

minerva™
The Uterine Health Company

TREATING AUB IN YOUR PRACTICE



minerva^{ES}[®]
Endometrial Ablation System

SYMPHON[®]
Tissue Removal System

Genesys^{HTA}[®]
Endometrial Ablation System

resectr[™]
Tissue Resection Device

Complete, best-in-class intrauterine care kit

Abnormal Uterine Bleeding (AUB) is common

Under-reported, under-treated and normalized

Menstrual flow outside of normal volume, duration, regularity, or frequency is considered abnormal uterine bleeding (AUB)¹

One-third of outpatient visits to the gynecologist are for AUB¹

AUB accounts for more than **70%** of all gynecologic consults in the perimenopausal and post-menopausal years¹

AUB in our communities

Women with AUB have poor health related quality of life, below the 25th percentile of that of the general population³.

The price she pays

Direct costs of AUB

\$1 billion²

The price we all pay

Indirect costs of AUB

\$12 billion²

AUB around the world

In an international online survey study of 6,179 women aged 18–55

36% had either been diagnosed with heavy menstrual bleeding (HMB) or thought their menstruation was heavier than average, a common symptom of AUB²

41% of these women believed there were no treatment options available for them²

How many women in your community are quietly dealing with the burden of AUB?

Help them

In randomized trials, patients reported a preference for office-based hysteroscopy. Office-based procedures are associated with higher patient satisfaction and faster recovery when compared with hospital-based operative hysteroscopy³.

- ✔ Prioritize treating AUB
- ✔ Inform her of the root causes of AUB
- ✔ Consult with her on options to treat AUB and avoid a hysterectomy

A study conducted by the Mayo Clinic

shows that women who had a hysterectomy without ovary removal had:

13%

increased risk of high blood pressure⁴

14%

increased risk in lipid abnormalities⁴

18%

increased risk of obesity⁴

33%

increased risk of coronary artery disease⁴

Furthermore, women under the age of 35 had a 4.6-fold increased risk of congestive heart failure and a 2.5-fold increased risk of coronary artery disease⁴.

Ending AUB is in your hands

minerva ES[®]
Endometrial Ablation System

Best-in-class treatment for heavy bleeding

Genesys[®] HTA
Endometrial Ablation System

Continuous direct visualization throughout the treatment

SYMPHION[®]
Tissue Removal System

Simple, visual and fast bladeless resection

resectr[™]
Tissue Resection Device

Treat polyps in a single in-office visit

We are

The Uterine Health Company

Minerva Surgical provides device-enabled solutions for AUB that are uterus-sparing, minimally invasive, safe and effective.

In 2020, Minerva Surgical acquired three additional devices for the treatment of AUB, creating a complete, best-in-class intrauterine care kit.

We're here to help optimize the delivery of care to those suffering from AUB by offering on-demand support to assist your team.

- ✔ Transitioning treatments to the office setting
- ✔ In-office hysteroscopy supplies checklist
- ✔ In-office polypectomy supplies checklist
- ✔ In-office endometrial ablation supplies checklist
- ✔ Pain management & anesthesia guidelines brochure*
- ✔ Reimbursement information
- ✔ VAC presentation support
- ✔ Patient outreach programs

For support contact us at: meetminerva@minervasurgical.com



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1: Committee on Practice Bulletins—Gynecology. Practice bulletin no. 128: Diagnosis of abnormal uterine bleeding in reproductive-aged women. *Obstet Gynecol.* 2012 Jul;120(1):197-206.

2 Henry C, et al. Barriers to seeking consultation for abnormal uterine bleeding: systematic review of qualitative research. *BMC Women's Health.* 2020 Jun;20(123). doi:10.1186/s12905-020-00986-8.

3: The Use of Hysteroscopy for the Diagnosis and Treatment of Intrauterine Pathology: ACOG Committee Opinion, Number 800. *Obstet Gynecol.* 2020 Mar;135(3):e138-e148.

4. Laughlin-Tommaso SK, et al. Cardiovascular and metabolic morbidity after hysterectomy with ovarian conservation: a cohort study. *Menopause.* 2018 May;25(5):483-492.

* Third party reference.