



**SYMPHION**<sup>®</sup>  
Operative Hysteroscopy System

# For uterine care that's just right

Minimally invasive fibroid & polyp removal  
without incisions, hormones or implants

A guide to fibroid and polyp removal for the treatment  
of Abnormal Uterine Bleeding (AUB) with Symphion

minerva<sup>™</sup>  
The Uterine Health Company

# Treating the common root causes of AUB

Symphion is a minimally invasive operative hysteroscopy system for fibroid (myomectomy) and polyp (polypectomy) removal. Fibroids and polyps are common causes of many of the symptoms of Abnormal Uterine Bleeding (AUB). AUB affects up to 1 in 3 women.<sup>1</sup>

## Symptoms of AUB

heavy bleeding

pressure on bowel and bladder

constipation

infertility

pain during sex

extreme fatigue

pain in back and legs

depression

anxiety

social fears around bleeding in public

problems sleeping

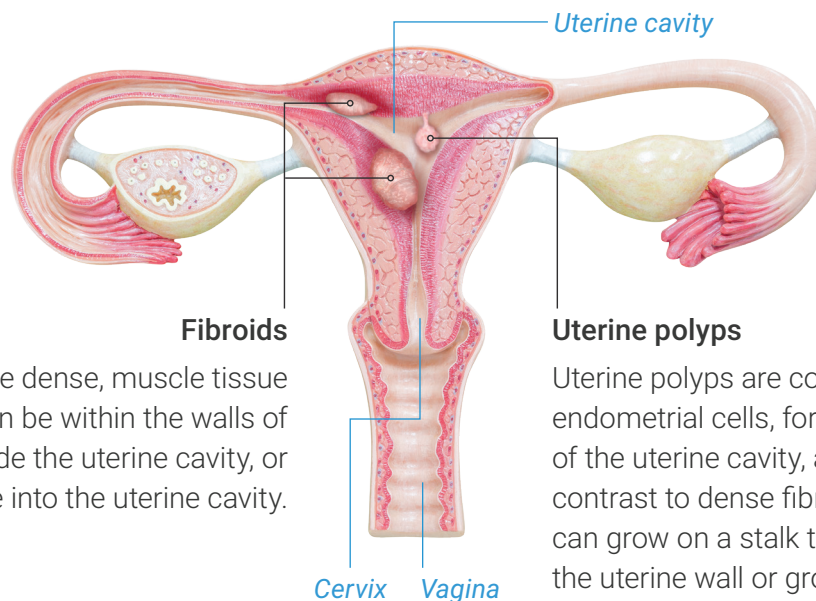
intimacy issues

anemia



After polypectomy, AUB was normalized in 91.6% of patients<sup>2</sup>

## What are fibroids and polyps?



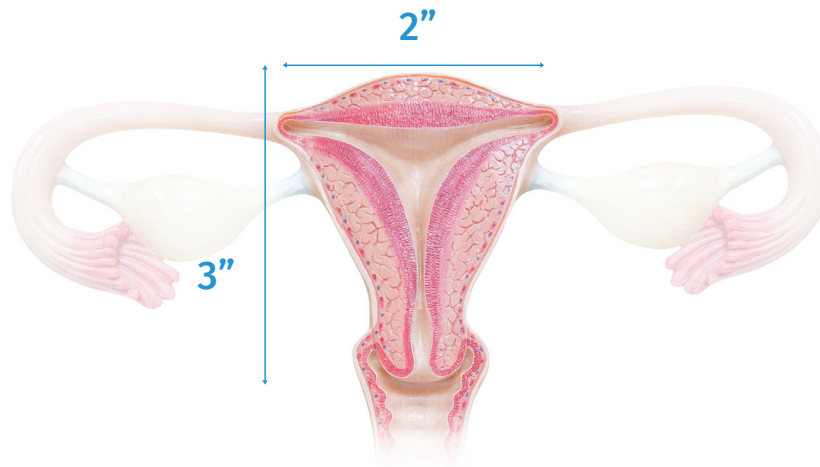
### Fibroids

Fibroids are dense, muscle tissue growths and can be within the walls of the uterus, outside the uterine cavity, or protrude into the uterine cavity.

### Uterine polyps

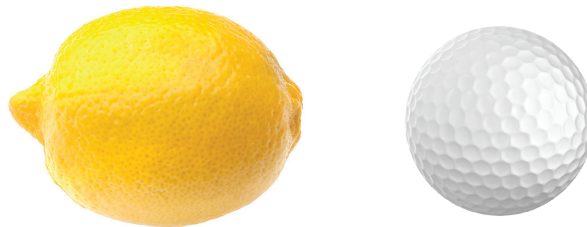
Uterine polyps are composed of endometrial cells, form on the lining of the uterine cavity, and are soft, in contrast to dense fibroids. They can grow on a stalk that is attached to the uterine wall or grow directly on the wall. They are also found in the cervix and can protrude into the vagina.

## Why do fibroids and polyps cause so many problems?

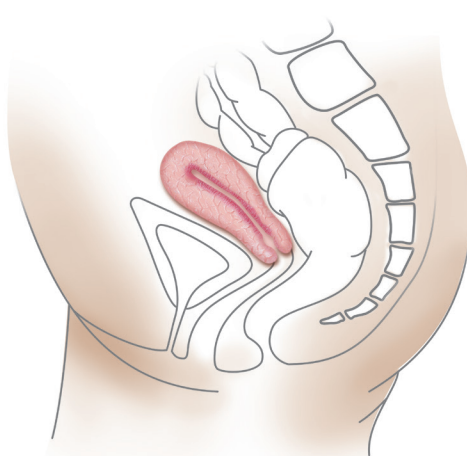


For starters, your uterus is *tiny*: 3 inches x 2 inches x 1 inch.

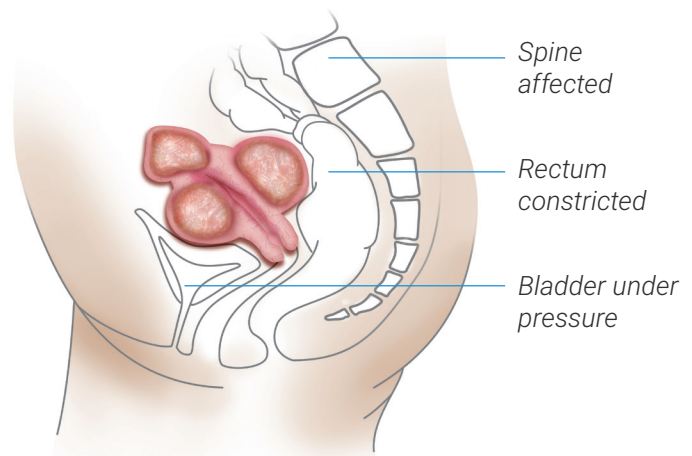
Small fibroids and polyps may cause no symptoms. But imagine a fibroid the size of a lemon, or a polyp the size of a golf ball inside your uterus. Or several fibroids and polyps pushing on the walls of the uterus and distorting the uterine cavity.



When fibroids and polyps are present in a uterus, the uterus may bulge into other nearby organs like your bladder or colon. Nerves may be impacted. The uterine wall may be compromised, making it difficult to get pregnant or maintain a pregnancy.



Side view of uterus with no symptoms



Surrounding organs effected by fibroids in uterus

While fibroids rarely become cancerous, polyps can become cancerous and should be removed and evaluated.<sup>3</sup>

# Know what's in your uterus

Getting a diagnosis is the most important first step on your path to eliminating AUB.

In addition to drawing blood for lab analysis, your gynecologist can offer you the following methods for determining a definitive diagnosis of the cause of your AUB symptoms. (You want a definitive diagnosis, not an 'it could be'.)

## Diagnosis for AUB

### Hysteroscopy

To see the interior of the uterine cavity, physicians use a hysteroscope. With this device, your physician directly views the inside of your uterus using a tiny camera attached to a thin wand.

### Saline infusion sonography (Sonohysterogram)

Saline is delivered into the uterine cavity through the vagina and cervix. This gently expands the cavity, enabling the physician to capture images of the inside of the uterus and any tissue growths present.

### Ultrasound

Your gynecologist may choose to do an transabdominal ultrasound or a transvaginal ultrasound. This is a good start, but ultrasounds don't show everything.

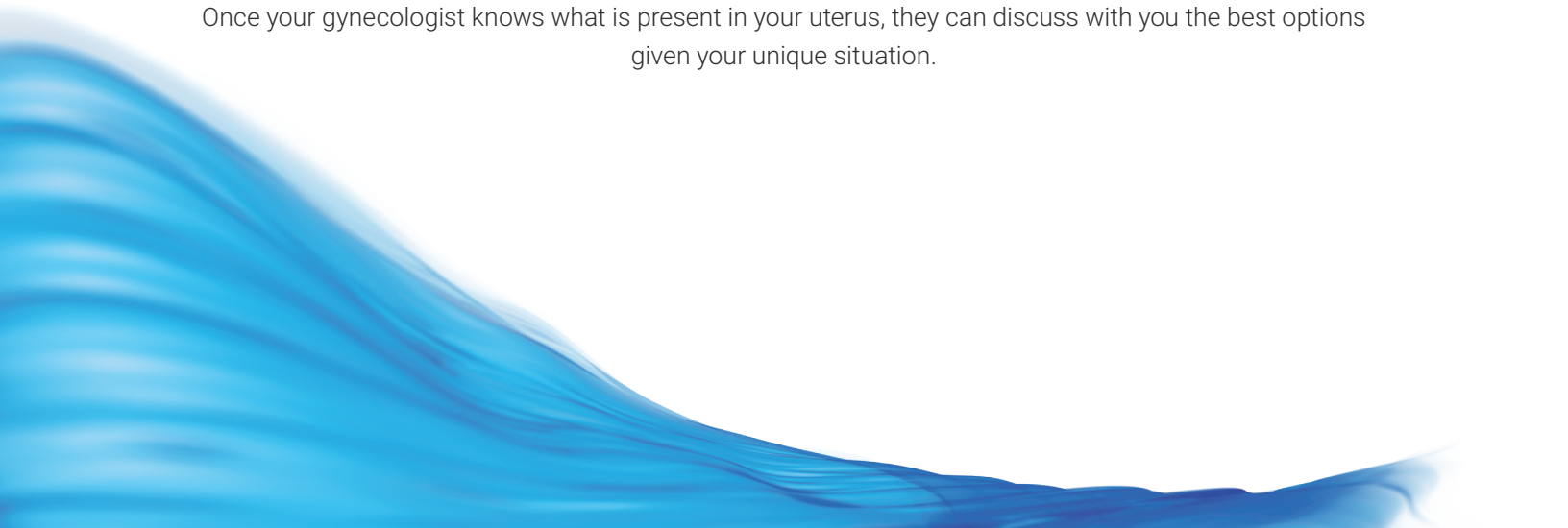
### MRI

If your doctor doesn't visually identify a cause in your uterus, they may suggest having an MRI, which will provide a much more detailed image of the uterine walls, not just the interior of the cavity.



**41% of women saw 2 or more healthcare providers for diagnosis<sup>4</sup>**

Once your gynecologist knows what is present in your uterus, they can discuss with you the best options given your unique situation.





# Methods for removing fibroids and polyps

While fibroids are the most common reason a woman undergoes a hysterectomy<sup>5</sup>, a myomectomy is the recommended standard of care for removing fibroids and preserving the uterus. A polypectomy (polyp removal) may be performed alone or at the same time as a myomectomy.

**There are a few types of myomectomies:**

## Most invasive

### Abdominal (open) myomectomy

Major surgery involving a large incision in the abdomen and incisions in the uterine walls to reach and remove fibroids.

Hospital stay: **1-3 days**, Recovery: **2-6 weeks**

## Less invasive

### Laparoscopic or robotic myomectomy\*

Four small incisions are made in the abdominal area. A laparoscope (a thin wand with a camera) is placed through one incision to view the ovaries, fallopian tubes and uterus. Long instruments, inserted through the other incisions, are used to remove the fibroids.

Hospital stay: **home same day**, Recovery: **2-3 weeks**

## Least invasive

### Operative hysteroscopy

Hysteroscopic polypectomy and myomectomy use no incisions at all and removes polyps and fibroids through the vagina. After dilating the cervix, a thin wand with a camera is inserted through the vagina, cervix, and into the uterine cavity. A small device is inserted into the wand and is used to remove fibroids and polyps.

Hospital stay: **none**, Recovery: **1-2 days**

**\*Power morcellators (blades) used to cut up fibroids into smaller pieces for removal during laparoscopic or robotic myomectomy are NOT recommended by the FDA.**

*The FDA states: "Women with unsuspected uterine sarcoma [uterine tissue that is cancerous] who undergo morcellation of presumed fibroids are at risk for cancer to spread within the abdomen and pelvis."<sup>6</sup>*

# Keep your uterus

Recent studies show significant consequences of removing the uterus that were once unknown. While more studies are needed, the data show the need for technologically advanced, minimally invasive options for the removal of fibroids and polyps.

A 2018 Mayo Clinic study on the long term effects of hysterectomies shows<sup>7</sup>:

**Women who had a partial hysterectomy\***  
increased the risk for coronary artery disease by

**33%**

**Women under the age of 35 who had a partial hysterectomy:**

increased the risk of  
congestive heart failure by

**4.6-fold**

increased the risk of  
coronary artery disease by

**2.5-fold**

*\*A partial hysterectomy is the removal of the uterus, while leaving the ovaries and cervix.*

## Advanced plasma technology treats the root causes of AUB

With Symphion, there's no need for invasive surgery to remove fibroids and polyps.  
You have effective, modern options.

Preserves your uterus	Not a morcellator
Preserves fertility	Tissue is preserved for lab evaluation
Minimally invasive	All fibroids in the cavity can be removed in one treatment
No incisions in abdomen	Outpatient treatment (no hospital stay)
No incisions in uterine walls	Very fast recovery (1-2 days)
No blades used to cut up fibroids or polyps	Covered by insurance

**Bonus:** Women report immediate improvement in AUB symptoms<sup>8</sup>

**Bonus:** Women can get pregnant after Symphion  
(In fact, research shows that fibroid and polyp removal improve fertility<sup>9</sup>)

If your gynecologist is not trained to use Symphion, you may want to seek a consultation with a gynecologist who is trained on today's most advanced systems for treating the root causes of AUB.

# How Symphion works

After slightly dilating the cervix, a thin tube with a tiny camera at the end (hysteroscope) is inserted into the vagina, through the cervix and into the uterus.

A smaller wand-like device is inserted into the tube and into the uterine cavity. At the tip is a window. The gynecologist places the window against the fibroid or polyp and suction pulls it into the Symphion device, where plasma removes the tissue with precision and without using blades.

Tissue from the uterine cavity is continuously removed via the window. When all tissue has been removed, the wand and tube are removed from the uterus.

## Why physicians like Symphion

No abdominal or uterine wall incisions

No need to stitch the uterus back together

Plasma technology enables fast removal of hard, dense tissue

Proprietary fluid management system insures patient never receives more fluid than is safe

Unique feature stops fibroids from bleeding into the uterus so the physician can see clearly throughout the treatment



**Women who underwent myomectomy had substantial improvement in health-related quality of life<sup>10</sup>**

“I was experiencing abnormal bleeding for years, and then over a 9-month period it got really bad. I had several tests and saw a few doctors with no diagnosis. During my first visit with a doctor who understood AUB, he was able to diagnose the problem (polyps). The hysteroscopy with Symphion was simple, painless during and after, and my bleeding improved immediately. The procedure was extremely easy and efficient.”

—Maggie, Scottsdale, AZ





# We are The Uterine Health Company

Minerva designs and manufactures minimally invasive, technologically advanced devices for the modern treatment of Abnormal Uterine Bleeding (AUB). These devices treat the common root causes of AUB while preserving the uterus.

**minerva** ES<sup>®</sup>  
Endometrial Ablation System

**SYMPHION**<sup>®</sup>  
Operative Hysteroscopy System

**Genesys** HTA<sup>®</sup>  
Endometrial Ablation System

**resectr**<sup>™</sup>  
Tissue Resection Device

Minerva Surgical does not provide medical diagnosis, treatment or engage in the practice of medicine. There are potential risks with any medical procedure. These procedures may not be appropriate for all patients, and all patients may not benefit. For information about risks, visit [aubandme.com/risks](http://aubandme.com/risks). Rx Only.

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