

Hysterometer**#4171-10 #4171-12, #4171-14**

Hysterometer



0120



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 contra-
indications, warnings and precautions.**Manufactured by:**Gynetics 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:**

1. With the patient in the dorsal lithotomy position
expose the uterine cervix to view with a vaginal
speculum.
2. 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.