EFFICIENT. TARGETED. SUPERIOR.

Clinical findings on intrauterine tissue removal with the TruClear™ System
Clinical implementation of the hysteroscopic morcellator for removal of intrauterine myomas and polyps. A retrospective descriptive study


This study concludes that the TruClear™ system is a fast, safe, and easy method for removal of polyps and smaller type 0 and 1 myomas. It also notes that there was no significant intraoperative or postoperative bleeding documented during the study.

Evaluation of hysteroscopical polypodectomy and submucosal fibromyomectomy with the use of TruClear™ system morcellator in comparison with conventional resectoscopy. The Greek experience.


This study showed the TruClear™ system reduced the operating time and was safer in comparison to conventional resectoscopy, particularly when treating myomas. The system was evaluated based on the following criteria: operating time, fluid loss, visibility, normal saline usage, serious complications (perforation and bleeding), and learning curve.

The icon of hysteroscopic future or merely a marketing image? A systematic review regarding safety, efficacy, advantages, and contraindications


A review of all available evidence pertaining to the use of intrauterine morcellators (IUM) was conducted to compare IUM systems to traditional resectoscopy and outpatient operative hysteroscopy, inclusive of 1,185 patients. The available evidence allows us to consider IUM devices — such as the TruClear™ system — as a safe, effective, and cost-effective tool for the removal of intrauterine lesions such as polyps, myomas (type 0 and type 1), and placental remnants. Evidence regarding the TruClear™ 5.0 system suggests that it may represent the best choice for office hysteroscopy.

Therapeutic Hysteroscopy in an Outpatient Office-Based Setting Compared to Conventional Inpatient Treatment: Superior? A Cohort Study


Overall, office-based hysteroscopic procedures (including hysteroscopic tissue removal with the TruClear™ system) with the use of sedation and analgesia are safe, with a low complication rate, not painful and lead to substantially shorter operation and admission times. Office-based hysteroscopic procedures could lead to lower healthcare costs. Cost-effectiveness analysis and randomized controlled trials should be performed to give a definite answer on this topic.
TARGETED PATHOLOGY REMOVAL

Histopathological outcomes following operative intrauterine morcellation of endometrial polyps: a cohort study
This study concludes that diagnosis of morcellated intrauterine specimens, from the TruClear™ system, is no different from those obtained via hysteroscopic resection and is within the Mayo Clinic’s standard of 3-5 percent alteration.

Hysteroscopic enucleation of type II submucosal uterine leiomyomas using a TruClear™ system hysteroscopic morcellator: case report and review of the literature
This case report describes the surgical principles that guided a complete enucleation of a Type II leiomyoma using the TruClear™ system. Postoperatively, sonohysterography showed complete closure of the dead space with only a slightly distorted endometrial cavity. This report is an example of how the TruClear™ system may allow for complete enucleation during hysteroscopic resection of Type II leiomyoma(s) at the hands of an experienced surgeon.

Long-term outcomes after intrauterine morcellation vs hysteroscopic resection of endometrial polyps
This study concludes that compared with electrical resection, intrauterine tissue removal using the TruClear™ system may be associated with lower recurrence of endometrial polyps. However, the incidence of recurrent abnormal uterine bleeding (AUB) is independent of polypectomy method. This article also notes that there were no reports of inability to establish a histopathologic diagnosis among all pathology specimens evaluated.

An alternative approach for removal of placental remnants: hysteroscopic morcellation
This study concludes that hysteroscopic tissue removal seems to be an effective technique for the management of placental remnants, with complete removal in 94.3 percent of patients. The TruClear™ system may also reduce the need for additional removal procedures.

Descriptive study of a new diagnostic-therapeutic hysteroscopic morcellation system
The new tissue removal system is a safe and effective diagnostic-therapeutic technique for the outpatient management of endometrial polyps. Completed in an outpatient setting, a prospective study between June 2011 and January 2012 performed polypectomies on 100 patients using the TruClear™ system. The polypectomy procedure was 100 percent successful in all patients and none of the patients were referred on for future surgery. Tolerance was moderate to good in 91.3 percent of the patients.

A comparison of hysteroscopic mechanical tissue removal with bipolar electrical resection for the management of endometrial polyps in an ambulatory care setting: preliminary results
This study was designed to compare efficacy, pain, and the learning curve associated with the treatment of polypectomies using the TruClear™ system versus bipolar electrical resection in an ambulatory care setting. If a successful procedure is predicated on access to cavity, visualization, and complete resection and excision of endometrial polyp, the TruClear™ system shows a higher success rate than the Versapoint™ bipolar electrosurgery system at 92 percent and 77 percent, respectively.

Hysteroscopic polypectomy in an office setting: specimen quality assessment for histopathological evaluation
A retrospective review of consecutive polyp histopathological slides and respective reports from November 2012 to March 2013 was conducted. It included all hysteroscopic tissue removal procedures using either mechanical instruments, a bipolar electrode or the TruClear™ system. Of the 90 reviewed polyp slides, it was shown that the hysteroscopic tissue removal of endometrial polyps in an office setting using the TruClear™ system provides adequate tissue for histological diagnosis, despite the effects of tissue fragmentation.
The intra uterine morcellator: a new hysteroscopic operating technique to remove intrauterine polyps and myomas
When compared with conventional monopolar resection, the TruClear™ system was faster in operating time, and appears easier to use. This article suggests it results in fewer fluid-related complications and a shorter learning curve.

Hysteroscopic morcellator for removal of intrauterine polyps and myomas: a randomized controlled pilot study among residents in training
This study showed operating time was reduced more than eight minutes when using the TruClear™ system compared to conventional resectoscopy. Subjective surgeon and trainer scores for convenience of technique on a visual analog scale were in favor of the TruClear™ system. In conclusion, the TruClear™ system offers a good alternative to conventional resectoscopy for residents in training.

New developments in hysteroscopy
Diagnostic and operative hysteroscopy have become standards in gynaecologic practice, and many hysteroscopic procedures have replaced old, invasive techniques, such as dilatation and curettage. The publication notes that the introduction of hysteroscopic tissue removal (e.g., TruClear™ system) opens the option of hysteroscopic surgery for the majority of patients — without the need for extensive training and experience for the gynaecologists.

Hysteroscopic morcellation compared with electrical resection of endometrial polyps
This study evaluated whether mechanical hysteroscopic tissue removal using the TruClear™ system or bipolar electrosurgical resection is more favorable for removing endometrial polyps in an office setting — in terms of feasibility, speed, pain, and acceptability. It concluded that, in comparison to electrosurgical resection during hysteroscopic polypectomy, mechanical tissue removal was significantly quicker, less painful, more acceptable to women, and more likely to completely remove endometrial polyps.

Hysteroscopic tissue removal systems: a randomized in vitro comparison
An in vitro comparison of the removal of analogue polyp tissue demonstrated that the larger TruClear™ INCISOR™ Plus device,† MyoSure™ Classic and MyoSure™ Lite devices were significantly faster than the TruClear™ INCISOR™ device‡ for removal of one polyp, only the TruClear™ INCISOR™ Plus device was consistently faster than the TruClear™ INCISOR™ device for the removal of more than one polyp. The performance of the MyoSure™ Lite decreased significantly during removal of three consecutive tissue samples, making it slower than the TruClear™ INCISOR™ Plus device. For the removal of myoma tissue, the resection rate of the TruClear™ ULTRA Plus device§ was significantly higher than that of the MyoSure™ XL, with a decrease in MyoSure™ XL’s resection rate seen with an increase in the fibroid volume.

†TruClear™ INCISOR™ Plus device is now known as TruClear™ soft tissue shaver plus
‡TruClear™ INCISOR™ device is now known as TruClear™ soft tissue shaver mini
§TruClear™ ULTRA Plus device is now known as TruClear™ dense tissue shaver plus
Hysteroscopic evacuation of retained products of conception
Nov;36(8):1004-1005.
A case review of a 40-year-old, gravida 1, para 0, infertile patient
with endometriosis and adenomyosis sent to the Emergency
Department for vaginal bleeding. Operative hysteroscopy
utilizing the TruClear™ Hysteroscopic Tissue Removal System was
performed to successfully evacuate gestational products.

Hysteroscopic Morcellation Versus Loop Resection for Removal
of Placental Remnants: A Randomized Trial.
Hamerlynck TW, van Vliet HA, Beerens AS, Weyers S, Schoot BC.
*J Minim Invasive Gynecol*. 2016 Nov - Dec;23(7):1172-1180. doi:
10.1016/j.jmig.2016.08.828
This study compares mechanical hysteroscopic resection with
the TruClear™ system with loop resection for the removal of
placental remnants with respect to procedure time, adverse
events, tissue availability, histology results, short-term
effectiveness, and postoperative adhesions. Mechanical
hysteroscopic tissue resection demonstrated a faster alternative
than loop resection. Both techniques are safe and show high rates
of complete removal and tissue availability and low rates of de novo
intrauterine adhesions.

See why the TruClear™ system
has a clear advantage in uterine
tissue removal.

TruClear™ system is a Medtronic product. Product packaging
and labeling reflect Covidien. Covidien is a subsidiary of Medtronic.

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