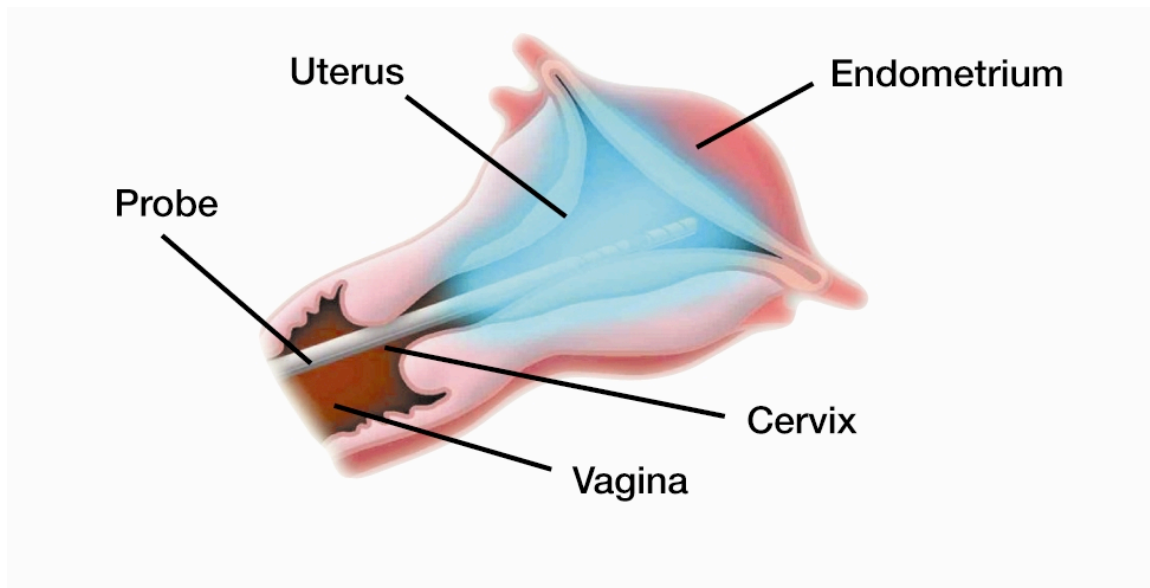


Her Option[®] is a procedure to treat “menorrhagia” (men-or-ra-jah), a medical term for menstrual periods that are too heavy, too frequent, or last too long. Her Option is designed for office use and women’s comfort in mind. The procedure typically takes 20 to 30 minutes and uses cryoablation (cold temperatures). Cold has a natural analgesic affect, reducing pain associated with the procedure. Her Option is a natural choice for women with heavy periods who are looking for an alternative to a hysterectomy, maintaining your natural hormones.

During the treatment, your doctor will monitor the progress of the treatment using an abdominal ultrasound. A slender probe will be gently inserted through your vagina into your uterus and is cooled until it reaches sub-zero temperatures. Typically, multiple ice zones are formed.



The Her Option procedure:

- Is effective. In a clinical study with Her Option, 91% of patients surveyed at two years following treatment were very or extremely satisfied.¹ The decrease in bleeding varies from woman to woman. Some women find that their periods return to more normal levels. Other women will find that their bleeding is completely eliminated or will only spot for a few days a month.
- Requires no IV sedation. Your doctor will work with you to determine appropriate medication for the treatment.
- May provide additional benefits. Patients who undergo the treatment often report a reduction in PMS symptoms, such as fatigue, irritability and cramping.²
- Provides patient satisfaction. 96% of women would recommend Her Option to a friend.

¹ Durability of Treatment Effects after Endometrial Cryoablation vs. Rollerball Electroablation for Dysfunctional Uterine Bleeding: Two-Year Results of a Multicenter Randomized Trial. Townsend D et al. *American Journal of Obstetrics and Gynecology*, March 2003.

² A Randomized Study Comparing Endometrial Cryoablation and Rollerball Electroablation for Treatment of Dysfunctional Uterine Bleeding. Duleba A et al. *The Journal of the American Association of Gynecologic Laparoscopists*, February 2003.