The real-world impact of the MyoSure® tissue removal system

“Fertility outcomes after hysteroscopic morcellation of intrauterine leiomyomas and polyps” by Vaishali Bhalani, Andrew Chang, Christen Adkins, Serena H. Chen, and Michael Scheiber in the Journal of Reproductive Medicine assessed the fertility outcomes in infertile women after hysteroscopic morcellation of intrauterine lesions using data from:

62 PATIENTS  67 PATHOLOGIES  2 FERTILITY CLINICS

The MyoSure tissue removal system demonstrated real-world effectiveness for improving the success of fertility treatments by resecting intrauterine pathology and normalizing the cavity prior to ART.

No intra-operative complications occurred

Mean amount of tissue removed:

95.8% FIBROIDS
100% POLYPS

PREGNANCY OUTCOMES

71% OF WOMEN STUDIED BECOME PREGNANT (44/62)
89% DELIVERY OF HEALTHY INFANT IN WOMAN STUDIED WHO BECAME PREGNANT

71% OF PATIENTS WERE TREATED VIA Hysteroscopic Myomectomy
70% OF PATIENTS WERE TREATED VIA Hysteroscopic Polypectomy
9% OF PATIENTS WERE TREATED VIA Hysteroscopic Tissue Removal For Other Conditions (synechiae, RPOCs)

IN WOMEN WITH INFERTILITY OR RECURRENT PREGNANCY LOSS WITH INTRAUTERINE PATHOLOGY, MYOSURE HYSTEROscopic Tissue REMOval FOR NORMALIZATION OF THE CAVITY SUPPORTS SUBSEQUENT CONCEPTION AND LIVE BIRTH.

See what difference the MyoSure tissue removal system could make in women with intrauterine pathology.

Contact a sales representative or visit MyoSure.com to learn more.

IMPORTANT SAFETY INFORMATION: The MyoSure® tissue removal system is intended for hysteroscopic intrauterine procedures by trained gynecologists to resect and remove tissue including submucous myomas, endometrial polyps, and retained products of conception. It is not appropriate for patients who are or may be pregnant, or are exhibiting pelvic infection, cervical malignancies, or previously diagnosed endometrial cancer.


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