



OFFICE-BASED PROCEDURE GUIDE

**Resource guide for performing
office-based hysteroscopic procedures**

Why Perform Office-Based Procedures?

“Benefits of office hysteroscopy include patient and physician convenience, avoidance of general anesthesia, less patient anxiety related to familiarity with the office setting, cost effectiveness, and more efficient use of the operating room for more complex hysteroscopic cases”.¹

Since 2016, the Centers for Medicare and Medicaid (CMS) have increased the office procedure site-of-service reimbursement for diagnostic hysteroscopy, operative hysteroscopy, and hysteroscopy with endometrial ablation.

Gynecologic Procedure	Site-of-Service	2016 CMS Reimbursement	2023 CMS Reimbursement
Hysteroscopy, Diagnostic Procedure Code 58555	Office	\$316	\$372
	Operating Room	\$193	\$153
Hysteroscopy, Operative (Polypectomy) Procedure Code 58558	Office	\$411	\$1,372
	Operating Room	\$272	\$233
Hysteroscopy, Endometrial Ablation Procedure Code 58563	Office	\$1,688	\$2,184
	Operating Room	\$347	\$248

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Office Procedure Planning

Office-Based Procedure Guidelines

The state board of health department establishes anesthesia and equipment guidelines for office-based procedures, and medical professional societies have guidelines for the minimum safety equipment available during office procedures², which includes and not limited to:

- Resuscitation cart (Banyan Kit)
- Crash cart
- Pulse Oximeter
- Source of oxygen
- Source of suction
- Blood pressure and pulse monitor
- Emergency medications

Contact your state board of health if unsure of the office-based procedure guidelines.

Payor Mix

Assess the percentage of patients with commercial health insurance and the percentage of patients with government health insurance – i.e. Medicare, Medicaid, Tri-Care. Cross reference the reimbursement from these payors to determine if performing the procedures is financially feasible.

Commercial Insurance Reimbursement

Contact commercial health insurers to determine the “office-allowable” for procedure codes 58555, 58558 and 58563. The office-allowable is the rate commercial insurers reimburse for procedures performed in the physician office setting, site-of-service 11. Commercial health insurers can also determine if a pre-authorization is necessary prior to the procedure.

Staffing

Determine the status of staff training before performing procedures, and determine the number of staff members necessary to assist with various functions: pre-procedure check-in, procedure assistant, post-procedure recovery, etc,. This is an indicator of the fixed overhead cost of performing procedures in the office.

Vendors

Formulate a list of vendors for supply ordering and equipment maintenance. Enclosed supply lists include vendor name and stock keeping unit numbers (SKU) for consumable items. Determine if any capital equipment may require a periodic maintenance check.

Procedure Checklists

Diagnostic Hysteroscopy Procedure Checklist

Equipment & Instruments

- Hysteroscope
- Camera
- Light source and cord
- Monitor
- Prep stand for sterile field
- Pressure bag for IV fluid
- IV Pole
- Uterine Sound
- Dilators
- Curette
- Ring Forceps
- Speculum – open or weighted
- Tenaculum – single-tooth or double-tooth

Disposables

- Sterile drape for table or prep stand
- Sterile gloves
- Sterile 4x4 gauze or swabs
- Betadine prep solution
- 1L bag of normal saline – distension media
- Cysto-irrigation tubing
- Suction tubing, optional
- Operative channel endoscopic seal
- Under buttocks drape with fluid collection
- pouch Sterile towel or chux pad
- Sterile telfa pad and specimen collection container/cup
- Alcohol wipe
- Control syringe and needle for cervical block

Tissue Removal Procedure with Resectr Tissue Removal Device

- in addition to supplies for hysteroscopy

Equipment

- Hysteroscope
- Portable suction unit
- IV fluid pressure bag

**Symphion 6.3mm Hysteroscope is compatible for use with Resectr*

Disposables

- Resectr Tissue Removal Device – 5Fr. or 9Fr.
- 1-way stopcock
- Suction canister with top and tubing
- Specimen collection adapter
- Irrigation tubing
- Suction Tubing
- Operative channel endoscopic seal

Symphion Hysteroscope



Resectr Device



1-way stopcock



Portable suction unit



Suction canister with tubing



Specimen collection adapter



IV fluid pressure bag



Irrigation tubing



OBP endoscopic seal



Vendors

Minerva Surgical Customer Service

P: 855.646.7874 E: CustomerService@MinervaSurgical.com

Resectr Tissue Removal Device 5Fr. – Catalog No. M0065907051

Resectr Tissue Removal Device 9Fr. – Catalog No. M0065907041

Symphion 6.3mm Hysteroscope – Catalog No. FG-0703

McKesson

www.McKesson.com

Bemis suction canister 1200cc with Top and Tubing

Bemis specimen collection adapter

Irrigation tubing, size .195 inch ID, 80 inch length

Suction tubing, size: .188 inch ID, 6' length

OBP endoscopic seal for hysteroscope operative channel

Grayline Medical

www.GraylineMedical.com

Hysteroscope inflow/outflow 1-way stopcock

Tissue Removal Procedure with Symphion® Operative Hysteroscopy System

- in addition to supplies for hysteroscopy

Equipment

- Symphion Controller
- Symphion Footswitch
- Symphion 6.3mm Hysteroscope

Disposables

- Symphion 3.6mm Resecting Device
- Symphion Fluid Management Accessories
- 2L or 3L bag of normal saline

Vendors

Minerva Surgical Customer Service

P: 855.646.7874 E: CustomerService@MinervaSurgical.com

Symphion 6.3mm Hysteroscope – Catalog No. FG-0703

Symphion Controller – Catalog No. FG-0612

Symphion Fluid Management Accessories – Catalog No. FG-0202

Symphion 3.6mm Resecting Device – Catalog No. FG-0201



Endometrial Ablation Procedure with Minerva ES[®] Ablation System

- in addition to supplies for hysteroscopy

Equipment

- Minerva ES Controller
with Footswitch

Disposables

- Minerva ES Disposable Handpiece
- Minerva ES Gas Canisters – CO₂ and Argon

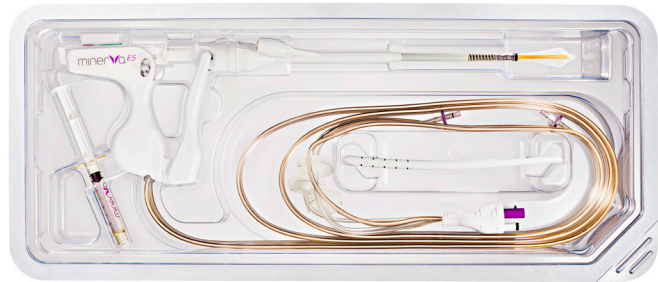
Minerva ES Controller



Footswitch



Minerva ES Disposable Handpiece



Minerva ES CO₂ Canister



Minerva ES Argon Canister



Minerva Surgical Customer Service

P: 855.646.7874 E: CustomerService@MinervaSurgical.com

Minerva ES Disposable Handpiece – Catalog No. MIN3PAK

Minerva ES Argon Gas Canister – Catalog No. MINARGC

Minerva ES CO₂ Gas Canister – Catalog No. MINCO2C

Minerva ES Controller – Catalog No. MIN180S

Endometrial Ablation Procedure with Genesys HTA® Ablation System

in addition to supplies for hysteroscopy

Equipment

- Genesys HTA Control Unit
- Genesys HTA System Pedestal
- Genesys HTA Scope Adapter

Disposables

- Genesys HTA ProCerva Procedure Set
- 3L bag of normal saline

Genesys HTA Control Unit



Genesys HTA ProCerva Sheath



Genesys HTA Scope Adapter



Minerva Surgical Customer Service

P: 855.646.7874 E: CustomerService@MinervaSurgical.com

Genesys HTA ProCerva Procedure Set (box of 5) – Catalog No. M006580211

Genesys HTA System 115V Control Unit – Catalog No. M006580010

Genesys HTA System Pedestal – Catalog No. M006580040

Genesys HTA Scope Adapter, Storz – Catalog No. M006550310

Genesys HTA Scope Adapter, Wolf – Catalog No. M006550340

Genesys HTA Scope Adapter, ACMI – Catalog No. M006550350

Genesys HTA Scope Adapter, Olympus – Catalog No. M006550360

Genesys HTA Scope Adapter, Stryker – Contact Stryker

Anesthesia may be administered during office procedures to manage patient discomfort. Understanding the potential causes of patient discomfort is important when performing office procedures. Anesthesia guidelines for office procedures can be obtained from the state board of health department or the American Society of Anesthesiologists (ASA).

Potential Causes of Patient Discomfort

Placement of speculum

Application of tenaculum

Paracervical block

Prostaglandin release with tissue removal cervical dilation

Uterine distension

Contact of energy with uterus

Types of Anesthesia to Address Procedural Discomfort

1. Oral/Local Anesthesia

Oral medication with Paracervical block, see enclosed sample protocols

2. Nitrous Oxide

Anesthetic gas, refer to manufacturer and existing guidelines for administration

3. IV Sedation

IV sedation administered by a board-certified anesthesiologist or nurse anesthetist

<https://www.asahq.org/standards-and-guidelines/guidelines-for-office-based-anesthesia>

NOTE: Minerva Surgical does not practice medicine or provide medical services or advice. Clinical recommendations provided herein are solely those of the physicians named in it and are provided for illustrative purposes and as a third party reference only. Minerva Surgical did not conduct any research on or validation of the medical soundness and/or scientific appropriateness, and/or safety and efficacy of the information provided in this guide. Practitioners must conduct their own analysis and research and are fully responsible for the use of this information. Among other, review of the drug manufacturer's full instructions for use or package insert as well as compliance with state specific guiding documents on this topic must be conducted before use.

OVERVIEW OF LOCAL ANESTHESIA GUIDELINES FOR OFFICE-BASED ENDOMETRIAL ABLATION PROCEDURES

James Mirabile, M.D., FACOG

Mirabile M.D. Beauty, Health & Wellness
4550 W. 109th Street, Suite 130
Overland Park, KS 66211

Medication	Dosage	Time Course	Guidelines
Pre-Procedure			
Ibuprofen	800 mg	By mouth every 12 hour	1 day prior to treatment
Diazepam®	10 mg	By mouth 1 hour before treatment	Day of treatment
Tramadol®	100 mg	By mouth 1 hour before treatment	Day of treatment
Ketorolac®	60 mg	IM 30 minutes before treatment	Day of treatment
Procedure			
Inject a total of 20 ml of Lidocaine 1% into the Cervix. Inject 5 mL at 3 o'clock and 9 o'clock for cardinal ligament injection.			
Post Procedure			
Tramadol®	50 mg	By mouth every 6 hours as needed for pain	

Paracervical Block is to be administered 10 minutes before the treatment.

OVERVIEW OF LOCAL ANESTHESIA GUIDELINES FOR OFFICE-BASED ENDOMETRIAL ABLATION PROCEDURES

Paul Harris, M.D., OBGYN

Westside OB/GYN Center
 1091 Kirkpatrick Rd.
 Burlington, NC 27215

Medication	Dosage	Time Course	Guidelines
Pre-Procedure			
Ibuprofen	800 mg	One by mouth 3 times a day	Starts 2 days before treatment
Cytotec®	200 mg	Vaginally at bedtime. Can be PO	1 day prior to treatment
Phenergan®	25 mg*	By mouth 1 hour before treatment	Day of treatment
Demerol®	100 mg	By mouth 1 hour before treatment	Day of treatment
Valium®	5 mg	By mouth 1 hour before treatment	Day of treatment
Procedure			
Inject a total of 20 ml of Lidocaine 2% into the Cervix at 2, 4, 8 and 10 o'clock in divided doses. Also may use 1-2 mL on anterior lip of Cervix where tenaculum to be placed, vs hurrricane spray.			
Post Procedure			
Norco®	5/325 mg	1-2 pills by mouth every 4-5 hours as needed for pain	
Ibuprofen	800 mg	One by mouth every 8 hours as needed for pain	
Phenergan®	25 mg*	As needed for Nausea (rare)	

Paracervical Block is to be administered 10 minutes before the treatment.

***The amount of Phenergan can be adjusted downward for small patient size**

OVERVIEW OF LOCAL ANESTHESIA GUIDELINES FOR OFFICE-BASED ENDOMETRIAL ABLATION PROCEDURES

Stephen Dalm, D.O., OBGYN

Center for Women's Sexual Health
Grand Rapids OB/GYN
4070 Lake Drive SE.
Grand Rapids, MI 49546

Medication	Dosage	Time Course	Guidelines
Pre-Procedure			
Cytotec[®]	200 mg	By mouth at 6pm and 11pm	1 day prior to treatment
Percocet[®]	7.5/325 mg	By mouth 1 hour before treatment	Day of treatment
Xanax[®]	2 mg	By mouth 1 hour before treatment	Day of treatment
Belladonna-Morphine Suppository	15/7.5 mg	Insert rectally 1 hour prior to treatment	Day of treatment
Zofran[®]	4 mg	By mouth 1 hour before treatment	Day of treatment
Toradol[®]	60 mg	IM 1 hour before treatment	Day of treatment
Additional Comments:			

Nitrous Oxide can be administered 10-15 minutes prior to treatment in place of Xanax[®]

OVERVIEW OF LOCAL ANESTHESIA GUIDELINES FOR OFFICE-BASED ENDOMETRIAL ABLATION PROCEDURES

Edmund Kim, M.D., OBYN

Maternal Gynerations
 600 Professional Dr. Suite 205
 Lawrenceville, GA 30046

Medication	Dosage	Time Course	Guidelines
Pre-Procedure			
Percocet®	7.5/325 mg	By mouth 1 hour before treatment	Day of treatment
Xanax®	2 mg	By mouth 1 hour before treatment	Day of treatment
Ketorolac®	30 mg	IM 1 hour before treatment	Day of treatment
Procedure			

Step 1: Prepare 60 mL solution using the 3 medications noted below:

10 mL - 2% lidocaine (plain)

30 mL - Bacteriostatic sodium chloride 0.9%

20 mL - Naropin (Ropivacaine) 0.5% 100mg/20mL

Step 2: Using a 10 mL control syringe, draw up 10 mL of the solution. Place a needle extender and 22 gauge 1.5 inch needle and inject 1-2 mL into anterior lip of the cervix. Place the single tooth tenaculum on the anterior lip of the cervix.

Step 3: Place the needle just under the mucosa at the 8 o'clock position while having the patient cough (to distract them from the initial stick). Aspirate to make sure the needle is not in a blood vessel. Inject about 2 mL of the solution. Advance the needle until it is about halfway buried. Aspirate again to make sure you are not in a blood vessel and then inject 3-4 mL of solution. Further advance the needle until buried to the hub. Again aspirate and if not in a vessel, inject the remaining solution. 10 mL in total will be placed at that location. Repeat Step 3 at the 4, 10 and 2 o'clock positions. A total of 40 mL will be used for the paracervical block with an additional 1-2 mL at the anterior cervix.

Step 4: Dilate the cervix to place the hysteroscope. After hysteroscopy, an EMB is performed using a Uterine Explora Curette which has a syringe on it. As the curette is rotated, if the patient feels pain on one side or the other, inject another 10 mL of solution at the 4 or 8 o'clock position of the side where the discomfort is felt. Repeat the EMB. If the patient is relatively comfortable with the EMB, proceed with the ablation. If not, inject another 10 mL. In total, 60 mL can be used.

Paracervical Block is to be administered 10 minutes before the treatment.

OVERVIEW OF LOCAL ANESTHESIA GUIDELINES FOR OFFICE-BASED OPERATIVE HYSTEROSCOPY PROCEDURES WITH RESECTR™ TISSUE REMOVAL DEVICE

Matthew Palmer, D.O., FMIGS

Oakdale Obstetrics & Gynecology
9825 Hospital Dr. Suite 205
Maple Grove, MN 55369

Pre-Procedure

Procedure scheduling calls patient and informs them to arrive 45 minutes ahead of scheduled procedure. Procedure scheduling/triage also calls in medications to pharmacy for patient to pick up prior to arrival.

Set-up needed:

- Procedure room with comfortable procedure chair and enough room to maneuver.
- Resectr device
- Hysteroscope and monitor
- Wall suction or portable suction with tissue sock and standard suction tubing to attach Resectr to suction canister

Day of Procedure

- Patient arrives 45 minutes early.
- Front desk checks patient in.
- Room is prepped by assistant
- Chux placed on chair
- Sterile Mayo stand prepped:
- IV Pole with 1000cc-3000cc Normal Saline
- 20cc 1-2% Xylocaine w/wo epinephrine
- 5mm, 30 degree hysteroscope with working channel
- Betadine and cotton/sponges
- Speculum
- Single tooth tenaculum
- Patient is roomed by assistant and vitals are taken.
- Medications given: Xanax 0.5mg, Percocet 5/325, Toradol 60mg IM
- Patient is brought to procedure room and prepped in chair.

OVERVIEW OF LOCAL ANESTHESIA GUIDELINES FOR OFFICE-BASED OPERATIVE HYSTEROSCOPY PROCEDURES WITH RESECTR™ TISSUE REMOVAL DEVICE CONTINUED

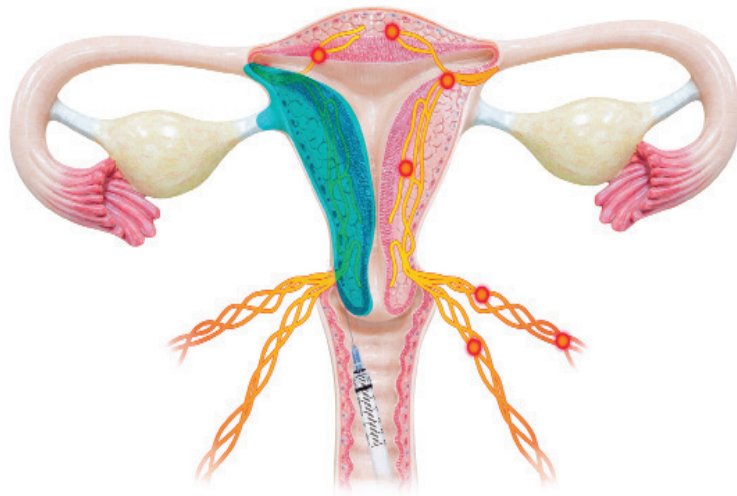
Pre-Procedure

- Speculum placed and para-cervical block placed.
- Lidocaine 1%, 20cc placed in 5cc increments at 2, 4, 8, 10 o'clock positions of cervix.
- Allow 5-10 minutes to pass for block to take effect.
- Re-introduce speculum and place tenaculum on cervix.
- Dilate cervix to 5mm and introduce 5mm hysteroscope.
- Consult the Resectr labeling to understand operating instructions, device contents, intended use, and associated risks.
- Once cavity is explored and polyp is identified, Resectr is introduced down working channel of hysteroscope.
- Suction tubing is attached to Resectr.
- Resectr is activated with working blade articulated with polyp and mechanical squeeze of device until polyp is removed entirely.
- The blade can be hand rotated to allow for proper articulation with the tissue.
- Resectr is removed from working channel of hysteroscope and tissue sock is removed from suction canister.
- Tissue is sent for pathology evaluation.
- Hysteroscope is withdrawn and tenaculum and speculum removed.

Post Procedure

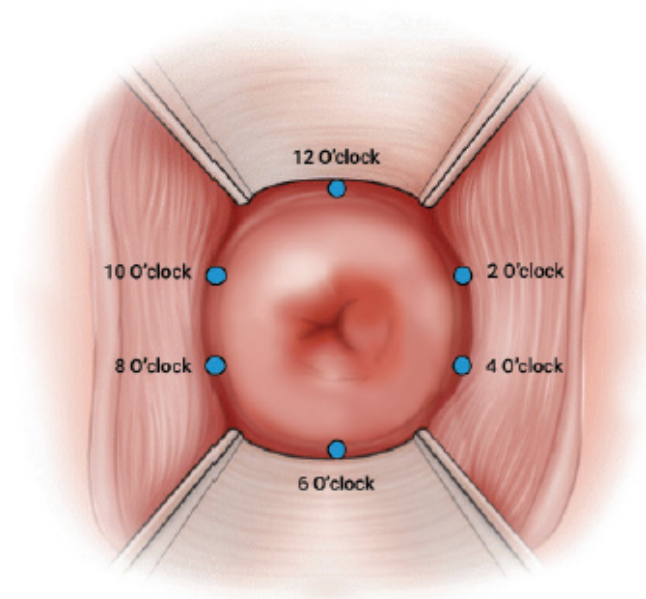
- Patient is allowed to rest in procedure room or other close by comfortable room until she is ready to leave. This is generally 5-20 minutes after the procedure.
- Patient should have an adult driver to take them home as they have pain medication and anxiolytic on-board.
- Ok to return to normal activity the following day.

Paracervical Block



Injection sites

The images below represent examples of injection sites associated with a paracervical block technique. Individual providers must determine appropriate administration.



Procedure Template

Procedure Template Samples

Patient Intake Form Sample

Patient Pre-Procedure Letter

Procedure Day Checklist

Consent Form for Endometrial Ablation

Post-Procedure Checklist

Patient Instructions following Endometrial Ablation

Endometrial Ablation Procedure Note

Procedure templates are provided as sample options. Minerva Surgical does not endorse any single procedure form. Selecting an appropriate procedure form is the responsibility of the physician performing office procedures. Prior to use, please see the complete Instructions for Use for more information on Indications, Contraindications, Warnings, Precautions, Adverse Events, and Operator's Instructions. Results and patient experience may vary

Patient intake form

How Are Your Periods Treating You?

Periods vary from woman to woman, and they can change over time.

For some women they're easy to deal with and don't cause any problems in their day-to-day lives. And for others they completely disrupt their lives every single month. While heavy periods are normal, their effects can be terrible.

We'd like to talk to you about your periods and make sure that your quality of life is the best it can be.

Please answer the questions below and show this form to your doctor

Do you schedule your social life around your period?

YES NO

Do you worry about breakthrough bleeding?

YES NO

Does your period cause you to feel exhausted, sad or irritable?

YES NO

Does your period affect your relationships with family and friends?

YES NO

In your own words, describe how you feel when you have your period

Thank you

Patient Pre-Procedure Letter

Dear Ms.

This letter is to remind you about your upcoming Minerva procedure, and to provide you with information to help you prepare. If you have any questions in the meantime, please call our office at _____ or visit minervasurgical.com.

Time of Procedure:

Please be at our office _____ minutes prior to your procedure.

(If receiving a prescription prior to procedure) You have received a prescription for medication called: _____

- Pickup your prescription at your pharmacy,
- Take the medication minutes prior to your scheduled appointment time.

Because of this medication you will need to have someone drive you to and from your appointment.

Please eat a light breakfast or lunch before you arrive at our office. You will feel better if you have had something to eat prior to your arrival.

You will be required to take a pregnancy test before the procedure begins, so please try to come with a full bladder.

You will be able to go home after the procedure is completed. As soon as the medication has worn off, and you feel comfortable, you can return to your normal activities. Once home, if you are feeling any discomfort take (fill in medicine and frequency) as needed or follow the instructions provided to you.

If you have any questions, please feel free to contact the office at _____ .

Sincerely,

Procedure Day Checklist

Date of Procedure: _____

Patient Name / Sticker: _____

LMP: _____

Birth Control: _____

Urine Pregnancy _____

Results: BP: _____ Pulse: _____ Temp: _____

Medication Taken: _____

Time: _____

NSAID given? _____ Time: _____ Lot#: _____

EXP Date: _____

Did patient eat or drink? YES NO

If Yes, what?

What time? _____

(If patient did not eat or drink, she may be at risk of low blood sugar and/or fainting)

Consent signed and witnessed: _____

Physician in to review and answer patient questions: _____

Patient to procedure room, change from waist down only.

Procedure completed: _____

Consent for Endometrial Ablation

I understand endometrial ablation is designed to remove the uterine lining and significantly reduce or eliminate excessive menstrual bleeding, along with associated symptoms. I understand that endometrial ablation is not a form permanent contraception, and while extremely rare pregnancy following endometrial ablation can occur.

During the procedure, a hysteroscope is used to visualize the uterine lining prior to the endometrial ablation. Following hysteroscopy, a sterile disposable probe is inserted into the uterus to perform the endometrial ablation. The approximate procedure time for hysteroscopy and endometrial ablation is five minutes.

As with any surgical procedure, complications may occur. Some possible complications of hysteroscopy and endometrial ablation include but are not limited to; bleeding, infection, and perforation of the uterine wall or bowel.

After the procedure, I will notify the office if any of the following is observed; a foul-smelling drainage from the vagina, fever and/or chills, severe abdominal pain, excessive bleeding, or heavy bleeding longer than two days after the procedure.

Signature of Patient

Printed Patient Name

Signature of Witness

Date

Post-Procedure Checklist

Name: _____

BP: _____ Pulse: _____ Temp: _____

Patient instructions:

- May resume normal activities after medications wear off
- Call if fever, pain, or excessive bleeding
- Take medication as prescribed by physician
- Post procedure instructions given to patient

Nursing responsibility after procedure:

- Clean room and equipment per protocol
- Place this sheet in folder for follow-up calls

Scope time: start

stop

total

Lot #

(From Disposable Device box)

Hysteroscopy and Endometrial Ablation Procedure

Patient: _____

Date: _____ Time: _____ UCG Negative: _____

Resp.: _____ BP: _____ Pulse: _____

Allergies: _____

Medication: _____

Dosage: _____

Minerva Procedure

Sound Length: _____ Cervical Length: _____ Cavity Length: _____

Hysteroscopy: Pre _____ Post _____ Dilation to: _____ cm Dilator Type: _____

Hysteroscopy Finding: _____

Post-Procedure Orders

YES NO Vital Signs q 30 minutes _____ BP _____ Pulse _____ Time _____

Post-Procedure Medication _____

YES NO Discharge 1-2 hours post-procedure with instructions given

Condition at discharge: Good Fair

Other Instructions: _____

Signature: _____

Date: _____

We are The Uterine Health Company

Minerva designs and manufactures minimally invasive, technologically advanced devices for the modern treatment of Abnormal Uterine Bleeding (AUB). These devices treat the most common root causes of AUB while preserving the uterus.

Results and patient experience may vary. To learn more about Minerva Surgical and its products, including a full list of References, Warnings, Cautions and Contraindications, visit

www.minervasurgical.com/safety

DISCLAIMER: This coding and reimbursement information was prepared by American Coding School, LLC with data provided by Minerva Surgical being presented for informational purposes only and is accurate as of its date of publication.

Intended uses:

The Minerva® Endometrial Ablation System is intended to ablate the endometrial lining of the uterus in premenopausal women with menorrhagia (excessive bleeding) due to benign causes for whom childbearing is complete.

The Genesys HTA® System is a hysteroscopic thermal ablation device intended to ablate the endo-metrial lining of the uterus in premenopausal women with AUB (excessive uterine bleeding) due to benign causes for whom childbearing is complete.

The Symphion® System is intended to distend the uterus by filling it with saline to facilitate viewing with a hysteroscope during diagnostic and operative hysteroscopy and provide fluid management through the closed loop recirculation of filtered distension fluid. It is also intended for resection and coagulation of uterine tissue such as intrauterine polyps and myomas using a bipolar resecting device.

Resectr™ are single-use, non-powered, hand-held, and hand-manipulated manual surgical instruments intended to be used in various hysteroscopic surgical procedures to dissect, resect, and / or remove tissue.

CAUTION: Federal law (USA) restricts this device to sale by or on the order of a physician. Rx only. The physician using the system must have sufficient and adequate experience in performing procedures in the uterine cavity, such as IUD insertion or dilation and curettage (D&C), and diagnostic hysteroscopy. Prior to use, please see the complete Instructions for Use for more information on Indications, Contraindications, Warnings, Precautions, Adverse Events, and Operator's Instructions. Results and patient experience may vary.

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References:

1. The Use of Hysteroscopy for the Diagnosis and Treatment of Intrauterine Pathology: ACOG Committee Opinion, Number 800. Obstet Gynecol. 2020 Mar;135(3):e138-e148.doi:10.1097/AOG.0000000000003712. PMID: 32080054
2. American College of Surgeons. Guidelines for Office-based Surgery (Adopted October 23, 2019)