NovaSure Endometrial Ablation
Over one million patients treated!

Quick...
- Just 90 seconds average treatment time
- Rapid recovery time - patients return to normal activity in 24 to 48 hours

Simple...
- No pre-treatment needed
- Easy to use
- Can be used anytime during the menstrual cycle

Safe...
- Tests for uterine perforation and terminates procedure at proper tissue impedance automatically
- Can be used with local anaesthetic, with or without IV sedation

Successful...
- 91% of women have normal or less than normal bleeding one year after the procedure
- 93% patient satisfaction
- 97% hysterectomy avoidance at five years
- 97% would recommend the procedure to other women
- 97% of patients experience no post-procedural pain
- 98% successful reduction of bleeding at five years
- 75% of patients reported amenorrhea at five years

For more information, please contact your local representative at:

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www.novasure.com
www.hologic.com


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NovaSure Endometrial Ablation: The only customised endometrial ablation as unique as each patient

The only system with:

- A proactive safety feature to assess uterine cavity integrity prior to procedure
- Controller-predicted power delivery specific to the patient’s uterine cavity size
- A patented Moisture Transport System that:
  - Creates and maintains contact between the endometrium and the electrode array
  - Enhances the safe vaporisation and removal of endometrial tissue and debris
- Impedance control that automatically determines the depth of tissue ablation
  - As tissue is vapourised, resistance to radio frequency (RF) energy increases until tissue impedance reaches 50 ohms
  - At this point (~90 seconds) the controller self-terminates energy delivery
- Customised ablation is independent of endometrial thickness

NovaSure Endometrial Ablation:-defined by women for women (n=550)

Effectiveness in reducing bleeding to normal levels or lower...with the treatment option they prefer.

The NovaSure System gives women the successful results they want...

- 37% of women preferred for full contouring with precise depth control
- 49% preferred NovaSure®

**Indications and contraindications** for use of the NovaSure Endometrial Ablation System

**Indications**

The NovaSure procedure is intended to ablate the endometrial lining of the uterus in pre-menopausal women with menorrhagia (excessive bleeding) due to benign causes for whom childbearing is complete.

**Contraindications**

The NovaSure procedure is contraindicated for use in:

- A patient who is pregnant or who wants to become pregnant in the future. Pregnancies following ablation can be dangerous for both mother and fetus.
- A patient with known or suspected endometrial carcinoma (uterine cancer) or pre-malignant conditions of the endometrium, such as unresolved adenomatous hyperplasia.
- A patient with any anatomic condition (e.g., history of previous classical caesarean section or transmural myomectomy) or pathologic condition (e.g., long term medical therapy) that could lead to weakening of the myometrium.
- A patient with active genital or urinary tract infection at the time of the procedure (e.g., cervicitis, vaginitis, endometritis, salpingitis, or cystitis).
- A patient with an intrauterine device (IUD) currently in place.
- A patient with a uterine cavity length less than 4 cm. The minimum length of the electrode array is 4 cm. Treatment of a uterine cavity with a length less than 4 cm will result in thermal injury to the endocervical canal.
- A patient with a uterine cavity width less than 2.5 cm, as determined by the Width Dial of the Disposable Device following Device deployment.
- A patient with active pelvic inflammatory disease.

**Why is NovaSure® Endometrial Ablation the Market Leader?**

<table>
<thead>
<tr>
<th>EA Device</th>
<th>Ablation energy source</th>
<th>Average treatment time</th>
<th>Average procedure time</th>
<th>Posttreatment dilation</th>
<th>Cycle dependent</th>
<th>Submucous lesions allowed</th>
<th>Requires device dilation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NovaSure®</td>
<td>Bipolar RF Energy delivers and coagulates the endometrium and the underlying superficial myometrium</td>
<td>90 seconds</td>
<td>4.2 minutes</td>
<td>No</td>
<td>No</td>
<td>Yes, ≤2 cm</td>
<td>No</td>
</tr>
<tr>
<td>Intrauterine saline balloon®</td>
<td>Saline heated to 87°C within an intrauterine balloon</td>
<td>8 minutes</td>
<td>27.4 minutes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Cryoablation®</td>
<td>Probe cooled to between −120°C and −125°C by pressurised gas</td>
<td>15 to 120 minutes</td>
<td>30 minutes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Circulated hot fluid®</td>
<td>Saline heated to 90°C directly touching myometrium</td>
<td>15 minutes</td>
<td>36.4 minutes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Intrauterine glycerin balloon®</td>
<td>Glycerin heated to 173°C within an intrauterine balloon</td>
<td>2 minutes</td>
<td>10 minutes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
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</tbody>
</table>