

It's Your Life... It's Your Choice

Safe

Minimally invasive procedure

Simple

Treatment time less than 2.5 minutes

Effective

High patient satisfaction rates

Thermablate EAS is a simple, safe and effective way to treat many pre-menopausal women suffering from heavy menstrual bleeding.

Did you know that.....

One out of every 5 (20%) women worldwide experience excessive menstrual bleeding or menorrhagia.

Menorrhagia is the leading cause of iron deficiency anemia in women.

Menorrhagia may be caused by benign uterine growths such as fibroids or polyps, infections or chronic illness. However, in the majority of cases, no organic cause can be identified.

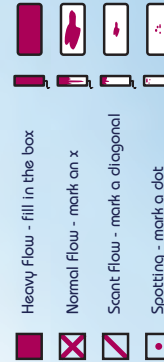


Menstrual Calendar

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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Instructions

Record your menstrual blood flow or any intermenstrual bleeding by marking one of the following notations in the appropriate square (day) of your menstrual calendar.



Do heavy menstrual periods affect your quality of life?

Thermablate EAS may be the solution for you



A Safe, Simple, Treatment Alternative

How Does a Thermablate EAS Treatment Work?

During a Thermablate endometrial ablation treatment, a soft, flexible, silicone balloon attached to a thin catheter is gently inserted into the uterus. The balloon is then inflated with a heated sterile fluid and expanded to fit the size and shape of your uterus. The treatment lasts less than 2.5 minutes, during which time the majority of the lining of the uterus is destroyed, thus significantly reducing, or in some cases eliminating, the flow of menstrual blood. Following treatment, the sterile fluid is automatically drained from the balloon and the catheter is removed and discarded. No part of the device remains in your uterus.

For many patients, a Thermablate procedure may be performed under local anesthesia only.

Note: Thermablate EAS is not an option for any woman wishing to become pregnant. Pregnancy occurring after an endometrial ablation could be dangerous for both the mother and fetus. Birth control options must be employed after a Thermablate treatment.

Preparation for the Treatment

Your Doctor may request that you do not eat solid food immediately prior to treatment, and you will likely be given some medication to reduce cramping during the procedure. Total treatment time is **less than 2.5 minutes**.

After the Treatment

Patients can usually leave the treatment centre 1 to 2 hours after the procedure. Some cramping may occur during the first 8 to 12 hours after treatment with Thermablate EAS. Your physician may recommend a mild analgesic to reduce your discomfort. Many patients return to normal activities within 48 hours of a Thermablate-EAS procedure.

Patients often notice a watery or blood tinged discharge for approximately 2 to 3 weeks after endometrial ablation with Thermablate EAS. Light sanitary pads are usually sufficient protection. In the months following treatment, patients should expect a significant reduction in menstrual bleeding. More than 85% of women who undergo treatment with thermal balloon ablation have reported that they are satisfied with the results and would recommend the procedure to others.

Other Treatment Options

Drug Therapy (the birth control pill or other hormones) is often prescribed as a first line of treatment for menorrhagia. However, drug therapy for menorrhagia usually requires long-term continual dosing, and is associated with side effects such as weight gain, mood swings, headaches and breast tenderness.

Dilation & Curettage (D&C) continues to be performed widely as the first surgical step towards treating menorrhagia. If drug therapy fails, patients are often treated with this temporary solution which briefly reduces menstrual bleeding. D & C is a surgical procedure in which the doctor scrapes away the top layer of the uterine lining, or endometrium, while the patient is under general anesthesia.

Hysterectomy (removal of the uterus) is a major surgical procedure which requires general anesthesia and a hospital stay of several days, as well as 6 to 10 weeks of recovery time. On average, 1 out of every 30 women who undergo hysterectomy will experience an adverse event after the operation. It is estimated that approximately 500,000 women worldwide with a normal uterus needlessly endure this highly invasive and often dangerous surgical procedure without being made aware of less invasive treatment options, such as Global Endometrial Ablation.

Hysteroscopic Endometrial Ablation destroys the uterine lining with an electrosurgical instrument. This method of ablation requires that the doctor have a high level of precision, skill and experience. The risks associated with the procedure include infection, uterine perforation, hemorrhage, and fluid overload. This procedure must be performed under general anesthesia.

Ask your physician if Thermablate EAS is an option for the treatment of your heavy menstrual periods.

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 **Thermablate EAS**™
Thermal Balloon Endometrial Ablation System