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5 Myths You May Not Know About Abnormal Uterine Bleeding

Narrator:
Welcome to ReachMD. This is a special edition of Advances in Women's Health sponsored by Hologic. Today's topic is about abnormal uterine bleeding, treatment options, education and patient satisfaction.

Dr. Mackey:
Welcome to a special edition of Advances in Women's Health. I am your host, Dr. Amy Mackey, and I would like to welcome Dr. Melissa Carlson to the program. Dr. Carlson is a board certified OB/GYN who specializes in minimally invasive surgery and treatments for abnormal bleeding. She joins us to discuss five of the most common myths regarding abnormal uterine bleeding. We'll focus on the diagnosis of AUB, the new technologies available for treatment, and the importance of patient and provider education for all of these options.

Dr. Carlson, welcome to the program.

Dr. Carlson:
Thank you, thanks so much for having me.

Dr. Mackey:
Dr. Carlson, many women believe that they must meet certain criteria to be treated for heavier, frequent menstruation. Is that a truth or a myth?

Dr. Carlson:
Well, I guess it's a truth that patients think so and so do providers, but it's a myth that we need to define abnormal uterine bleeding this way. As a matter of fact, ACOG's most recent committee opinion talks about patients defining abnormal bleeding for themselves. If they think they are bleeding heavily, if they think they need treatment, then that constitutes abnormal uterine bleeding. And this affects 30% of women between age 31 and 50, so there's quite a bit of issue out there that we can help with.

Dr. Mackey:
So, hysterectomy, is this the only effective treatment for AUB?

Dr. Carlson:
We've been doing hysterectomies, as you well know, for at least a hundred years and I think that's a myth as well. We've certainly come a long way baby, if you want to give a statement about that, but we have a lot of newer, better ways, less invasive, less risky ways to help a patient. She has options now. We don't have to remove the uterus to give her relief from the bleeding. In my opinion, many steps need to be taken before a hysterectomy is thought about. Certainly you counsel the patients, but can you give them options? There are many things that need to be done to evaluate a patient individually, evaluate the uterus itself as well as the uterine cavity. Probably, approximately 55% of AUB, there is abnormalities within the cavity itself. So, this has to be evaluated and patient given options for treatment before you just remove the uterus. There are certainly several options out there. We have the global endometrial ablation. If the cavity is normal you can ablate the endometrial lining which provides significant relief. There are the age-old birth control pills that help with every cycle. There is definitely the progesterone IUD, and for those women that do have intracavitary pathology, we have ways to remove that pathology now which is an outpatient procedure. We can resect the polyps, resect fibroids, and they may go on to have a perfectly normal cycles after that. So, again, jumping to hysterectomy, I think we can do better for our patients.

Dr. Mackey:
Let's examine another common sentiment that higher tech procedures, such as robotic hysterectomy, are superior to all other

treatments.

Dr. Carlson:
Well, that's the American way, Dr. Mackey, I mean, high tech, fancy new toys, we all love that, not just patients but providers. The newer the better. But I think we all have to keep in mind that it is still an invasive procedure. There's still minor risks, major risks, significant recovery for the patient. It is very hard to tell a patient that that's their only option. I am not saying it doesn't have its place. Of course there are patients that need to go right to hysterectomy. The robotic, da Vinci, has given us significantly more ability to take care of patients with large fibroids or cancer, things where we used to have to do an open laparotomy. But I still think the majority of women with abnormal uterine bleeding don't have this kind of pathology. They need to be educated about some of the lower tech options that are out there.

Dr. Mackey:
If you are just tuning in, this is Advances in Women's Health. I am your host, Dr. Amy Mackey, and I am joined by Dr. Melissa Carlson. We are discussing the dispelling of myths regarding abnormal uterine bleeding.

Let's talk about patient outcomes beyond treatment procedures. Some believe that even with an endometrial ablation, women are likely to require a hysterectomy eventually. Truth or myth?

Dr. Carlson:
That's definitely a myth. There are quite a few studies out now. There have been more than 2 million NovaSure ablations done, so there's quite a bit of information out there. At one year post procedure, there is a 50% amenorrheic rate, 94% success rate as reported by the patient, and there have even been studies at 5 years, 91% of patients avoided a hysterectomy, and at 10 years, 83% avoided hysterectomy. I mean, these are impressive numbers, and they really imply significant savings of medical dollars and productivity dollars for those women.

Dr. Mackey:
Dr. Carlson, what about the notion that there are many women who are not candidates for these hysteroscopic procedures?

Dr. Carlson:
Obviously, patient has to be a good candidate. I think it's a myth that most are not good candidates. We are not talking about patients at all who are still interested in pregnancy, patients with cancers of the cervix, of the endometrium. Any genital infections you should not be performing an ablation. Certainly, foreign bodies or any abnormality of the uterine cavity itself can provide difficulty performing the procedure. So, those patients are not in the discussion, but that does not constitute most patients with abnormal uterine bleeding, so I really think that the goal would be to try to do the least invasive procedure first to see if you are successful before you resort to hysterectomy.

Dr. Mackey:
Dr. Carlson, any final thoughts you want to share with our audience today?

Dr. Carlson:
I mean, yes, realistically, we all have biases. We're humans. We're physicians, but we're still humans, and it's human nature to take from your own experiences and your own education. But I also know that every physician wants what's best for their patients, so my suggestion to providers, in general, is add to your arsenal. Get information about endometrial ablation, about abilities of hysteroscopy in the 21st Century. These are things that you can then bring to your patients, individualize for each patient, decide who is a candidate and who is not, and just remember not every woman who suffers from abnormal uterine bleeding needs a hysterectomy.

Dr. Mackey:
Dr. Carlson, I want to thank you for sharing your perspectives on this topic and uncovering the myths regarding abnormal uterine bleeding with our ReachMD audience. Thank you.

Dr. Carlson:
Thank you so much for having me. I really appreciate your time.

Narrator:
You have been listening to a special edition of Advances in Women's Health on ReachMD sponsored by Hologic. If you have missed any part of this discussion and to find other episodes from Advances In Women's Health, visit reachmd.com/womens-health. Thank you for listening.