

# MISCARRIAGE MANAGEMENT KIT

For early pregnancy loss management

COST-EFFECTIVE · CONVENIENT · EFFICIENT



## MISCARRIAGE MANAGEMENT KIT

- Fully sterilized, pre-packaged, single-use kit
- Hand-held, simple, and portable
- Affordable alternative to surgical operating room procedures
- Ideal for emergency departments, ambulatory surgery centers and office-based setting
- FDA-listed, CE-marked and ISO 13485 compliant

## KIT COMPONENTS

- 1 Ipas Double Valve Aspirator, the classic Ipas design
- 4 Ipas EasyGrip® Cannulae (6, 7, 8 and 9 mm diameters)
- 3 Denniston Dilators (5/6, 7/8, 9/10 mm diameters)

## ORDERING

**HPSRx**  
 1640 Roanoke Blvd  
 Salem, VA 24153  
 customerservice@hpsrx.com  
 www.hpsrx.com  
 1-800-850-1657  
 1-540-375-9380

## ALSO AVAILABLE FROM WOMANCARE GLOBAL



### IPAS EASYGRIP® CANNULAE

For use with the Ipas MVA Plus® Aspirator  
Product Codes: SR4-SR12 (no 11 mm)



### DOUBLE VALVE ASPIRATOR

For use with the Ipas EasyGrip® Cannulae  
Product Codes: DVS



### DENNISTON DILATORS

For cervical dilation associated with uterine evacuation  
Product Code: DD5-S

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# MISCARRIAGE MANAGEMENT KIT

FOR EARLY PREGNANCY LOSS MANAGEMENT

## BENEFITS OF THE MISCARRIAGE MANAGEMENT KIT

### For the Provider

- Decreased cost per case
- Reduced procedure time
- No waiting for Operating Room time
- Minimal anesthesia requirements
- Highly portable

### For the Patient

- Reduced wait times - under the control of the physician not the Operating Room
- Does not require full sedation
- Reduced follow-up requirements

References: 1. Veruy DAA, Crowther CA. (1993). Suction v. conventional curettage in complete abortion: a randomized clinical trial. *S Afr Med J*, 83:13-15. 2. Blumenthal, Paul D and R.E. Remsburg. 1994. A time and cost analysis of the management of incomplete abortion with manual vacuum aspiration. *Int J Gynecol Obstet*, 1994, 45: 261-267. 3. De Jonge ETM, Pattinson, RC, Makin JD et al. (1994). In ward evacuation for uncomplicated incomplete abortion under systematic analgesia safe and effective: a randomized clinical trial. *S Afr Med J*, 84:481-483. 4. Fawcus S, McIntye J, Jewkes RK et al. (1997). Management of incomplete abortions at South African public hospitals. *S Afr Med J*, 87:438-442. 5. World Health Organization, Department of Reproductive Health and Research. *Safe Abortion: Technical and policy guidance for health systems*. Second edition. 2012. Annex 5, Recommendation 2, page 113. 6. Hale RW, Kobara TY, Sharma SD, Tsuei JJ, Gramlich EP, Nakayama RT. Office termination

- ENABLES A SIMPLE PROCEDURE TO BE PERFORMED IN THE EMERGENCY DEPARTMENT OR OFFICE SETTING AND MOVED OUT OF THE OPERATING ROOM
- SIGNIFICANTLY DECREASES COST OF PROCEDURE AND ENHANCES OPERATIONAL EFFICIENCY
- SAVES TIME WHILE IMPROVING PATIENT CARE
- ENABLES MORE EXPEDIENT MANAGEMENT OF MISCARRIAGE
- PROVEN IPAS TECHNOLOGY THAT HAS BEEN IN USE FOR 40 YEARS
- CLINICALLY PROVEN TO BE SAFER AND AS EFFECTIVE AS SHARP CURETTAGE

## PRODUCT PORTFOLIO

### ASPIRATORS

- Ipas Plus® Aspirator
- Single Valve Aspirator
- Double Valve Aspirator

### CANNULAE

- Ipas EasyGrip® Cannulae
- Flexible Karman Cannulae

### DILATORS AND ACCESSORIES

- Adapter sets, dilators and aspirator accessories also available

### KITS

- Miscarriage Management Kit

### TRAINING TOOLS

- Pelvic Model

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# THE IPAS ASPIRATOR PRODUCT LINE

A COST EFFECTIVE SOLUTION FOR UTERINE EVACUATION

## DEMONSTRATED CLINICAL BENEFITS IN UTERINE EVACUATION

	IPAS ASPIRATORS	EVA	SHARP CURETTAGE
SAFE	X	X	
LOWER INCIDENCE OF SIDE EFFECTS/COMPLICATIONS <sup>5</sup>	X	X	
COST EFFECTIVE	X		X*
PORTABLE	X		X
QUIET	X		X
SINGLE USE	X		
REUSABLE	X	X	X
OUTPATIENT/NO ANESTHESIA <sup>6</sup>	X	X	
QUICK RECOVERY TIME	X	X	
NO ELECTRICITY REQUIRED	X		X
REQUIRES LIMITED SPACE	X		X
REQUIRES LIMITED INVESTMENT	X		X

\*When used without anesthesia

References: 1. Veruy DAA, Crowther CA. (1993). Suction v. conventional curettage in complete abortion: a randomized clinical trial. S Afr Med J, 83:13-15. 2. Blumenthal, Paul D and R.E. Remsburg. 1994. A time and cost analysis of the management of incomplete abortion with manual vacuum aspiration. Int J Gynecol Obstet, 1994, 45: 261-267. 3. De Jonge ETM, Pattinson, RC, Makin JD et al. (1994). Is ward evacuation for uncomplicated incomplete abortion under systematic analgesia safe and effective: a randomized clinical trial. S Afr Med J, 84:481-483. 4. Fawcus S, McIntyre J, Jewkes RK et al. (1997). Management of incomplete abortions at South African public hospitals. S Afr Med J, 87:438-442. 5. World Health Organization, Department of Reproductive Health and Research. Safe Abortion: Technical and policy guidance for health systems. Second edition. 2012. Annex 5, Recommendation 1, page 113. 6. Hale RW, Kobara TY, Sharma SD, Tsuei JJ, Gramlich EP, Nakayama RT. Office termination

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- BACKED BY 40 YEARS OF GLOBAL MARKET USE AND IPAS' LONGSTANDING QUALITY REPUTATION
- FDA-LISTED, CE-MARKED, AND ISO 13485 COMPLIANT
- SMALL, INEXPENSIVE, PORTABLE, QUIET, AND SAFE<sup>2,3,4</sup>
- IDEAL FOR PERFORMING PROCEDURES IN THE OUTPATIENT SETTING
- IDEAL FOR SETTINGS WITH NO ELECTRICITY OR WITH SPACE CONSTRAINTS
- LIMITED INVESTMENT REQUIRED

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[www.dktwomancare.org](http://www.dktwomancare.org)