**Do not use pointed or sharp objects to clean the valve parts or remove the O-ring. This could cause damage and prevent the device from maintaining vacuum.**

### *Step 3: Processing Options*

**The Ipas MVA Plus aspirator and adapters are multiple-use devices that require high-level disinfection or sterilization prior to initial use and between patients. They do not need to be high-level disinfected or sterile at the time of use. All Ipas cannulae are single-use devices. After use, treat and discard as infectious waste.**

#### Sterilize

- **Steam autoclave** in linen or paper for 30 minutes at 250ºF (121ºC) with a pressure of 15 lbs/in$^2$ (106 kPa).
  **DO NOT USE HIGHER TEMPERATURES AS DAMAGE MAY OCCUR. This device cannot withstand temperatures higher than 250ºF.**
- For **STERRAD® 100S Systems**, place the disassembled aspirator and adapters (if used) along with the chemical indicator strip inside each package. Place it in the STERRAD 100S chamber. Process for one cycle according to manufacturer's instructions (www.sterrad.com).

#### High-Level Disinfect (HLD)

- Soak immersed in a **2% glutaraldehyde solution** (Cidex) for 20 minutes. Change glutaraldehyde according to manufacturer's recommendations. Rinse aspirators as appropriate. See OSHA precautions for use: www.osha.gov/SLTC/etools/hospital/hazards/glutaraldehyde/glut.html, 2/15/05.

### *Step 4: Store or Use Immediately*

**Store:** Aspirators should be stored in dry, covered containers or packages, protected from dust and other contaminants.

**Before Use:** Reassemble, lubricate and check the vacuum of the aspirator.

- Place the valve liner in position inside the valve by aligning the internal ridges. Close the valve until it snaps in place. Snap the cap onto the end of the valve. Push the cylinder straight into the base of the valve without twisting.
- Place the plunger O-ring in the groove at the end of the plunger and lubricate it by spreading one drop of lubricant around the O-ring with a fingertip. Silicone or another non-petroleum-based lubricant can be used. Squeeze the plunger arms and insert the plunger fully into the cylinder. Move the plunger in and out to lubricate the cylinder.
- Insert the tabs of the collar stop into the holes in the cylinder. Check the vacuum by pushing the buttons and pulling the plunger until the arms lock. Leave in this position for two to three minutes, then release the buttons. A rush of air indicates that the aspirator maintained the vacuum.
- If no rush of air is heard, remove the plunger. Check the plunger O-ring and instrument for foreign particles and cracks. If the aspirator still loses vacuum, it should be discarded.

Ipas *Protecting women's health*
P.O. Box 5027 • Chapel Hill, NC 27514 USA
1-919-967-7052 • customerservice@ipas.org • www.ipas.org

To order or for more product information, please contact:
**HPSRx Enterprises**
**(800) 850.1657**
**customerservice@hpsrx.com**

USMVA-E06

N-05-PLU-008
Rev.2 01/2007

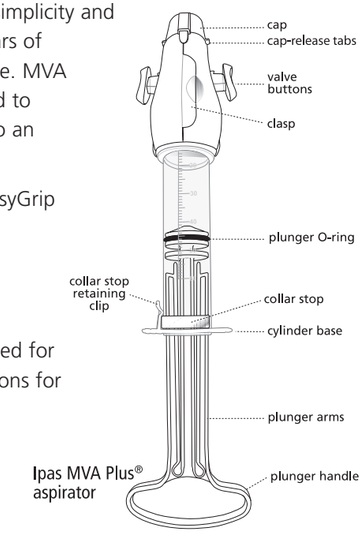
# Performing Manual Vacuum Aspiration (MVA) Using the Ipas MVA Plus®, Ipas 3mm and Ipas EasyGrip® Cannulae

## The Ipas MVA Plus Aspirator, Ipas 3mm* and Ipas EasyGrip Cannulae

Manual vacuum aspiration, or MVA, is a technique for uterine aspiration whose low cost, simplicity and portability make it an especially valuable reproductive-health technology. More than 25 years of clinical research in over 100 countries has shown vacuum aspiration to be safe and effective. MVA offered in outpatient settings has been shown to reduce the cost and length of stay related to uterine aspiration as compared to procedures performed in an operating room. MVA is also an excellent alternative to electric vacuum aspiration, producing an equivalent vacuum.[i,ii]

This document provides an overview of the Ipas MVA Plus aspirator, Ipas 3mm and Ipas EasyGrip cannulae.

**The Ipas 3mm cannula is a dedicated product for endometrial biopsy.*




## Indications

The Ipas MVA Plus aspirator, Ipas 3mm and Ipas EasyGrip cannulae up to 12mm are intended for uterine aspiration/uterine evacuation in obstetrics and gynecology patients. Clinical indications for uterine aspiration with this product are:

- Treatment of incomplete abortion for uterine sizes up to 12 weeks from the last menstrual period (LMP)
- First-trimester abortion
- Endometrial biopsy

Endometrial biopsy should not be performed in cases of suspected pregnancy. There are no known contraindications for other clinical indications.

**Ipas EasyGrip cannula and Ipas 3mm cannula with adapter**

## Preexisting Conditions to Consider

Before uterine aspiration, any serious medical conditions that are present should be addressed immediately. These include shock, hemorrhage, cervical or pelvic infection, sepsis, perforation, or abdominal injury, as may occur with incomplete abortion or with clandestine abortion. Uterine aspiration is often an important component of definitive management in these cases and once the patient is stabilized, the procedure should not be delayed. History of blood dyscrasia may be a factor in the woman's care.

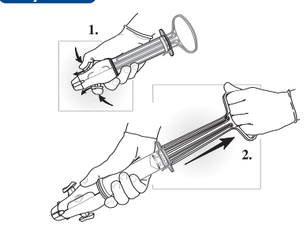
## Complications

As with any uterine aspiration procedure, one or more of the following may occur during or after the procedure: uterine or cervical injury or perforation, pelvic infection, vagal reaction, incomplete evacuation, or acute hematometra. Some of these conditions can lead to secondary infertility, serious injury or death.

## Performing the MVA Procedure

### *Step One: Prepare and Check Instruments*

**Step One**

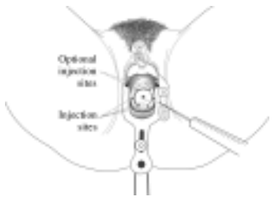



- Position the plunger all the way inside the cylinder.
- Have collar stop in place with tabs in the cylinder holes.
- Push valve buttons down and forward until they lock (1).
- Pull plunger back until arms snap outward and catch on cylinder base (2). This "charges" the instrument.
- Check vacuum by leaving the instrument in the "charged" position for two to three minutes, then release the buttons. A rush of air indicates that the aspirator maintained a vacuum.

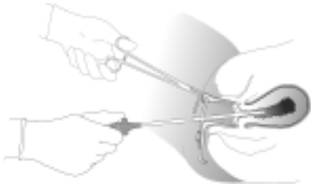
[i] *Baird, Traci L. and Susan K. Flinn. 2001. Manual vacuum aspiration: Expanding women's access to safe abortion services. Chapel Hill, NC, Ipas.*
[ii] *Blumenthal, P.D. and R.E. Remsburg. 1994. A time and cost analysis of incomplete abortion with manual vacuum aspiration. International Federation of Gynecology and Obstetrics, 45: 261-267.*

Step Two

Step Four



Step Six



Step Seven

**Signs that indicate the uterus is empty:**

- Red or pink foam without tissue is seen passing through the cannula
- A gritty sensation is felt as the cannula passes over the surface of the evacuated uterus
- The uterus contracts around or grips the cannula
- The patient complains of cramping or pain, indicating that the uterus is contracting

- If no rush of air is heard, remove the plunger. Check the plunger O-ring and instrument for foreign particles and cracks. If the aspirator still loses vacuum, it should be discarded.

### *Step Two:* ***Prepare the Patient***

- Ask the woman to empty her bladder.
- Conduct a bimanual exam to confirm uterine size and position.
- Insert speculum.

Step Three

### *Step Three:* ***Perform Cervical Antiseptic Prep***

- Clean cervical os with antiseptic.
- Follow *No-Touch Technique*: no instrument that enters the uterus can contact contaminated surfaces before being inserted through the cervix.

### *Step Four:* ***Perform Paracervical Block***

- Paracervical block is recommended.
- Using local protocols, administer paracervical block and place tenaculum.
- Use lowest anesthetic dose possible to avoid toxicity.

### *Step Five:* ***Dilate Cervix***

- Use mechanical dilators or progressively larger cannulae to dilate the cervix.
- Dilate the cervix to allow a cannula approximate to the uterine size to fit snugly through the os.

### *Step Six:* ***Insert Cannula***

- Note: Ipas 3mm and Ipas EasyGrip cannulae have been sterilized with ethylene oxide and will remain sterile while their wrapper is intact. Cannulae should be discarded after a single use.
- While applying traction to the tenaculum, insert the cannula through the cervix, just past the os and into the uterine cavity until it touches the fundus, and then withdraw it slightly.
- Do not insert the cannula forcefully.

** For endometrial biopsy, use the Ipas 3mm cannula with an adapter.*

### *Step Seven:* ***Suction Uterine Contents***

- Attach the cannula to the prepared aspirator.
- Release the vacuum by pressing the buttons.
- Evacuate the contents of the uterus by gently and slowly rotating the cannula and using a gentle in-and-out motion.

** For endometrial biopsy, aspirate tissue by moving the cannula gently back and forth along the uterine wall, taking the appropriate sample.*

- When finished, depress the buttons and withdraw the instruments.

** For endometrial biopsy, withdraw instruments when an adequate amount of tissue is obtained.*

NOTE: If more than one aspirator is required to empty the uterus:

(1) Detach the cannula from the aspirator, leaving the cannula in place. Empty the aspirator, recharge it and carefully reattach it to the cannula. Resume evacuation.

*OR*

(2) Remove both the aspirator and the cannula. Use strict ***No-Touch Technique,*** never allowing the tip of the cannula to contact a contaminated surface. Detach the cannula. Empty the aspirator. Recharge the aspirator and carefully reattach it to the cannula, ensuring that the cannula remains sterile. Reinsert the cannula, and resume aspiration.

*OR*

(3) Have a second aspirator readily available if more than one aspirator is needed.

Step Eight

### *Step Eight:* ***Inspect Tissue***

**The MVA procedure is not complete until products of conception have been inspected and confirmed.**

- Empty the contents of the aspirator into a container.
- Inspect tissue for products of conception by straining material or floating material in water or vinegar and viewing with a light from beneath.
- If inspection is inconclusive, reaspiration may be necessary. If indicated, follow clinic protocols to rule out ectopic pregnancy.

** Endometrial biopsy samples should be handled according to laboratory protocols.*

### *Step Nine:* ***Perform Any Concurrent Procedures***

- When the procedure is complete, proceed with any contraception or other concurrent procedures, such as IUD insertion.

### *Step Ten:* ***Process Instruments***

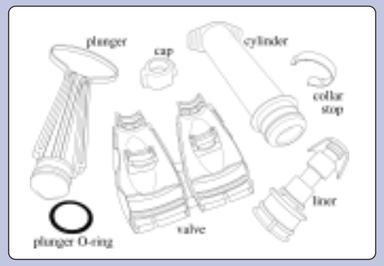
- As soon as the procedure is complete, immediately discard cannulae and soak the aspirator and adapters (if used) to ease cleaning.
- Process the aspirator and adapters according to site protocols.

## Processing the Ipas MVA Plus Aspirator and Adapters

### Basics of Infection Prevention

- Wash hands immediately before and after every patient contact.
- Consider all blood and body fluids from all patients to be potentially infectious.
- Use personal protective barriers (gloves, gowns, face protection, shoes) when contact with blood or other body fluids is expected.
- Avoid skin punctures, especially when handling needles.
- Use *No-Touch Technique*: the tip of the cannula, or the tip of any other instrument that enters the uterus, should never touch nonsterile surfaces (including the vaginal walls) prior to insertion.

### *Step 1: Soak Instruments Immediately After Use*




**Following the procedure, all aspirators and adapters that will be reused should be kept wet until cleaning.** Using a 0.5% chlorine solution is an option. See OSHA precautions for use: www.osha.gov/SLTC/healthguidelines/chlorine/recognition.html, 2/15/05.

### *Step 2: Clean all aspirators and adapters thoroughly in warm water and detergent, not soap. Wear gloves and face protection.*

- Disassemble the aspirator by pulling the cylinder out of the valve. Remove the cap by pressing down the cap-release tabs with one hand and pulling off the cap with the other hand.
- Open the hinged valve by pulling open the clasp. Place right thumb alongside the right valve button and left thumb on the valve latch. With the left thumb, pull up and to the left on the valve latch while pushing down and out on the valve body with the right thumb.
- Remove the valve liner. Disengage the collar stop by sliding it sideways under the retaining clip, or remove the collar stop completely.
- Pull the plunger completely out. Displace the plunger O-ring by squeezing its sides and rolling it into the groove below.