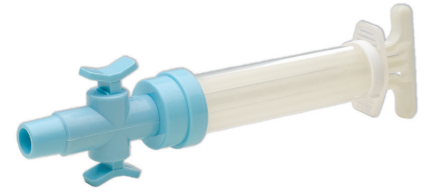


Double Valve Aspirator

For uterine evacuation and endometrial biopsy

EFFECTIVE · DISPOSABLE · AFFORDABLE · VERSATILE



MANUAL VACUUM ASPIRATION

Clinical Indications

- Treatment of incomplete abortion for uterine sizes up to 12 weeks since the woman's last menstrual period
- Endometrial biopsy

Discreet and Patient-Friendly

- Quiet procedure meets patients' needs for privacy
- Enables faster recovery times compared to operating room procedures

Safe and Effective

- 98% effective with low complication rates*
- Safe alternative to sharp curettage

Affordable and Versatile

- Reduces procedural costs by performing procedures in an outpatient setting
- Low initial investment and per-use cost

* In less than 2% of cases one or more of the following can occur during or after the procedure: uterine or cervical injury, pelvic infection, vaginal reaction, incomplete evacuation, or acute hematometra

DOUBLE VALVE ASPIRATOR

- Individually wrapped and disposable
- Ready to use and sterile packed
- 60 mL volume
- 610-660 mm (24-26 in) Hg vacuum
- Latex-free plastic
- FDA-listed, CE-marked, and ISO 13485 compliant



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 ⁵	X	X	
COST EFFECTIVE	X		X*
PORTABLE	X		X
QUIET	X		X
SINGLE USE	X		
REUSABLE	X	X	X
OUTPATIENT/NO ANESTHESIA ⁶	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^{2,3,4}
- IDEAL FOR PERFORMING PROCEDURES IN THE OUTPATIENT SETTING
- IDEAL FOR SETTINGS WITH NO ELECTRICITY OR WITH SPACE CONSTRAINTS
- LIMITED INVESTMENT REQUIRED

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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