Hysterometer #4171-10 #4171-14

Hysterometer





Important information, read carefully before use

Disposable – discard after single use Re-use may cause sexually transmitted infections

Caution: federal (USA) law restricts this device

to be used by a physician

Sterile: unless pouch is damaged or opened

Indications for Use:

Indicate the total uterine depth

Contraindications:

Do not use in the presence of cervical infection. Do not use in the presence or after recent Pelvic Inflammatory disease.

Warnings:

Not sterile if pouch is damaged or opened, discard immediately.

Precautions:

By virtue of its flexibility, the Hysterometer can be introduced into the uterus with minimal danger of uterine wall perforation. However, care should be taken, prior to its insertion.

In no case should the device be forced against digitally felt resistance.

If passage of the Hysterometer through the cervical canal is not found to be easily achievable, the device should not be forced and the possibility of the presence of pathologic cervical stenosis considered.

The Hysterometer should be used by healthcare professionals only.

Adverse reactions:

No adverse reactions associated with the use of the Hysterometer have been reported. However, as with any instrument, which passes through the internal cervical os, mild cramping may be expected. In every case the direction for use should be followed; taking note of contraindications, warnings and precautions.

Manufactured by:

Gynétics Medical Products N.V., Rembert Dodoensstraat 51 B-3920 Lommel, Belgium

How supplied:

Product number: - #4170-10 - #4171-12 - #4171-14

Packaged:

3 boxes of 25 individually sterile packed, disposable devices.

Directions for use:

- With the patient in the dorsal lithotomy position expose the uterine cervix to view with a vaginal speculum.
- Gently advance the Hysterometer into the external cervical os and advance it through the cervical canal into the uterine cavity.

Note: If any difficulty with insertion or bending of the catheter occurs, gently rotate the catheter while advancing it close to the cervix. If the uterus is significantly flexed anteriorly or posteriorly, gentle traction on the cervix with a tenaculum may be required to accomplish full insertion. In no case should force be used against resistance to achieve insertion.