

THERAPEUTIC CHOICES* FOR ABNORMAL UTERINE BLEEDING (AUB)

Options are usually broken down into categories of medical, minimally invasive and surgical.

MEDICAL:

Estrogen/Progestin combinations (birth control pills, patches, rings, injections) work well when AUB is caused by a hormonal or ovulation disorder. These may be given cyclically to produce regular cycles or continuously to try to stop periods.

Progestins (Progesterone, DepoProvera) these can also be given orally or by injection in a cyclic or continuous fashion. DepoProvera has been around for over 50 years and has extensive use experience. In about 85% of women, they will not bleed while on this. It can be continued for years and also acts as a contraceptive. Progestin containing IUD's are also available.

GnRH analogs (Lupron, Synarel, Antagon, etc.) The estrogens and progestins act like a pregnancy to alter menstruation. These GnRH analogs create a "false menopause" that is reversible. The side effects are those of menopause (hot flashes, mood changes, etc.) which can sometimes be treated. These medications are typically pretty expensive.

MINIMALLY INVASIVE:

Endometrial Ablation - This is an outpatient procedure where the lining of the uterus is cauterized. Technically, it can be done with an electric current or heated liquid (either free or in a balloon), lasers, etc. If there is no lining, there won't be any bleeding. Success rates vary by technique and cause for the bleeding, but generally 25-50% will have no periods, 25-50% will have a significantly reduced flow, but in about 25% it is unsuccessful.

Uterine artery embolization: This is an outpatient technique performed by an interventional radiologist. Under X-ray guidance the uterine arteries are catheterized through a small incision in the groin. A material is released into the uterine artery to obstruct the blood flow to the uterus. This works especially well when bleeding is the result of fibroids, but should be avoided if a patient wants to retain her fertility.

SURGICAL

Conservative – Essentially this would involve surgically removing the anatomic cause of the bleeding. For example removing just the fibroids and leaving the uterus (myomectomy). Only select patients are candidates for these procedures and these decisions are made on an individual basis. Often they can be performed as outpatient procedures.

Hysterectomy – Obviously, removal of the uterus will stop all bleeding. This may or may not involve removal of the ovaries, and may be done abdominally or vaginally, depending on a number of factors. This is major surgery requiring hospitalization.

*This listing should not be considered to include all options and not all therapies are suitable for different diagnosis or different people.