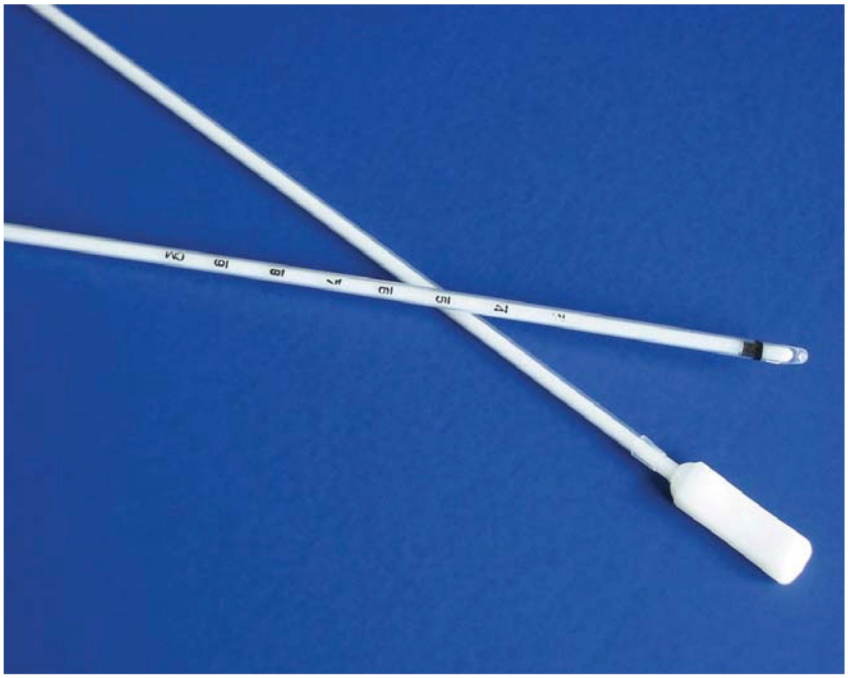
Bioteque
Surgical Europe

Preferred Curette



The Preferred Curette

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The ETO Sterilized **Preferred Curette** is used to obtain a sample from the uterine mucosal lining. The **Preferred Curette** is a 3mm (O.D.) suction curette and is sterile unless the package is opened or damaged. The **Preferred Curette** is designed for single patient use only.

Product No. :

SKU#		
M0014	Preferred Curette 3.0 mm	25 units/box
M0015	Sure Flex Preferred Curette	25 units/box
M0016	Preferred Curette 3.6 mm	25 units/box

INDICATIONS:

The **Preferred Curette** is used to obtain a sample of the mucosal lining for histological study in cancer screening, endometrial dating or bacterial culturing.

CONTRAINDICATIONS:

The procedure is contraindicated in suspected pregnancy or in women with acute pelvic inflammatory disease. It is also contraindicated in women with chronic cervical infections or any conditions which contraindicate an outpatient surgical procedure.

PROCEDURES:

While sounding the uterus and using this device, care should be taken to avoid perforation of the uterine wall. Be sure not to depress the piston of the **Preferred Curette** while it is in the uterus.

CAUTION:

Federal law requires that this device be ordered by a physician.

DIRECTIONS FOR USE:

1. Prepare the vagina and cervix as you would for any sterile intrauterine procedure.
2. Expose the cervix using a suitable speculum.
3. Gently insert a uterine sound to determine the depth and direction of the uterine cavity. It may be necessary to grasp the cervix with a tenaculum. If the uterus is retroverted, then the grasp should be on the posterior lip of the cervix. Apply gentle traction to straighten any cervical curvature.
4. After the depth of the cervix has been determined, insert the **Preferred Curette** paying close attention to the embossed scale on the **Preferred Curette** sleeve. This will provide additional caution against perforation.
5. With the piston completely depressed, the **Preferred Curette** should be inserted and gently passed through the cervical canal and into the cavity of the uterus. Discontinue any traction applied with a tenaculum.
6. With one hand holding the proximal end of the **Preferred Curette** and the other hand holding the piston "paddle" rapidly withdraw the piston by pulling back on the "paddle", creating a vacuum or suction within the **Preferred Curette**. The withdraw motion should be smooth but quick and steady until the piston reaches the end stop built into the **Preferred Curette**. Leave the piston in its fully withdrawn position.
7. After the piston has been retracted, immediately rotate the **Preferred Curette** (either twirl or roll) between the fingers while moving the **Preferred Curette** back and forth and side to side within the uterine cavity. Continue this sweeping motion at least three or four times to obtain an adequate sample.
8. The **Preferred Curette** should be gently removed from the uterus. Upon examination of the device, you should see a specimen or sample from the uterine mucosal lining. Bleeding is usually minimal, if it occurs at all.
9. Cut off the tip of the **Preferred Curette** just above the sampling point of the device. The sampling point is the small hole at the distal end of the **Preferred Curette**.
10. Now push the piston back into the sleeve of the **Preferred Curette**, and the specimen should be easily expelled into an appropriate transfer vial.

WARNINGS:

1. In general, any patient with cervical stenosis requires extreme precautions. Do not use force when using this device with these patients. You may use a topical anesthetic prior to the use of the **Preferred Curette**.
2. Be aware of and look for adverse reactions that are occasionally encountered in any intrauterine procedure.

ADVERSE REACTIONS:

1. Patients should be carefully watched for evidence of unusual paleness, nausea, vertigo or weakness. Any cervical manipulation may cause a vasovagal reaction. These symptoms typically subside in about 15 minutes of rest and/or a mild analgesic.
2. In some cases, there may be spot bleeding or mild cramps after this procedure has been performed. The patient should be instructed to notify the physician if spotting continues or if a persistent fever develops.