Is your first-line technology for detecting endometrial abnormality effective?

Disposable sampling devices obtain a sample from only 4% of the endometrial surface area, and fail to detect 1 in 6 endometrial cancers.\(^1\)

In-office endometrial sampling is a cost-efficient method for first-line diagnosis of abnormal uterine bleeding (ABU). However, published studies demonstrate that existing suction curette devices do not provide consistent specimen volume or quality, and insinuate the cause may be due to sampling tissue through a single, small port. Consequently, false negative assessment often occurs in patients with focal pathology.

EndoCurette

Excellent Results for Diagnosis of AUB

EndoCurette uses four bowed curetting elements to remove endometrium independent from the orientation of the four elongated sampling ports. This special configuration is most effective with a single fundus-to-os draw with a twisting motion. EndoCurette obtains robust tissue samples with intact glands and stroma, often providing first-pass definitive diagnosis of abnormal bleeding.

Experience using EndoCurette and see what you've been missing!

EndoCurette Clear

CUR-120
20/box

EndoCurette Clear's 30 ml syringe maintains vacuum for sampling, even when aspirating fluid.

EndoCurette

CUR-100
25/box

Traditional plunger-cannulus system provides positive vacuum and rigidity during insertion.

- Special multi-port tip configuration is designed to obtain a sample representative of a majority of the endometrial surface to improve detection of focal pathology.
- Deliberate fundus-to-os sampling motion prevents patient discomfort and risk of trauma by eliminating repeated fundal contact of tip.
- Tip profile, vacuum plunger, and cannula rigidity provide stiffness that facilitates insertion and may help provide access through mildly stenotic cervix.
- 3mm diameter minimizes patient discomfort.

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Products may not be available in all countries. Contact Utah Medical Products for availability in your area.