SPECIALIZED GYNECOLOGY

Improving Diagnostic and Therapeutic Results

UTAH MEDICAL PRODUCTS

FEMCARE
Permanent Female Sterilization

Most Effective Long Term Solution
Patient Friendly
Quick and Easy to Apply

EXCELLENT AND WELL KNOWN LONG TERM EFFECTIVENESS

In hundreds of published studies, the Filshie System demonstrates an exemplary “typical use” success rate that is superior to all methods studied in the CREST trials. Filshie Clips also have a very low rate of ectopic pregnancy.

Since introduction in 1982, with over 12 million clips applied, knowledgeable gynecologists have relied on the Filshie Clip System for high effectiveness and limited complications, whereas numerous studies and even professional recommendations confirm that the long-term benefits versus complications of prophylactic salpingectomy are not established.1-4 “The risks of decreased ovarian function and/or premature surgical menopause [due to prophylactic salpingectomy] may outweigh the benefit of decreased ovarian cancer incidence.”5 “Studies investigating patient-based outcomes [of prophylactic salpingectomy] are lacking.”6

As with salpingectomy, the occlusive nature of the Filshie Clip has been shown to reduce the incidence of ovarian cancer7-9. However, the Filshie Clip System has significant advantages when compared to salpingectomy: Filshie Clip placement involves no electrocautery, sharp dissection or permanent excision of tissue. A well-known and clinically reported potential side effect of Filshie Clip tubal ligation is clip migration. There are no known serious clinical or life-threatening complications that relate directly or indirectly to the Filshie Clips or their migration.10

QUICK AND EASY TO APPLY

Laparoscopic application of Filshie Clips requires basic laparoscopic skills and takes just a few minutes. Compared to salpingectomy, the surgery is easier. In a recent postpartum study, bilateral salpingectomy was successfully completed in only 68% of cases vs 95% successful completion of tubal ligation. Tubal ligation also had a 15 minutes shorter operative time than bilateral salpingectomy.11 In certain women salpingectomy may technically be very difficult, increase intraoperative complication rate or even impossible such as women with abnormal anatomy and women with severe adhesions due to pelvic inflammatory disease or endometriosis.12 There is no sharp dissection or excision of tissue that increases surgical risks, and operating room costs are lower.

PATIENT SATISFACTION

Many women prefer the least invasive approach when it involves removal of anatomy.

2 Szender J, Lele S. Fallopian tube ligation or salpingectomy as means for reducing risk of ovarian cancer. AMA J Ethics. 2015 Sep 1;17(9):843-8.
Permanent, Yet Reversible

Because Filshie Clips preserve almost the entire fallopian tube, reversal via reanastomosis has been shown to be highly successful.13

Minimal Laparoscopic Ports Required

Only a single central instrument port is required for placement. Multiple lateral instrumentation ports that are necessary for salpingectomy are not needed. Therefore risk of epigastric vessel injury is mitigated14 and port site infection, irritation and herniation is potentially reduced.

Non-Hormonal, Permanent Device

Filshie Clips maintain high effectiveness without replacement or maintenance. Clips do not leach copper or hormones and do not need replacement. Filshie Clips are less worrisome than IUDs for women who have completed their families.

Effective for Postpartum Application

The Filshie Clip’s special silicone profile and clip length allows it to be placed onto edematous postpartum Fallopian tubes. The length is able to encompass a swollen tube, and the silicone maintains pressure on the clipped tube as the tube gradually compresses.

Globally Recognized and Recommended

The proven success of the Filshie Clip is the reason that the UK Royal College of Obstetricians and Gynaecologists, in conjunction with the National Health Service, continues to recommend Filshie Clips as the preferred method for laparoscopic female sterilization.15 The Filshie System is the most common tubal occlusion method in Australia and New Zealand16, and is one of the most popular permanent sterilization methods in the United States, Canada, and a significant number of other countries worldwide.

Standard Kits

The Filshie System containing the Filshie Clips and Sterishot II applicator are immediately available and provide reliable results in every procedure. Both kits are sterile and include:

- One single patient use Sterishot II applicator
- One pair of Filshie Clips

<table>
<thead>
<tr>
<th>ITEM</th>
<th>ITEM NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sterishot II Standard Laparoscopic Kit</td>
<td>AVM-951</td>
</tr>
<tr>
<td>Sterishot II Mini-laparotomy Kit</td>
<td>AVM-951M</td>
</tr>
</tbody>
</table>

Elite Kits

Versus the standard Sterishot II laparoscopic kit, Sterishot II Elite Kits add one 8mm port for use as the secondary (instrument) port in dual-incision laparoscopic technique. Ports are available with either safety shielded blade or bladeless configurations.

<table>
<thead>
<tr>
<th>ITEM</th>
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<tbody>
<tr>
<td>Sterishot II Elite Kit w/ Safety Shielded Port</td>
<td>AVM-953</td>
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<tr>
<td>Sterishot II Elite Kit w/ Bladeless Port</td>
<td>AVM-954</td>
</tr>
</tbody>
</table>

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12 Braaten K, Dutton C. Laparoscopic female sterilization. UpToDate, Dec 2018
15 Faculty of Sexual & Reproductive Healthcare, Royal College of Obstetricians & Gynaecologists, Male and Female Sterilisation, 2014 Sep.
16 The Royal Australian and New Zealand College of Obstetricians and Gynaecologists, Female sterilisation by Filshie clip tubal occlusion (C-Gyn 22), 2014 Nov.
17 U.S. Patents 9,451,966, 10,092,296
Permanent Female Sterilization

Most Effective Long Term Solution
Patient Friendly
Quick and Easy to Apply

FILSHIE CLIPS AND ACCESSORIES

Filshie Clips are available as individually packaged clip pairs for use as spares when needed.

The ideal port size for the Filshie applicator instrument port is 8mm. This port size requires less port site dilation than the commonly available 10mm ports, so is gentler to tissue and may reduce incidence of port site herniation or delayed site healing.

Utah Medical Products, Inc. (UTMD), offers Filshie Clips in a Convenience Pack designed to make dual-incision laparoscopy readily available.

Convenience Pack includes:
- One 8mm Bladeless Port
- One pair of Filshie Clips

<table>
<thead>
<tr>
<th>ITEM</th>
<th>QUANTITY</th>
<th>ITEM NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Filshie Clips</td>
<td>10 pair / box</td>
<td>AVM–851J</td>
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<tr>
<td>8mm Bladeless Port</td>
<td>5 / box</td>
<td>FN–100–210</td>
</tr>
<tr>
<td>Convenience Pack</td>
<td>10 / box</td>
<td>AVM–910</td>
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</tbody>
</table>
Uterine Manipulation
Cost-Effective High-End Functionality

LUMIN®
Disposable Uterine Manipulator

LUMIN™ (Laparoscopic Uterine Manipulator INjector) is a disposable, single-use, sterile device that has set a new standard for controlled uterine manipulation. The ergonomic and unique design of the trigger handle offers control through a wide range of manipulation angles. A positioning lock and intrauterine balloon allow the manipulator to secure uterine position, freeing the surgeon’s hands during the procedure.

LUMIN offers excellent versatility for application in a variety of procedures. LUMIN is designed for both diagnostic and surgical procedures, eliminating the need to change manipulators during a procedure, thereby avoiding contamination of surgical fields and saving valuable time. The infusion line provides evaluation of tubal patency.

- Cushioned 5.7mm tip reduces risk of uterine perforation without excessive cervical dilatation.
- Balloon secures uterine position without a tenaculum and prevents leakage of contrast media and fluids.
- Stainless steel cannula provides strength for confident control.
- Adjustable tip length accommodates correct uterine depth and orientation.
- Position lock securely maintains uterine position, freeing surgeon’s hand during procedure.
- Trigger handle control offers easy, precise positioning.

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<tr>
<th>ITEM</th>
<th>QUANTITY</th>
<th>ITEM NO.</th>
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</thead>
<tbody>
<tr>
<td>Lumin Uterine Manipulator</td>
<td>10 / box</td>
<td>MIS-100</td>
</tr>
</tbody>
</table>
Cleaner LETZ® Margins
Closely Control Excision to Provide Accurate Samples
Avoid Over-Excision of Tissue
Reduce Thermal Damage to Specimens
Minimize Number of Samples

**UtahLoop® Electrodes**
Outstanding Electrodes for HPV Management

Developed and manufactured by UTMD, UtahLoop specialty electrodes deliver highly predictable excisional performance. Why? Because UtahLoops are constructed with UTMD’s proprietary ExactFit™ assembly process and have the unique Safe-T-Gauge®. The Safe-T-Gauge adjustable depth control device provides several important advantages that ensure the best outcomes possible for LETZ:

- The maximum excision depth can be preset to provide the physician with an accurate reference to avoid removing excess cervical tissue that might compromise patient fertility.
- The high-grade, durable tungsten excision wire is supported, providing extra stability to fix electrode position, avoiding superficial lesion excision and inadequate histopathology.
- A single loop width emulates several loop sizes which would be required without the Safe-T-Gauge, eliminating the risk of not having the right size for a particular excision and reducing the need to stock many loop sizes.

In a standard loop electrode, the combination of the T-shaped shaft, lack of loop wire support, and cheap wire material allow loop wire flex at the hub, causing superficial lesion excisions and fragmented specimens.

UtahLoop’s unique electrode wire support, pure tungsten loop material, and Y-shaped shaft, along with superior workmanship, provide excellent rigidity and accurate excision depth control.
C-LETZ® Conization Electrodes
Management of Deep Endocervical Disease

Current excisional devices for managing deep endocervical CIN lesions lack the shape needed to preserve healthy cervical tissue. Cone biopsy morbidity seems to be related to the total amount of tissue excised, demonstrating that tissue-sparing excision techniques are important to improving clinical outcomes. Traditional “straight wire” conization electrodes excise an excess of healthy tissue, which may compromise adequate cervical function.

Research has also shown that CIN involvement in most endocervical glands extends no more than 3.8mm from the cervical surface. The C-LETZ Conization Electrode is designed from this research. Its contoured electrode shape removes a constant thickness specimen to ensure adequate removal of diseased tissue without risking excessive excision of healthy cervical tissue.

- Contoured wire shape provides consistently clear excision margins, providing a 98% rate of certain histopathology diagnosis
- Provides a single tissue specimen compared to ‘top hat’ excisions, eliminating thermal injury of the transverse excision component
- Potentially reduces the possibility of cervical stenosis by preserving healthy tissue
- Potentially reduces recurrence and/or progression rates
- Hexagonal shaft feature locks electrode into pen
- Provides simultaneous hemostasis compared to cold knife conization

Enabling Cervical Access with Tactility

DXTender Electrode Extenders provide a unique and effective solution for LETZ procedures. Cervical depth varies among patients. LETZ electrode lengths that are appropriate for one patient will be insufficient to reach another patient’s cervix. A traditional straight extender can provide adequate reach, but the additional length may cause hand pencil interference with the colposcope body.

UTMD’s DXTender Electrode Extenders are specially configured to:

- Reposition hand and pencil away from colposcope and view axis.
- Place loop electrode on the pencil’s long axis, which maintains tactility and control.
- Create additional reach for patients with a deeper cervix.

The DXTender Advantage

Tactility is critical during LETZ excisions. DXTender maintains the tactility of a straight electrode by aligning the loop electrode with the pencil’s central axis. This eliminates lateral force on the electrode which would cause torque and result in slippage of the extender in the pencil.

Two LETZ Techniques, Two DXTender Electrode Extenders

Two DXTenders are available:

- Large: For use during colposcopically visualized LETZ procedures. Provides adequate clearance of the pencil from the body of the colposcope.
- Small: For use during directly visualized LETZ procedures. Keeps the user’s hand away from the visual axis.
OptiSpec® Gynecology Light
Hands-Free Cervical Visualization

Utah Medical Products' patented OptiSpec Light is a new concept in non-colposcopic illumination of the cervix. An ultra-bright LED selected to provide a pure white light spectrum has been mounted in a small, clip-on disposable package. The result is excellent illumination of the cervix with a device that otherwise seems like it’s not even there!

Cervical visualization through a colposcope with a bright white light provides critical visual information with minimal clinician fatigue. However, the use of the colposcope for other every-day exams is impractical. Other methods of cervical illumination emit a dull yellow, low intensity light, and usually require one hand to actively hold the lighting device.

- Compact light clips on to most common vaginal specula
- Unobtrusive configuration remains out of visual and working field
- Provides a simple, hands-free light that improves visualization during:
  - gyn exams
  - pap smears
  - LETZ® procedures
  - diagnosis of abnormal obstetric bleeding
  - ER exams for vaginal trauma
  - any other directly visualized vaginal procedures
- Efficient light-emitting diode (LED) provides truer color visualization with a light that is whiter than halogen bulbs
- OptiSpec is provided sterile, for immediate single patient use, eliminating any cleaning requirements

<table>
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<tr>
<th>ITEM</th>
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<tbody>
<tr>
<td>DXTender Electrode Extender, Small</td>
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<td>DXT-S06</td>
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<tr>
<td>DXTender Electrode Extender, Large</td>
<td>10 / box</td>
<td>DXT-L09</td>
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<tr>
<td>Straight Electrode Extender, 10cm</td>
<td>10 / box</td>
<td>DLP-X10</td>
</tr>
<tr>
<td>OptiSpec Gynecology Light, White</td>
<td>25 / box</td>
<td>LITE-WS</td>
</tr>
</tbody>
</table>

1. U.S. Patent 9,173,703
2. U.S. Patent 7,631,981
Cold Scalpel Healing with Electrosurgical Modality

Precise Dissection Yields Excellent Cosmetic Results
Low Power Settings Reduce Smoke Plume
Provide Hemostasis with Favorable Healing Process

**Epitome® Scalpel**
Epitome, UTMD’s unique blade electrode, significantly reduces thermal tissue injury compared to standard blade tips. In fact, histological analysis of porcine skin incisions shows healing results that closely resemble cold sharp scalpel incisions¹. This means that Epitome provides:

- Cutting precision exceeding that of a cold scalpel.
- Cosmetic results comparable to a cold scalpel.
- Hemostasis of the electrosurgical modality.
- Improved wound healing.

**External Lesion Electrodes**
UTMD’s short shaft electrodes are ideal for controlled removal of external lesions, allowing better utilization of office-based ESUs. Excision of lesions provides a specimen for dermatopathology, which is not possible with ablative modalities such as cryotherapy.

External lesion electrodes are packaged 10 per box.

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**ZapGuard™**
The ZapGuard is available on select Epitome Scalpels to reduce potential for electrical shocks and burns.
UTMD’s OptiMicro Needle ultra-fine tip electrosurgical electrodes are designed to provide precise dissection with virtually no thermal effects, yielding excellent cosmetic results for small-scale procedures. These micro-needles have the finest geometry available. Because of their extremely small surface area, high current densities are achieved with very low power settings.

UTMD designed and manufactures the OptiMicro Needle to the same exacting standards as the UtahLoop electrodes, and provides the discerning surgeon with critical clinical benefits:

- Thermal tissue injury is virtually eliminated, providing excellent healing results and reduced post-surgical pain.
- Output power settings are very low, which minimizes nerve and muscle stimulation and stray electrosurgical currents.
- Tungsten electrode withstands high current densities, and maintains sharpness throughout procedure.
- Substantially reduces smoke plume and odor compared to standard blade geometry tips.
- Provided sterile for immediate use, 10 needles per box

Reduced Thermal Injury

Histology reveals significantly reduced thermal injury with Epitome incisions (1) as compared to a standard electrosurgical tip incision (2).

Improved Wound Healing

Mason’s Trichrome stain reveals markedly reduced fibroplasia, as shown by the degree of collagen deposition, and minimized inflammatory response in porcine skin incisions made with Epitome (3) as compared to a standard tip incision (4).

OptiMicro™ Needle

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Optimal Excisions
Produce Specimens for Conclusive Histopathology
Easily Manage Infectious Potential of Smoke Plume
Provide Vital Patient and User Safety
Focus on the Procedure, Not on Equipment

FINESSE®+ SYSTEMS
The FINESSE®+ and FINESSE II+ Electrosurgical Generator and Smoke Evacuation Systems have been re-designed to meet the highest performance and safety standards currently required for electrosurgery.

Controlled Output Circuitry+
Utah Medical Products, Inc’s (UTMD’s) electrosurgical experience and research into tissue effects during loop electrosurgery have resulted in an upgrade to system design. FINESSE®+ and FINESSE II+ incorporate Controlled Output Circuitry+ to produce a tissue specimen for conclusive histopathology. Controlled Output Circuitry+ is UTMD’s advancement of “intelligent cut” circuitry that maintains the output within a prescribed cutting range by continuously monitoring and adjusting the output to produce a specimen with minimal thermal damage at the margins. This also eliminates any need to adjust the output setting when changing loop sizes.

Controlled Output Circuitry+ is a three-tier output delivery and monitoring approach:
Tier 1: A microprocessor and specialized electronics continuously monitor the output, adjusting for smooth, char-free cutting.
Tier 2: The microprocessor compares the output to mathematically-defined reference curves, and further adjusts the output as necessary to ensure that safe output levels are maintained.
Tier 3: In the event that output cannot be adjusted to satisfy the reference curves, output is disabled and an error is displayed.

Integrated Smoke Evacuation
The FINESSE®+ and FINESSE II+ Systems utilize a design that integrates the electrosurgical generator and smoke evacuation system into a single compact unit. This allows placement in operating areas with limited space. It also allows simultaneous “single switch” activation of both modules by either the handswitch control pen or footswitch.

FINESSE®+ and FINESSE II+ use a three-stage filtration system to evacuate and filter the smoke plume produced during electrosurgery. The filtration system includes an activated charcoal filter which adsorbs odorous gases, and two high-efficiency particulate filters which remove solid particles and aerosols, particularly helpful for smaller offices. The system has a minimum efficiency of 99.999% for 0.1 micron particles.

COMMON SPECIFICATIONS
Dimensions: 14.0” W x 14.7” D x 7.3” H, 24 lbs.
(35.6cm x 37.3cm x 18.5cm, 11 kg)

Electrical Options: 115 Volt, 5.65 Amps, 50/60 Hz, or 230 Volt, 3.75 Amps, 50/60 Hz

Dispersive Pads: Compatible Types Auto-detects and displays pad type: Dual (CQM) or Standard
CQM Circuit Initial threshold detect, with threshold auto-adjust with improved contact. 10–130 ohms operating range
Activation: Handswitch, Footswitch

FINESSE®+

Electrical Output:
Frequency 450kHz
Cut/Blend Power 6–99 Watts @ 500 Ohm load
Cut Mode Continuous Sinusoid
Blend 1 Mode Interrupted Sinusoid 62.5% Duty Cycle
Blend 2 Mode Interrupted Sinusoid 50% Duty Cycle
Blend 3 Mode Interrupted Sinusoid 37.5% Duty Cycle
Coag Power 6–75 Watts @ 500 Ohm load
Coag Voltage 2,400 Volts zero-to-peak max (open circuit)

Smoke Evacuation:
Flow Rate Normal >70 liters/min (2.5 CFM)
High >100 liters/min (3.5 CFM)
Efficiency >99.999% at 0.1 microns
Error Indicators and Safety Interlocks:

<table>
<thead>
<tr>
<th>Error Indicator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CQM System</td>
<td>Unacceptable pad peel</td>
</tr>
<tr>
<td>Pad Status</td>
<td>Pad contact out of range</td>
</tr>
<tr>
<td>Output Monitor</td>
<td>Hazardous output power limit</td>
</tr>
<tr>
<td>Cross-Key</td>
<td>Simultaneous Cut/Coag activation</td>
</tr>
<tr>
<td>Mode Change</td>
<td>Mode change during activation</td>
</tr>
<tr>
<td>Power Adjust</td>
<td>Control lockout during activation</td>
</tr>
</tbody>
</table>

Standards Compliance:

- IEC 60601-1 (3rd ed) + 60601-2-2 (5th ed) (electromedical safety)
- IEC 60601-1-2 (electromagnetic compatibility)
- 230 VAC systems comply with 93/42/EEC + 2007/47/EC (EU Medical Device Directive) and are CE Marked

Finesse II+

**Electrical Output:**

- Frequency: 450kHz
- Cut Power: 65 Watts @ 500 Ohm load
- Cut Mode: Blended Cut Interrupted Sinusoid 62.5% Duty Cycle
- Coag Power: 60 Watts @ 500 Ohm load
- Coag Voltage: 2,180 Volts zero-to-peak max (open circuit)

**Smoke Evacuation:**

- Flow Rate: >80 liters/min (2.8 CFM)
- Efficiency: >99.999% at 0.1 microns

Dispersive Pad Contact Quality Monitoring (FinCQM™)

UTMD’s FinCQM circuit design adjusts to skin type variations and was validated to detect partial pad detachment before a pad site burn can occur. Output is automatically disabled and an error is displayed with separation of approximately 30% of the pad surface.

Patient and User Safety

The Finesse+ and Finesse II+ Systems meet global standards for patient lead isolation. This provides protection for both patient and clinician by reducing the possibility of creating an alternate current path that could result in a burn.

Enhanced Logic Integration

Output waveforms and a majority of logic functions are hard-coded into a microprocessor-linked complex programmable logic device (CPLD). Reliability of the Finesse+ and Finesse II+ systems is enhanced by minimizing component usage.

Preventing Pad Site Burns

To help prevent skin burns to patients during electrosurgical procedures, the global electrosurgical safety standard mandates a 6°C limit on temperature rise beneath a dispersive pad. Thermography tests certify that the Finesse+ and Finesse II+ FinCQM system safely shuts down output well before pad site burns can occur. The top image shows a maximum temperature rise of 2.2°C for a fully attached dispersive pad. As the pad peels laterally away from the patient’s skin, the FinCQM system will detect an error condition. In the most extreme condition allowed by FinCQM, the maximum temperature rise detected is 4.4°C (center image). Without FinCQM (bottom), continued pad separation results in significant skin heating, which likely causes a serious patient burn.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>Voltage Option:</th>
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<tbody>
<tr>
<td>Finesse+</td>
<td>FIN-110 FIN-220</td>
</tr>
<tr>
<td>Finesse II+</td>
<td>FIN2-110 FIN2-220</td>
</tr>
</tbody>
</table>

1. ANSI/AAMI/IEC 60601-2-2, §201.12.4.1.101
2. when using a pad certified for the Finesse+/Finesse II+
3. ANSI/AAMI/IEC 60601-2-2, §201.15.101.5; skin temperature rise after 700mA is applied for 60 seconds.
Electrosurgical Accessories

A Comprehensive Range for Your Electrosurgical System

Contact Quality Monitoring (CQM) Dispersive Pads

CQM (split surface) dispersive pads allow pad contact monitoring when used with compatible electrosurgical systems such as FINESSE+ and FINESSE II+. These LATEX-FREE dispersive pads have a hydrogel surface to provide excellent contact to the patient’s skin.

- Pads are certified for use with FINESSE+ and FINESSE II+ systems’ FinCQM system, meeting IEC 60601-2-2 electrosurgical safety standard for Maximum Safe Temperature Rise.
- Available with a pre-attached cord, or a tabbed pad for use with a reusable cord.

<table>
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<tr>
<th>ITEM</th>
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<tr>
<td>Dispersive pad, Split CQM, with pre-attached 10’ cable</td>
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<td>ES-1179</td>
</tr>
<tr>
<td>Dispersive pad, Split CQM, uncorded (requires ES-21174)</td>
<td>Box of 10</td>
<td>ES-1180</td>
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<tr>
<td>Reusable cord for ES-1180 dispersive pad</td>
<td>1 each</td>
<td>ES-21174</td>
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</table>

Standard Dispersive Pad and Adapters

UTMD offers a LATEX-FREE pre-corded dispersive pad for non-CQM electrosurgical systems that incorporates several improvements compared to standard dispersive pads to minimize risks of patient burn during electrosurgery:

- A special “Safety Ring” and circular conductive geometry eliminates focusing of electrical current at corners and edges. The pads can be placed in any orientation.
- A special transthermal backing lets heat escape faster than foam backing.

<table>
<thead>
<tr>
<th>ITEM</th>
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<tbody>
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<td>Dispersive pad, Solid with Safety Ring</td>
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**Note:** ES-9135-LP does not provide CQM

**Electrosurgical System**

<table>
<thead>
<tr>
<th>ELECTROSURGICAL SYSTEM</th>
<th>PAD</th>
<th>ADAPTER</th>
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</thead>
<tbody>
<tr>
<td>Finesse, Finesse II (ESU and ESU2 models, 1998 to 2012)</td>
<td>ES-9135-LP</td>
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<tr>
<td>Finesse, Finesse II (ESU and ESU2 models, pre-1998)</td>
<td>ES-9135-LP</td>
<td>ES-3160C</td>
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<tr>
<td>Cryomedics, Aspen, Leisegang, Cameron Miller</td>
<td>ES-9135-LP</td>
<td>ES-3151C</td>
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<td>Cooper 1000</td>
<td>ES-9135-LP</td>
<td>ES-B205</td>
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<tr>
<td>Cooper 6000</td>
<td>ES-9135-LP</td>
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</table>
FINESSE Footswitch

UTMD’s two-pedal footswitch is for use with FINESSE+ and FINESSE II+ Systems. It allows activation of the generator in either the cut or coagulation mode, as well as simultaneous activation of the smoke evacuation system. The footswitch comes with a 10 foot cord.

<table>
<thead>
<tr>
<th>ITEM</th>
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<tbody>
<tr>
<td>Footswitch Assembly</td>
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<td>ESU-170</td>
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</tbody>
</table>

*Not compatible with early models of Finesse and Finesse II with 3-pin connector*

Smoke Evacuation Filters and Tubing

The Finesse Filter Pack incorporates an activated charcoal filter, a HEPA filter, a 10 foot filter tube, and a speculum tubing and adapter. Each filter pack can be used up to 15 times. The speculum tubing with adapter is a single use item which connects onto the speculum’s smoke evacuation port. A complete replacement tubing set is also available.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>QUANTITY</th>
<th>ITEM NO.</th>
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<tbody>
<tr>
<td>Finesse Filter Pack</td>
<td>Box of 5</td>
<td>ESU-501</td>
</tr>
<tr>
<td>Speculum Tubing and Reducer</td>
<td>Box of 15</td>
<td>ESU-502</td>
</tr>
<tr>
<td>Universal Disposable Tubing Set</td>
<td>Box of 10</td>
<td>951-712</td>
</tr>
</tbody>
</table>

Electrosurgery Pens

Electrosurgical pens are for use with any standard (3/32” diameter) shaft electrosurgical electrode. Each pen comes with a 10 foot cord. Packed sterile and disposable.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>QUANTITY</th>
<th>ITEM NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two-Button Electrosurgery Pen, Handswitch Control</td>
<td>Box of 10</td>
<td>ESU-305</td>
</tr>
<tr>
<td>Electrosurgery Pen for Footswitch Activation, Direct Fit</td>
<td>Box of 10</td>
<td>ESU-306</td>
</tr>
<tr>
<td>Electrosurgery Pen for Footswitch Activation</td>
<td>Box of 20</td>
<td>ESU-301</td>
</tr>
</tbody>
</table>

*ESU-301 requires an existing adapter*

FINESSE Internal Filter

To keep the FINESSE and FINESSE II systems’ smoke evacuator functioning efficiently, the internal filter should be replaced annually.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>QUANTITY</th>
<th>ITEM NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finesse+ Internal Filter (for model nos. starting with “FIN”)</td>
<td>1 each</td>
<td>SSE-500</td>
</tr>
<tr>
<td>Finesse Internal Filter (for model nos. starting with “ESU”)</td>
<td>1 each</td>
<td>ESU-700</td>
</tr>
</tbody>
</table>

*ESU-700 includes tool to access internal filter*
Cost Effective Smoke Plume Management

**SMOKE EVACUATION AND FILTRATION**

Minimizing the Dangers of Smoke Plume

Organizations such as NIOSH, OSHA, ANSI, and AORN have issued recommendations for the use of smoke evacuation during laser surgery and electrosurgery. These recommendations are based on the outcomes of numerous clinical studies that have shown significant problems with surgical smoke plume:

- The smoke plume produced during electrosurgery is as harmful as the smoke plume from laser surgery.
- The smoke plume contains hazardous chemical compounds, ranging from respiratory irritants to known carcinogens.
- The smoke plume may transmit infectious viruses such as HIV and HPV.

The FILTRESSE™ Smoke Filtration System

Elimination of smoke plume requires an efficient and reliable filtration system. The solution is UTMD's Filtresse Smoke Filtration System.

- Three-stage disposable filter system efficiently removes odors and particulate matter, and reduces operational costs
- Easily attaches to most wands and instruments to yield quick smoke plume evacuation at the source
- Variable motor speed provides flow rate adjustability and yields enhanced noise suppression
- Pneumatic footswitch provides easy, hands-free operation
- Compact, portable and stylish design uses little office space

<table>
<thead>
<tr>
<th>ITEM</th>
<th>QUANTITY</th>
<th>ITEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Filtresse Smoke Filtration System, 110 VAC operation</td>
<td>1 each</td>
<td>SSE-100</td>
</tr>
<tr>
<td>Filtresse Smoke Filtration System, 220 VAC operation</td>
<td>1 each</td>
<td>SSE-200</td>
</tr>
<tr>
<td>Filtresse Internal ULPA Filter Cartridge</td>
<td>1 each</td>
<td>SSE-500</td>
</tr>
<tr>
<td>Filtresse External Filter Pack (Nonsterile)</td>
<td>Box of 5</td>
<td>SSE-501</td>
</tr>
<tr>
<td>7/8” Tubing Set with 1/4” Instrument Tubing/Reducer (Nonsterile)</td>
<td>Box of 10</td>
<td>SSE-503</td>
</tr>
<tr>
<td>7/8” x 10’ Large Bore Tubing (Sterile)</td>
<td>Box of 10</td>
<td>SSE-513</td>
</tr>
<tr>
<td>1/4” x 12” Speculum Tubing and 7/8” Reducer Fitting (Nonsterile)</td>
<td>Box of 15</td>
<td>ESU-502</td>
</tr>
<tr>
<td>1/4” x 36” Flexible Tubing and 7/8” Reducer Fitting (Sterile)</td>
<td>Box of 15</td>
<td>SSE-512</td>
</tr>
<tr>
<td>Filtresse External Filter Cartridge for SSE-503 and SSE-513</td>
<td>1 each</td>
<td>SSE-511</td>
</tr>
<tr>
<td>Filtresse Pneumatic Footswitch</td>
<td>1 each</td>
<td>SSE-600</td>
</tr>
<tr>
<td>Filter Retaining Ring</td>
<td>1 each</td>
<td>SSE-610</td>
</tr>
<tr>
<td>Fuse, 10A Slo-Blo (for SSE-100)</td>
<td>1 each</td>
<td>SSE-710</td>
</tr>
<tr>
<td>Fuse, 5A Slo-Blo (for SSE-200)</td>
<td>1 each</td>
<td>SSE-720</td>
</tr>
</tbody>
</table>

**DIMENSIONS**: 9" W x 17" D x 9" H, 18 lbs. (23cm x 43cm x 23cm, 8kg)

**ELECTRICAL OPTIONS**: 110 Volt, 10 Amps, 45-65 Hz, or 220 Volt, 5 Amps, 45-65 Hz

**FLOW RATE**: >3.5 cubic feet per minute (>100 liters per minute) through 1/4" I.D. tubing

**MINIMUM SEALED VACUUM**: 45” H₂O (86 mmHg) at maximum speed

**FILTRATION EFFICIENCY**: >99.999% at 0.1 microns, 3 CFM (86 liters/minute)

**INTERNAL FILTER LIFE**: One Year

**EXTERNAL FILTER PACK LIFE**: Up to 15 procedures
UTMD has high quality components for use with many other brands of smoke evacuators. They can reduce operational costs, yet provide these benefits:

- Three-stage filtration design consists of activated charcoal plus two high performance filter elements, providing 99.999% or greater particle filtration efficiency.
- Large filter surface area yields high airflow while ensuring long-term particle entrapment. Achieves quick, effective removal of the surgical plume.
- System components fit directly into smoke filtration unit for immediate use — no adaptation required.

### Filtration Kit ESU-961

**Contents:**
- 1 ESU-550 Internal ULPA Filter
- 1 SSE-501 External Filter Pack
- 15 ESU-502 Speculum Tubing/Reducer

**Compatibility:**
- Aspen/ConMed AirSafe AspenVac
- BEI Medical LLETZ-Plus
- Cabot/Cryomedics MiniVac
- Corometrics Model 201
- Stackhouse AirSafe MiniVac
- Nordex/Walker ProtectAir
- Valleylab ValleyVac
- ZSI LLETZ-Plus

### Filtration Kit ESU-962

**Contents:**
- 1 ESU-540 ULPA/Charcoal Filter
- 5 ESU-541 Prefilter
- 5 ESU-542 Reducer Fitting
- 5 951-712 Complete Tubing Set

**Compatibility:**
- CooperSurgical 6080
- Surgimedics Surgifresh Mini
- Surgimedics Plume-inator
- Valleylab AirForce
FOUR-WAY VAGINAL EXPANDERS

UTMD’s Four-Way Vaginal Expanders provide a new approach to the visualization of the cervix during examinations, colposcopy, and LETZ procedures. The Expanders feature two laterally opening blades which solidly retain collapsing vaginal walls, ensuring clear access to the cervix for Pap smears and confident protection against vaginal wall burns during LETZ.

Increased Working Area
The use of two separate instruments reduces a physician’s critical access and view. Combining two instrument functions into the Four-Way Expanders provides 50% more lateral working space at the introitus than a standard Graves speculum.

Patient Comfort
The Four-Way Expander’s optimized configuration is more comfortable to the patient:

- Slender blades insert more comfortably than a Graves instrument for increased patient tolerance
- Unique design eliminates interference between components to avoid pinching of vaginal and perineal tissues.

Traditional Intuitive Design
The Four-Way Expanders insert and operate like a standard bivalve speculum. The physician maintains the functional feel of a traditional instrument when distending the introitus, and the traditional top blade design reliably elevates the cervix.

Multiple Configurations Available

- **High-Temperature Plastic Resin** is an economical choice for a small gynecology practice. This instrument is ideal for diagnostic and therapeutic procedures.
- **Stainless Steel** provides solid vaginal wall retraction for exams and colposcopies in the most problematic patients, such as bariatrics.
- **LETZ-Coated Stainless Steel** incorporates UTMD’s high-quality autoclave-tolerant coating to protect the physician and patient from shock and burn during electrosurgical procedures.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>SIZE</th>
<th>DIMENSIONS</th>
<th>ITEM NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Four-Way Expander LETZ-Coated¹</td>
<td>Medium</td>
<td>4.25” x 0.8”</td>
<td>ES-16122-MLE</td>
</tr>
<tr>
<td>Four-Way Expander LETZ-Coated¹</td>
<td>Large</td>
<td>4.75” x 0.9”</td>
<td>ES-16132-LLE</td>
</tr>
<tr>
<td>Four-Way Expander LETZ-Coated¹</td>
<td>Extra-Large</td>
<td>6.0” x 1.0”</td>
<td>ES-16135-XLE</td>
</tr>
<tr>
<td>Four-Way Expander Stainless Steel</td>
<td>Medium</td>
<td>4.25” x 0.8”</td>
<td>ES-16121-MST</td>
</tr>
<tr>
<td>Four-Way Expander Stainless Steel</td>
<td>Large</td>
<td>4.75” x 0.9”</td>
<td>ES-16131-LST</td>
</tr>
<tr>
<td>Four-Way Expander Stainless Steel</td>
<td>Extra-Large</td>
<td>6.0” x 1.0”</td>
<td>ES-16134-XST</td>
</tr>
<tr>
<td>Four-Way Expander Autoclavable Resin¹</td>
<td>Medium</td>
<td>4.25” x 0.8”</td>
<td>ES-16101-MPL</td>
</tr>
<tr>
<td>Four-Way Expander Autoclavable Resin¹</td>
<td>Large</td>
<td>4.75” x 0.9”</td>
<td>ES-16110-LPL</td>
</tr>
</tbody>
</table>

Instrument Holder for Four-Way Expander
ES-16141-INS

Disposable Smoke Evacuation (DSE) Tubing (Box of 50)
ES-16145-TUB

¹ Requires DSE Tubing (ES-16145-TUB)
UTMD also has a complete line of instruments that are specially configured for use with the Four-Way Expander System.

- Each instrument has an angled handle to preserve physician view and working area
- Each instrument is coated for use during electrosurgical procedures to avoid unintentional shock and burns

<table>
<thead>
<tr>
<th>ITEM</th>
<th>SIZE</th>
<th>DIMENSIONS</th>
<th>ITEM NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schroeder Tenaculum</td>
<td>10”</td>
<td>ES-16201-SCT</td>
<td></td>
</tr>
<tr>
<td>Atraumatic Tenaculum</td>
<td>10”</td>
<td>ES-16207-STT</td>
<td></td>
</tr>
<tr>
<td>Emmett Tenaculum</td>
<td>10”</td>
<td>ES-16205-EMT</td>
<td></td>
</tr>
<tr>
<td>Iris Hook</td>
<td>10”</td>
<td>ES-16203-IRH</td>
<td></td>
</tr>
<tr>
<td>Straight Hook</td>
<td>10”</td>
<td>ES-16209-LEH</td>
<td></td>
</tr>
<tr>
<td>Two-Prong Hook</td>
<td>10”</td>
<td>ES-16211-TPH</td>
<td></td>
</tr>
<tr>
<td>Three-Prong Hook</td>
<td>10”</td>
<td>ES-16213-TRH</td>
<td></td>
</tr>
<tr>
<td>Kogan Endocervical Speculum</td>
<td>Standard 1.00” x 5mm</td>
<td>ESI-140</td>
<td></td>
</tr>
<tr>
<td>Kogan Endocervical Speculum</td>
<td>Narrow 1.00” x 3mm</td>
<td>ESI-141</td>
<td></td>
</tr>
<tr>
<td>Tissue Forceps</td>
<td>8”</td>
<td>ESI-401</td>
<td></td>
</tr>
<tr>
<td>Tissue Forceps</td>
<td>10”</td>
<td>ESI-402</td>
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<tr>
<td>Dressing Forceps</td>
<td>8”</td>
<td>ESI-403</td>
<td></td>
</tr>
<tr>
<td>Dressing Forceps</td>
<td>10”</td>
<td>ESI-404</td>
<td></td>
</tr>
<tr>
<td>Ring Forceps</td>
<td>9”</td>
<td>ES-16215-LRF</td>
<td></td>
</tr>
<tr>
<td>Lateral Wall Retractor</td>
<td>3.25” x .75”</td>
<td>ESI-300</td>
<td></td>
</tr>
</tbody>
</table>

- EMMETT TENACULUM
- STRAIGHT HOOK
- IRIS HOOK
- TWO-PRONG HOOK
- THREE-PRONG HOOK
- LATERAL WALL RETRACTOR
As part of our commitment to providing physicians with a complete line of LETZ® products, UTMD offers a full range of coated instruments.

**Non-Conductive Coating**

All reusable instruments have a special, extremely durable coating designed to insulate against transmission of electrical current, ensuring the highest level of protection for the patient and physician from possible burns or shocks during electrosurgical procedures.

**Smoke Evacuation Port**

All specula have a built-in smoke evacuation port for complete removal of the smoke plume from the operating field, preserving physician view and minimizing the potential hazards from smoke plume exposure.

**Sterilization**

All coated instruments can be processed using standard autoclave cycles. In addition, these instruments are certified compatible with the Sterrad process.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>SML (3½”)</th>
<th>MED (4¼”)</th>
<th>LRG (4¾”)</th>
<th>EXT LONG (6”)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graves Speculum</td>
<td>ESI-100</td>
<td>ESI-101</td>
<td>ESI-102</td>
<td>ES-15162-XSLT</td>
</tr>
<tr>
<td>Graves Wide-View Speculum</td>
<td>ESI-151</td>
<td>ESI-152</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graves View-Maxi Speculum</td>
<td>ESI-171</td>
<td>ESI-172</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pederson Speculum</td>
<td>ESI-110</td>
<td>ESI-111</td>
<td>ESI-112</td>
<td></td>
</tr>
<tr>
<td>Pederson View-Maxi Speculum</td>
<td>ESI-117</td>
<td>ESI-118</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weisman Graves Speculum, Left Open</td>
<td>ESI-131</td>
<td>ESI-132</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weisman Graves Speculum, Right Open</td>
<td>ESI-133</td>
<td>ESI-134</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collin Speculum</td>
<td>ESI-121</td>
<td>ESI-122</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Incontinence Therapy

Manage Patients, Not Insurance
Encourage High Patient Compliance to Therapy Plan
Maintain Revenue in Your Practice

THE LIBERTY® SYSTEM
A Logical First Choice for Pelvic Floor Therapy

Non-surgical pelvic floor treatments and therapies avoid the significant complications that are associated with many current surgical treatments for urinary incontinence (UI). In cases of mild to moderate cases of UI, doesn’t it make sense to provide a therapy that has high patient success without the risk of complication?

Pelvic floor stimulation (PFS) is a non-surgical treatment which activates natural neuromuscular mechanisms. In the case of stress incontinence, PFS automates Kegel exercises via a pudendal nerve reflex. In the case of urge incontinence, PFS inhibits inappropriate bladder contractions.

Unlike other treatments, PFS has no side effects, always exercises the correct muscles, and does not require active patient participation.

The Liberty® System is the easiest to use and most cost-effective PFS system available. It consists of a stimulation device and a choice of three comfortable exercisers.

Liberty’s simplified design exercises the correct muscles and is easy to use, therefore helping increase patient compliance to the therapy program you prescribe. Because it uses simple controls, patients of all ages find Liberty’s use very intuitive. Liberty is preprogrammed to deliver stimulation waveforms found to be effective for stress and urge incontinence, with a simple toggle of the plainly labeled switch. Stimulation therapy is automatically programmed to cease after 30 minutes.

- Maintain UI patients in your practice, rather than referring them out to a specialist.
- Covered by Medicare and many private insurers.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>QUANTITY</th>
<th>ITEM NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liberty Pelvic Floor Stimulation System</td>
<td>1 each</td>
<td>PFS-200</td>
</tr>
<tr>
<td>Liberty Standard Vaginal Exerciser</td>
<td>1 each</td>
<td>PFS-041</td>
</tr>
<tr>
<td>Liberty Extended Handle Vaginal Exerciser</td>
<td>1 each</td>
<td>PFS-042</td>
</tr>
<tr>
<td>Liberty Rectal Exerciser</td>
<td>1 each</td>
<td>PFS-043</td>
</tr>
</tbody>
</table>
Uterine Assessment

Effective First-Line AUB Diagnostic Tools
Increase Detection Probability

TVUS/HSG-CATH™
for Saline Infusion Sonography and Hysterosalpingography

TVUS/HSG-Cath has been designed to offer clinical advantages when performing effective sonohysterography, or saline infusion sonography (SIS). TVUS/HSG-Cath is a dual-lumen system that integrates a highly durable polyurethane balloon that minimizes saline leakage when placed at the internal os. Its small diameter (8mm) results in minimal visual artifact to allow sufficient time to visualize the uterine image. Also, because its smaller diameter is easily controlled, intracervical balloon placement can be used to provide ideal imaging conditions and better patient tolerance.

- Depth markings ensure accurate placement of the catheter, and helps avoid fundal injury
- Enhanced infusion cross section to provide rapid contrast media infusion with less physical effort
- A choice of catheter introducer methods – a pre-loaded stylet is ready for immediate use when stenosis is present, and a peel-away introducer maintains catheter tactility during insertion and can be removed prior to imaging

The 30cm long dual-lumen, radiopaque polyurethane catheter body makes TVUS/HSG-Cath highly suitable during Hysterosalpingography (HSG) for fertility assessment.
**EndoCurette®**
Unique Endometrial Sampler Designed to Minimize False Negatives

In-office endometrial sampling is a cost-efficient method for first-line diagnosis of abnormal uterine bleeding (AUB). However, published studies\(^1\)\(^,\)\(^2\) 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 uses four bowed curetting elements to remove endometrium independent from the orientation of the four elongated sampling ports. This specialized configuration is most effective with a single fundus-to-os draw with a twisting motion. In a recent clinical study\(^4\), EndoCurette was shown to obtain robust tissue samples with intact glands and stroma, yielding 100% accuracy for detection of hyperplasia, endometrial carcinoma, and proliferative and secretory endometrium. The study also showed 99.3% accuracy for detection of endometritis and 98.6% accuracy for detection of endometrial polyps.

- 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.
- Two options available — a traditional plunger style for easy sampling, and a syringe-driven model that maintains suction with aspiration.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>QUANTITY</th>
<th>ITEM NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>TVUS/HSG-Cath, 5Fr, with Integral Stylet</td>
<td>10 / box</td>
<td>MIS-50ST</td>
</tr>
<tr>
<td>TVUS/HSG-Cath, 5Fr, with Peel-Away Introducer</td>
<td>10 / box</td>
<td>MIS-50P</td>
</tr>
<tr>
<td>EndoCurette</td>
<td>25 / box</td>
<td>CUR-100</td>
</tr>
<tr>
<td>EndoCurette Clear, with 30cc syringe</td>
<td>20 / box</td>
<td>CUR-120</td>
</tr>
</tbody>
</table>
