomfort is minimal and does not require more than pain medication and mild sedation. Typically, you can return to normal activities later that day.
- Coverage by insurance is excellent, with the patient portion much less than what would be required if the procedure was performed in the hospital. We verify insurance coverage and patient out-of-pocket costs prior to performing the HerOption® procedure.
- *You do not have to be a patient of this practice* to have the HerOption performed here, and you may continue to see your physician/gynecologist following the procedure.

We have more information available. Please ask us if you have other questions or are wondering if you are a candidate for HerOption® endometrial ablation. Feel free to pass this on to a friend!

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ABOUT ENDOMETRIAL ABLATION

**Using the HerOption®
approach**

her)option
office cryoablation therapy

NEW OPTIONS FOR HEAVY PERIODS

Endometrial ablation refers to any method by which the lining of the uterus (endometrium) is destroyed or removed in an effort to normalize or stop menstrual flow. There are multiple techniques available to accomplish this process. An ablation is performed when a woman's periods are troublesome in either their flow and/or length. Commonly considered a "hysterectomy alternative", the endometrial ablation has become a mainstay in the treatment of menstrual problems.

The uterus is lined by a glandular layer of cells called the endometrium. This is the tissue layer that provides the area for a pregnancy to implant and obtain nutrients by contacting the maternal blood flow. If pregnancy does not occur, (which is the typical monthly occurrence), then the ovarian hormones shift and decrease, the lining loses its support, breaks down and then sheds resulting in the period or menstrual cycle.

Influences that disrupt this process include erratic or absent ovarian hormone production (i.e. irregular ovulation), infection, and structural abnormalities including fibroids and polyps. When this occurs, bleeding may be heavy and/or irregular resulting in Abnormal Uterine Bleeding (AUB).

One of the first issues to consider, however, is "what is an abnormal period?" The perception of a woman's period is subjective at best. That is why, when taking a "menstrual history", we ask specific questions pertaining to frequency and length of cycles, pad and tampon use, need for doubling protection, accidents and effect on activities.

Most women do not discuss menstrual issues with their female friends and, there-

fore, are frequently unaware that what they may consider normal would horrify other women. If you are still not sure if you have a menstrual problem, take this short quiz:

- Are your cycles longer than 7 days, or occur less than 3 weeks apart (or are you on more than you are off)?
- Do you have to change your protection more than every 2 hours, or have to double (pad with your tampon, two or more pads, or using supers or even diapers to prevent bleeding through)?
- Have you had more than one or two episodes of bleeding through in public necessitating an embarrassing and hasty exit?
- Are your clots bigger than a quarter or half-dollar?
- Do you avoid going out on your heavy days, or miss work because it's too hard to try to stay on top of your bleeding?
- Are you anemic?

If you answer "yes" to one or more of these questions, then you probably have AUB.

