

Medtronic

Engineering the extraordinary

Don't be blind to the evidence.

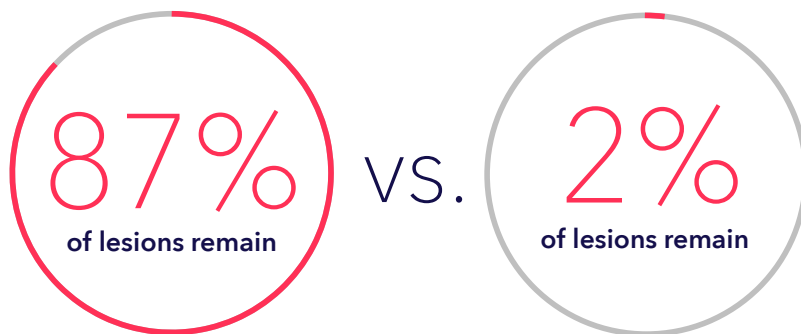
With Hysteroscopy, a diagnosis can be made reducing the need for major and unnecessary surgery.

A clear alternative to blind D&C

Research reveals, with blind D&C you'll have:

- Low diagnostic yield^{1,2}
- Incomplete resection of pathology^{1,2}

Hysteroscopy offers a more complete resection³



After a blind D&C, whole or part of the lesion remained in situ in 87 percent of patients, in a study of post-menopausal women.¹

After a procedure with the TruClear™ system, whole or part of the lesion remained in situ in only 2% of patients, in a randomized controlled trial.³



Consensus from societies

American College of Gynecology (ACOG)

"D&C with hysteroscopic guidance is recommended over D&C alone because it has higher accuracy and superior diagnostic yield."^{4,6}

"Hysteroscopy, although not required, is recommended with directed D&C to include any discrete lesions as well as the background endometrium. This combination will provide the best opportunity to confirm the diagnosis of a true premalignant endometrial lesion and exclude an associated endometrial carcinoma."⁴

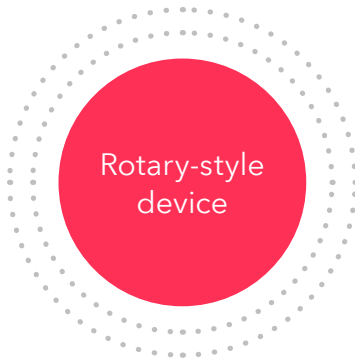
American Association of Gynecologic Laparoscopists (AAGL)

"Though conservative management may be appropriate in some patients, hysteroscopic polypectomy is the mainstay of treatment. Removal without the aid of direct visualization should be avoided due to its low sensitivity and negative predictive value of successful removal compared to hysteroscopy and guided biopsy."⁵

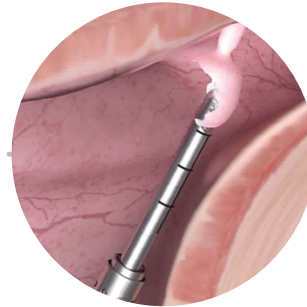


When performing a hysteroscopy using the TruClear™ system, you get:

- Access to the entire uterus, including the fundal wall and cornua – areas often out of reach to reciprocating devices due to a cap on the distal tip.
- Visualization of what you're resecting. The TruClear™ hysteroscopes are the only instruments available with continuous inflow and outflow,[†] which allows you to maintain a clear operative field throughout the procedure.
- Precise resection, with the ability to resect pathology down to the base. So you have confidence that you captured all the tissue needed for pathological analysis.
- Visually-directed biopsy to enable capture of targeted endometrial tissue.



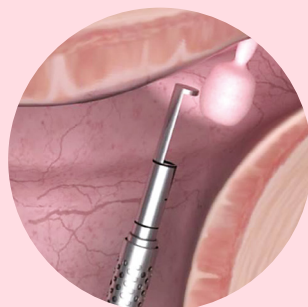
Enables access to entire cavity, including the cornua and fundal wall



Provides gentle resection all the way down to the base of the pathology



Optimized for soft-tissue removal, the only blade-style designed to draw in tissue



For illustration purposes only. Dimensions and representations of reciprocating device may not be accurate.

Learn more about seeing-and-treating with the TruClear™ hysteroscopic system – and our commitment to delivering better care for women by visiting our website

[†]As of June 2017.

References

1. Epstein E, Ramirez A, Skoog L, Valentin L. Dilatation and curettage fails to detect most focal lesions in the uterine cavity in women with postmenopausal bleeding. *Acta Obstet Gynecol Scand.* 2001;80(12):1131-1136.
2. Bettocchi S, Ceci O, Vicino M, Marelllo F, Impedovo L, Selvaggi L. Diagnostic inadequacy of dilation and curettage. *Fertil Steril.* 2001;75(4):803-805.
3. Smith PP, Middleton LJ, Connor M, Clark TJ. Hysteroscopic morcellation compared with electrical resection of endometrial polyps. *Obstet Gynecol.* 2014;123(4):745-751.
4. ACOG Practice Bulletin, Clinical Management Guidelines for Obstetrician-Gynecologists, No. 149, April 2015. *Obstet Gynecol.* 4.125(2015):1010.
5. ABIM Foundation, American Association of Gynecologic Laparoscopists (AAGL). Five Things Patients and Providers Should Question. *Choosing Wisely.* http://www.choosingwisely.org/wp-content/uploads/2017/11/AAGL_5things-List_Updated101119.pdf. Published Nov. 15, 2017. Accessed Oct. 10, 2019.
6. Karageyim Karsidag AY, Buyukbayrak EE, Kars B, Unal O, Turan MC. Transvaginal sonography, sonohysterography, and hysteroscopy for investigation of focal intrauterine lesions in women with recurrent postmenopausal bleeding after dilatation & curettage. *Arch Gynecol Obstet.* 2010 Apr;281(4):637-43

Important: Please refer to the package insert for complete instructions, contraindications, warnings and precautions.

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