



SIMPLE SAFE EFFECTIVE

Your Solution to Outpatient Ablation

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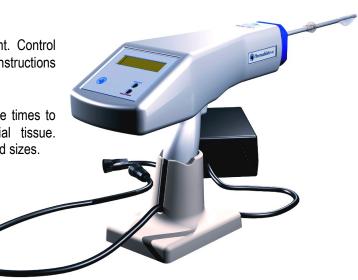
SIMPLE

 Unique, fully automated design continually controls parameters of time, temperature and pressure to ensure consistent results.

Minimal set up required. Fast treatment time of 2 minutes and 6 seconds.

- Easy to use trigger switch initiates treatment. Control unit provides simple step-by-step instructions throughout procedure.
- Thin, pliable, silicone balloon inflates three times to ensure optimal contact with endometrial tissue. Safely treats a variety of uterine shapes and sizes.

EXPERIENCE THE FREEDOM & FLEXIBILITY OF THERMABLATE EAS™





The Thermablate EAS[™] disposable cartridge is comprised of a slim 6.0mm catheter and a silicone balloon with a soft, pliable tip. Fluid is heated within the self-contained Treatment Control Unit prior to treatment

Adverse events have been reported in association with <u>all global endometrial ablation</u> technologies.

Unlike the majority of competitor products, the makers of Thermablate EAS instruct physicians to <u>conduct hysteroscopy immediately prior to</u> <u>initiating treatment.</u>⁹

In this way, the highest standard of safety is maintained and the physician is in compliance with the recommendations of international healthcare regulatory bodies.

The Medicines & Healthcare products Regulatory Agency—UK (*MHRA*) issued a *Guidance Document* in 2011 in response to the significant number of adverse events reported in association with endometrial ablation devices stating:

"IMMEDIATELY AFTER DILATION OF THE CERVIX AND PRIOR TO POSITIONING THE DEVICE FOR TREATMENT, ASSESS CAVITY FOR PERFORATION, FALSE PASSAGE OR EVEN TRAUMA TO THE UTERINE WALL USING HYSTEROSCOPY."¹⁰

Controlled Endometrial Thermal Balloon Endometrial Ablation System Ablation System Method of ablation Radio Frequency Energy Thermal Energy "Despite several Procedure Time 90 seconds 2 minutes 6 seconds safeguards devised Cannot treat patients with by the manufacturer, cavity length less than 4 cm the Novasure bipolar and/or patients with cavity Safely treats uterine cavities width less than 2.5 cm. device can and will **Uterine Cavity** with sounding measurements of The safety and effectiveness of Limitations 8 – 12 cm,⁹ regardless of length perforate the uterus the NovaSure system has not of cervical canal or width of been fully evaluated in patients and cause thermal cavity with a uterine sound measureinjury leading to ment greater than 10 cm ¹¹ intestinal IFU reflects perforation." ⁸ recommendations of NO 11 YES⁹ MHRA Occurrence of thermal bowel Injury and/or YES – >90% of such events NO such events have transmural thermal reported to the FDA occurred when physician has injury when used occurred when physician been in compliance with according to followed manufacturers' manufacturers' manufacturers' labeled labeled instructions 12 labeled instructions instructions

NOVASURE® –Impedance

THERMABLATE EAS™

EFFECTIVE

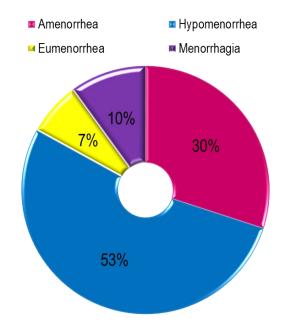
95% of patients treated with Thermablate EAS[™] report menstrual blood loss improvement ¹ and 93% would have the treatment again ²

Thermablate EAS consistently delivers reliable results, with 30% of patients reporting Amenorrhea 9 and 12 months post procedure.⁵

Patient satisfaction rates after a treatment with Thermablate are similarly consistent, with >90% of patients stating they would recommend the procedure to a friend.²

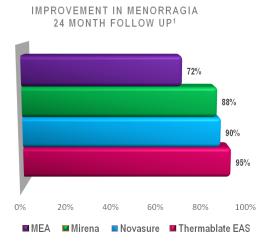
A study comparing the definition of treatment success between female patients and their physicians found that the majority of women want less bleeding, and the minority want amenorrhea. ¹³

Bleeding Pattern 9 and 12 months Post Procedure⁵



According to a 2010 retrospective review comparing outcomes after treatment with 4 competitor products:

"MENSTRUAL LOSS IMPROVED IN 95% OF THE THERMABLATE GROUP, 90% OF THE NOVASURE GROUP, 72% OF THE MEA GROUP AND 88% MIRENA GROUP."¹



Success measured as IMPROVED QUALITY OF LIFE

According to a clinical study comparing incidence of **new onset pelvic pain** within 2 years of either *radiofrequency or thermal balloon ablation,* patients reported greater pain after RF ablation at each time end point. *De novo* pelvic pain occurred overall in 20% of RF and only 7% of TB patients.⁷

"AS MORE FOCUS IS BEING PLACED ON IMPROVED QUALITY OF LIFE MEASURES RATHER THAN JUST MENSTRUAL PATTERNS POSTABLATION,⁶ *DE NOVO* PELVIC PAIN OCCURRENCE AND SEVERITY AFTER TWO COMMON GEA TECHNOLOGIES HAVE BEEN DOCUMENTED. <u>THE INCIDENCE AS WELL AS ITS</u> <u>ASSOCIATED SEVERITY VARIES BY MODE OF</u> <u>THERAPY (RF>TB)</u>."7

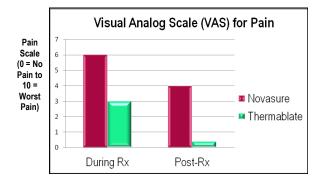
CONCLUSION: "THERMABLATE PATIENTS REPORTED THE GREATEST IMPROVEMENTS IN MENORRAGHIA (95%) AND DYSMENORRHEA (76%)."¹

WELL TOLERATED

Your Solution to Outpatient Ablation

Thermblate EAS[™] offers physicians an innovative treatment option that is proven to be as effective, <u>yet significantly less painful</u> than competitor global ablation products, both during and after treatment. ¹

"PATIENT PAIN TOLERANCES WERE MEASURED USING VAS (VISUAL ANALOG PAIN SCALE MANAGEMENT) WHICH SHOWED LOWER PAIN LEVELS BOTH INTRA AND POST OPERATIVELY FOR THERMABLATE EAS[™] WHEN COMPARED WITH THE NOVASURE SYSTEM."⁴



"ENDOMETRIAL ABLATION WITH THERMABLATE EAS™ IS WELL TOLERATED BY PATIENTS UNDER LOCAL ANESTHESIA (VAS SCORE < 5 IN 63 %) AND CAN BE DONE QUICKLY IN AN OUTPATIENT SETTING."³





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Thermablate EAS™



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