

# New treatment option for menorrhagia now here



Courtesy of Gynecare

Gynecare Thermochoice balloon therapy system when inflated.

## Angeline Woon

**T**hermal, or uterine balloon therapy, a form of endometrial ablation, is now available in Malaysia for the treatment of women with heavy menstrual bleeding.

"Heavy [or excessive] menstrual bleeding interferes with a woman's physical, social and emotional well-being. This affects her quality of life," said Dr. Lee Say Fatt, a consultant obstetrician and

gynecologist in private practice.

Women with menorrhagia suffer symptoms ranging from physical discomfort to anemia, resulting in frequent visits to the gynecologist and time missed from work.

One form of treatment for menorrhagia is endometrial ablation, a surgical procedure to remove the uterine lining by electro-surgery, or the application of heat using laser energy or thermal fluids.

Gynecare Thermochoice™ disperses heat through a disposable balloon catheter. The catheter is inserted into the uterus through the cervix, inflated with fluid, and then heated to 87°C for eight minutes to destroy the uterine lining.

As the catheter is only about 4.5 mm in diameter, minimal or no uterine dilation is required, reducing the risk of cervical laceration or uterine perforation. Contrast this with 'rollerball' endometrial ablation, involving a heated wire loop attachment, which has risks, including infection, perforation of the uterus, cervical laceration and absorption of large volumes of fluid.

Other treatment options for menorrhagia include oral drug therapies, but these are relatively ineffective, said Lee, and hysterectomy.

He said treatment choice depends largely on patient preference about methodology and outcome. For example, a hysterectomy is a major operation that requires up to six weeks of recovery, whereas the Thermochoice procedure takes only about half an hour and the patient can return to work after a few days, with fewer post-operative complications.

Patients will experience less or no bleeding after the Thermochoice procedure, while bleeding stops immediately after a hysterectomy.

"A woman must decide what she expects from the treatment of heavy menstrual bleeding. Some women may want to be completely free of their periods, while some may settle for a predictable or reduced period. Some don't want scars and wish to avoid major surgery," said Lee.

While the treatment is only now being offered in Malaysia, it has been successfully used for a number of years overseas, particularly in the US and UK.

A five-year follow-up study has found that uterine balloon therapy is an effective and simple treatment for heavy menstrual bleeding, with similar clinical outcomes to that of 'rollerball' ablation. [*J Am Assoc Gynecol Laparosc* 2002;9(4):429-35]

\* The uterine balloon therapy is currently available at Megah Medical Specialists Group, Petaling Jaya.



## Cervical cancer is caused by a common virus.

Persistent infection with oncogenic Human Papilloma Virus (HPV) is well established as the necessary cause of cervical cancer<sup>1</sup>. Every woman is at risk of oncogenic HPV infection.<sup>2</sup> HPV may be acquired by skin-to-skin genital contact; penetrative intercourse is not necessary to become infected.<sup>3,4</sup> Up to 80% of sexually active women will acquire an HPV infection at some point in their lifetime and up to 50% of those infections are caused by oncogenic HPV type.<sup>5,6</sup>

Cervical cancer screening is successful in identifying abnormalities and pre-cancerous lesions but it does not address the underlying cause of the disease – oncogenic HPV infection. This may be about to change as new research into the prevention of oncogenic HPV infection is under way. This new strategy will help reduce the number of abnormal pap-smears and will, alongside screening, further reduce the risk of cervical cancer.<sup>7,8</sup>

1. Bosch FX et al. (2002) Pathogenesis of cervical cancer. *Lancet* 359: 859-868.  
 2. Schiffman PS et al. (2002) HPV infection in women. *Lancet* 359: 911-918.  
 3. Schiffman PS et al. (2002) HPV infection in women. *Lancet* 359: 911-918.  
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 8. Schiffman PS et al. (2002) HPV infection in women. *Lancet* 359: 911-918.

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