Advance patient care and your practice



Instant endometrial imaging guided by direct visualization¹

endesee advance



Efficient workflow with in-office exams that better prepare for and reduce OR visits^{2,3}



Low-cost investment that is coded and reimbursed as hysteroscopy³

endosee[®] Advance

See now. Know now.™

See and know instantly with Endosee® Advance

Discover all the ways this direct visualization system can elevate your practice²⁻⁶



Evaluate -

- Abnormal uterine bleeding (AUB), premenopausal and postmenopausal⁴
- Menstrual disorders: amenorrhea, intermenstrual bleeding, and menorrhagia⁴
- Infertility^{4,5}
- Recurrent miscarriage²



Identify

- Polyps^{4,5}
- Fibroids^{4,5}
- Retained products of conception⁴
- Tissue in need of biopsy for histologic evaluation⁴
- Focal lesions missed with endometrial biopsy (EMB) (when EMB is incomplete and not diagnostic)⁴
- Endometrial atrophy⁴



Perform -

- Directed endometrial biopsies⁵
- Polypectomy (pedunculated, <2 cm)⁵
- Localization and retrieval of IUD⁵

• Transection of intrauterine adhesions and septa⁶

• Presurgical planning for removal of submucosal fibroids and large polyps or uterine septum repair^{2,4}



Endosee[®] Advance allows you to identify focal pathology more precisely than EMB, SIS or TVUS⁷

In one study, endometrial biopsies in women with known carcinoma were shown to be only 83% sensitive in finding the existing pathology.⁸



Direct visualization is more precise than SIS and TVUS in assessing endometrial pathology⁷

100 -True Positive Rate (Sensitivity) 00 00 00 00 Positive 40 Drue 20 0 20 40 60 80 100 0 False Positive Rate (100-Specificity)

Intracavitary masses (myomas and polyps)⁷

Diseases of the endometrium⁷



Diagnostic hysteroscopy (DH) Sonohysterography (SIS)

Transvaginal ultrasound (TVUS)

See the difference Endosee Advance can make

The clear color display delivers the most accurate visualization





SIS



TVUS



Endosee[®] Advance is designed for convenient use in any exam room, at any time



Average time of procedure using Endosee Advance: < 3 minutes^{10,11}



Average total time doctors were in the exam room per procedure: <13 minutes¹¹

Nearly 60% of women

who underwent diagnostic office hysteroscopy for AUB were able to avoid the need for intervention in the operative suite^{1,3}



Know with confidence if the OR is needed so you can maximize workflow and office efficiency^{1,3}

In-office exams with Endosee Advance can better prepare for and reduce OR visits^{2,3}



Leaders said they were "satisfied" or "very satisfied" with



Endosee® Advance

The all-in-one, direct visualization system for diagnostic and therapeutic procedures

Features to help elevate your in-office procedures

- Your exam is guided by clear color visualization
- Reusable display module
- Sterile, single-use cannula designed for ease of insertion
- Channel for fluid infusion
- Reusable working channel instruments
- 🕑 Still image or video capture of every exam
- See the picture you just took
- Transfer exam data to your computer via USB cable



Reusable working channel instruments perform **diagnostic** and **therapeutic procedures** during **in-office exams**



References: 1. Goldstein SR, Anderson TL. Endometrial Evaluation: Are you still relying on a blind biopsy? OBG Mgmt Supp. 2017;10:S1-S4. **2.** Isaacson K. Office Hysteroscopy: a valuable but under-utilized technique. *Curr Opin Obstet Gynecol.* 2002;14:381-385. **3.** Moawad N, Santamaria E, Johnson M, Shuster J. Cost effectiveness of office hysteroscopy for abnormal bleeding. *JSLS.* 2014;18:1-5. **4.** Bradley L. Indications and contraindications for office hysteroscopy. In: Bradley LD and Falcone T, eds. *Hysteroscopy: Office evaluation and management of the uterine cavity.* Philadelphia, PA: Mosby Elsevier; 2009:19-38. **5.** Anderson TL. Hand-held digital hysteroscopy system a game-changer. *Contemp ObGyn.* https://www.contemporaryobgyn.net/contemporary-obgyn/news/hand-held-digital-hysteroscopy-system-game-changer?page=0,3&trendmd-shared=1. Updated September 13, 2016. Accessed May 8, 2019. **6.** 510(k) SUMMARY K190639 May 13, 2019. **7.** Grimbizis GF, Tsolakidis D, Mikos T, et al. A prospective comparison of transvaginal ultrasound and saline infusion sonohysterography and diagnostic hysteroscopy in the evaluation of endometrial pathology. *Fertil Steril.* 2016;94(7):2720-2725. **8.** Guido RS, Kanbour-Shakir A, Rulin MC, Christopherson WA. Pipelle endometrial sampling. Sensitivity in the detection of endometrial cancer. *J Reprod Med.* 1995;40(8):553-555. **9.** Goldstein SR & Lumsden MA. Abnormal uterine bleeding in perimenopause. *Climacteric.* 2017;20(5):414-420. **10.** Data on file: Feedback from the first 106 Endosee procedures with 42 clinicians. **11.** Goldstein E. Best practices: advantages of in-office hysteroscopy in the diagnosis of abnormal uterine bleeding with Endosee. *Ob Gyn News.* Supplement. https://www.mdedge.com/obgyn/best-practices. Updated September 26, 2017. Accessed May 8, 2019. **12.** Data on file: Feedback from experienced Endosee users on the first 50 Endosee Advance procedures.

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ES9000 – Endosee Advance display module ESPX5 – Endosee Advance cannula, 5-pack ES-TRAY – Endosee system convenience kit, 5-pack



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