

## ESSURE TRAINING BOOK NOW

Would you like to be involved in an Essure training program in your own facility?

Gytech will provide the Essure training equipment plus refreshments.

To book a training session or for further details please contact:

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0411 230 532 or at  
[dtidey@gytech.com.au](mailto:dtidey@gytech.com.au)

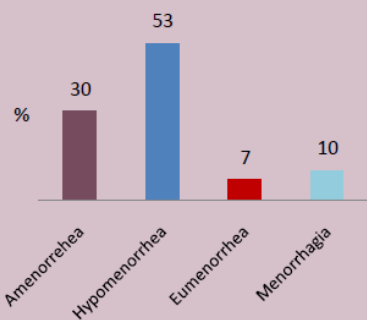
## Essure Announcement

Gytech is proud to announce that they have been selected as exclusive distributor for the Essure permanent birth control device in Australia.

Essure is a non-incisional permanent birth control method that eliminates risks associated with traditional surgical sterilization. Unlike surgical tubal ligation, which involves cutting, clipping or burning a woman's fallopian tubes, the Essure procedure does not require any incisions and can be done in a physician's office under local anaesthesia. Tiny, lightweight Essure coils are passed through the cervix and inserted into the fallopian tubes, forming a permanent blockage. Women typically return to normal activity within a day after the Essure procedure, rather than a week or more following tubal ligation surgery.

For more information please contact Gytech on 03 9822 5911 or visit the Essure website at [www.essure.com.au](http://www.essure.com.au).

Bleeding Pattern at 9 Months



## Multicentre Outpatient Thermal Balloon Endometrial Ablation (Thermablate™) with & without Concomitant Hysteroscopic Fallopian Tube Microinserts (Essure™)

George A Vilos MD, Mark H Emanuel, Claude Fortin MD, Nick Leyland MD, Basim Abu-Refea MD

### Objective

To determine feasibility, safety and efficacy of the 2 minute Thermablate balloon to treat menorrhagia, with and without concomitant hysteroscopic fallopian tube microinserts (Essure).

### Design

Prospective multicentre cohort trial (Canadian Task Force Classification II-2), including 120 women with menorrhagia.

### Methods

Procedures were performed under general anesthesia (n=36) or conscious sedation, with or without paracervical block (n=84). Pre-operative patient assessment included Papanicolaou smear, endometrial biopsy and transvaginal sonography, with or without intrauterine saline or gel infusion, and/or hysteroscopy. Intra-operative assessment included pelvic exam and uterine sounding to confirm uterine position and cavity length, followed by cervical dilatation to 6-7 mm, and hysteroscopy prior to Thermablate balloon insertion.

The new Thermablate controller/balloon system delivered preheated (~1700C) glycerin solution and sustained intra-balloon pressures at ~ 220 mmHg for 30, 30 and 60 sec treatment cycles.

Post-treatment hysteroscopy was performed in all patients and micro-inserts (Essure) were inserted in 15 women. In 10 women the micro-inserts were placed prior to, and in 5 women after Thermablate balloon ablation.

### Results

There were no intra, nor post-operative adverse events. At 3 to 12 months (median 9), patients reported amenorrhoea-30%, spotting/hypomenorrhoea-53%, eumenorrhoea-7%, menorrhagia-10%, and overall satisfaction rate of 85%. All micro-inserts were placed successfully, and at 3-6 months, all tubes were obstructed.

### Conclusions

1. Following Thermablate balloon endometrial ablation, patient satisfaction was 85% with amenorrhoea rate of 30%.
2. Micro-inserts (Essure) were successfully inserted both before and after thermal balloon ablation.

## RUMI®

A "must have" if performing laparoscopic surgery when the uterus is present. The RUMI System® delivers maximum exposure and control for your minimally invasive procedures.

- Full anteversion, retroversion, and lateral positioning for optimal exposure and access
- Articulation at the cervix permits extreme uterine mobility and traction in any direction
- L-shaped handle is accessible to surgeon for easy repositioning during the procedure
- Frictionless movement enhances tactile feedback during surgery



## RUMI®

The RUMI System® is designed to support multi-sized and procedure-specific tips with dye injection capabilities. Currently available in 4 sizes, the RUMI® disposable tips are constructed of a soft-but-strong silicone elastomer over a rigid stainless steel core that mounts to the reusable RUMI® handpiece.

**Soft distal tip**

**Yields less trauma during insertion and use**

**Silicone balloon**

**Holds instrument firmly but gently in place**



## The KOH Colpotomizer™

Laparoscopy Hysterectomy & Colpotomy accessories for use exclusively with The Rumi System Uterine Manipulator

The Koh Colpotomiser System provides the gynaecologic surgeon with a safer way to perform total laparoscopic hysterectomy when used with the Rumi System Uterine Manipulator.

This total system offers the surgeon greater visual access of the uterus and its anatomical landmarks, more control and manipulation of the uterus and as a result more accurate dissections and greater safety.



## ZUMI 4.5™

Zinnanti Uterine Manipulator-Injector



Ergonomically curved shaft eases introduction and allows manipulation of both anteverted and retroverted uteri.

Intrauterine balloon cuff is atraumatic to uterine fundus and shaped to reduce the potential for expulsion.

The distal balloon is readily adjusted for accurate placement prior to insertion, which combined with its atraumatic tip minimizes uterine perforation during use.

Unique handle design permits easy viewing of the external os and may be custom-positioned for individual patients.