

# It's a Woman Thang

Menorrhagia—abnormal heavy menstrual bleeding—affects about 10 million American women yearly. Here's what to do about it.

December 1, 2008 By Anne M. Raso

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Triggered by uterine fibroids that grow into the inner cavity of the uterus, menorrhagia does not affect all women the same, as “the first black supermodel” Beverly Johnson knows firsthand. She recently went public with her story. (See our exclusive interview with her on [realhealthmag.com](http://realhealthmag.com).) Some women suffer pain, but many also experience other symptoms such as depression and sexual difficulties.

In the past, treatment has ranged from hysterectomy to birth control pills. But Edward C. “Chad” Gnam III, MD, of the Mississippi-based Women’s Health Associates, says even the newest pills on the market, such as Lybrel, Seasonale and Seasonique, are simply too slow to treat menorrhagia. “Those pills take six months to a year to reach effectiveness, and all of them have some breakthrough bleeding at unknown times,” Dr. Gnam says.

One solution Gnam recommends is the 90-second out-patient procedure known as NovaSure (endometrial ablation). During the procedure, a gynecologist cauterizes (lasers out) the uterine lining with a slender device inserted into the cervix while the patient is under local or general anesthesia.

Who is a good candidate for NovaSure? According to New York City-based gynecologist Abe Shahim, MD, there’s no straightforward answer, though he recommends it for women who failed medical therapy for their bleeding, who have a uterus smaller than 10 or 12 inches and whose bleeding is not caused by cancer or hyperplasia. “This is not a procedure for someone planning on having children,” he cautions. “We are obliterating the lining of the uterus where a fertilized egg needs to implant during pregnancy.”

Lots of health plans cover NovaSure. Out-of-pocket costs range from \$8,000 to \$12,000.

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