THE FACTS

A comparison of Minerva ES® & NovaSure® V5

	Minerva ES®[1]	NovaSure® V5[2]
Hysterectomy rate at 3 years in FDA-approved clinical trial	0.9%	6.3%
Success rate at 1 year in FDA-approved clinical trial	93%	78%
Amenorrhea rate at 1 year in FDA-approved clinical trial	72%	36%
Cervical seal created inside the cervical canal	YES	NO
Soft silicone array	YES	NO
Vacuum to remove moisture/steam	Not Necessary	Required
Ablation technology	PlasmaSense™ thermal energy	Traditional bipolar RF

Success of Minerva ES was determined to be statistically greater when compared to NovaSure® and 4 other previously FDA approved devices as a group[1]*.

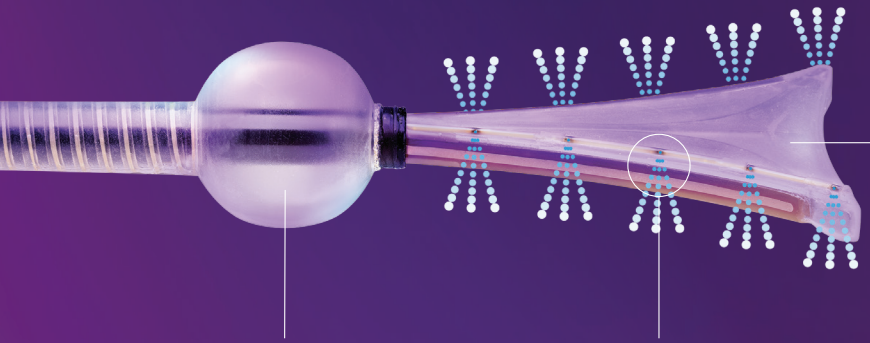
1. FDA Approved Labeling: Minerva Endometrial Ablation System [Operator's Manual]. Santa Clara, CA: Minerva Surgical, Inc; L0120
2. FDA Approved Labeling: NovaSure® Impedance Controlled Endometrial Ablation System [Information sourced from Instructions For Use and Controller Operator's Manual published by Hologic, Marlborough, MA, MAN-07653-001 Rev.002].
3. Laberge P, Garza-Leal J, Fortin C, Grainger D, Johns DA, Adkins RT, Presthus J, Basinski C, Swarup M, Gimpelson R, Leyland N, Thiel J, Harris M, Burnett PE, Ray GF. A Randomized Controlled Multicenter US Food and Drug Administration Trial of the Safety and Efficacy of the Minerva Endometrial Ablation System: OneYear Follow-Up Results. J Minim Invasive Gynecol. 2017 Jan 1;24(1):124-132.] .

* Success defined by Pictorial Blood Loss Assessment Chart. Results from different clinical investigations are not directly comparable. Information provided for educational purposes only. Intended use: The Minerva Endometrial Ablation System is intended to ablate the endometrial lining of the uterus in premenopausal women with menorrhagia (excessive bleeding) due to benign causes for whom childbearing is complete.

CAUTION: Federal law (USA) restricts this device to sale by or on the order of a physician. Rx only. The physician using the system must have sufficient and adequate experience in performing procedures in the uterine cavity, such as IUD insertion or dilation and curettage (D&C), and diagnostic hysteroscopy

minerva®
The Uterine Health Company

minerva ES®
Endometrial Ablation System



The cervical sealing balloon is positioned inside the cervical canal, just below the internal cervical os, and is designed to occlude the canal by conforming to the cervix. Once inflated, the cervical sealing balloon is hands-free

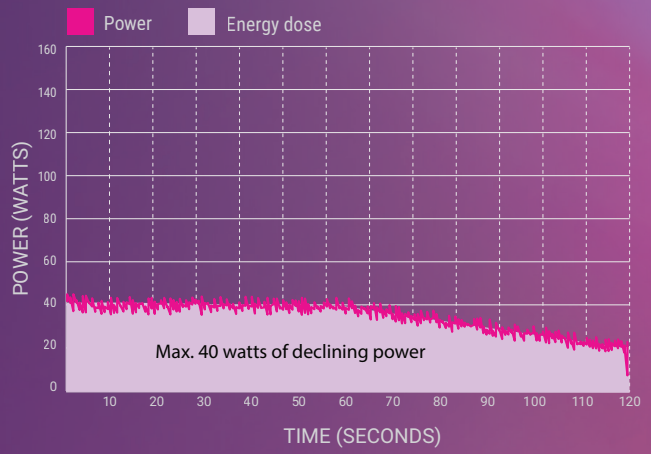
Extension tubes line the outside of the silicone array to aid in efficient flow of CO_2 throughout the uterine cavity to detect a perforation as small as a 23 gauge needle

The soft silicone array enables easy insertion, opens without aggressive seating, and does not stick to the uterus during removal

MINERVA ES

AMENORRHEA RATE AT 1-YEAR[3]

Software delivers a patient specific dose of thermal energy, which results in a uniform depth of ablation and complete tissue coverage (graph represents titration of power during the 2-minute treatment cycle)



NovaSure® V5[2]
Endometrial Ablation

A non-inflatable collar that attempts to create a cervical seal outside of the canal at the endocervix, which is the same location of cervical seal for every generation of NovaSure since 2001

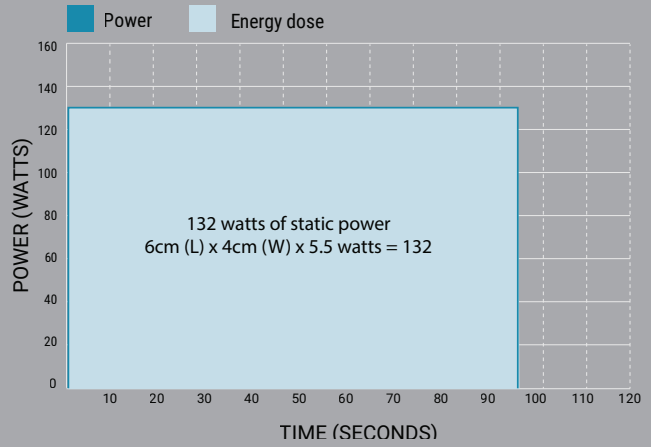
A vacuum intended to provide constant tissue contact with the bipolar RF metalized mesh array to maximize treatment effectiveness, however, efficacy is lower in patients with a uterine cavity length 6cm or greater, which is documented with the FDA for every generation of NovaSure device

Bipolar RF metalized mesh array requires additional seating to open within the uterus, and may be difficult to remove due to combination of suction and cauterization tissue effect

NOVASURE

AMENORRHEA RATE AT 1-YEAR[2]

Procedure terminates at a predetermined endpoint of impedance. Uniform depth of ablation and complete tissue coverage may not be achieved because endometrial thickness varies within the uterine cavity, which results in areas of tissue remaining untreated. (graph represents no titration of power during the treatment cycle)



Prior to use, please see the complete Instructions for Use for more information on Indications, Contraindications, Warnings, Precautions, Adverse Events, and Operator's Instructions. The Minerva endometrial ablation procedure is for premenopausal women with heavy periods due to benign causes who are finished childbearing. Pregnancy following the Minerva procedure can be dangerous. The Minerva procedure is not for those who have or suspect uterine cancer; have an active genital, urinary or pelvic infection; or have an IUD. (The IUD must be removed before the Minerva procedure.) Minerva is not a sterilization procedure. Rare but serious risks include, but are not limited to, thermal injury, perforation and infection. Temporary side effects may include cramping, nausea, discharge and spotting. Please contact us if you experience a possible side effect related to the Minerva procedure.

Scan the QR code to explore the sophisticated, modern Minerva ES technology

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