Frequent Questions

What is Endosee?
Endosee is a portable, diagnostic hysteroscope. It uses a disposable (single patient use) cannula which contains a new camera and a dual LED light source. The cannula attaches to a reusable hand-held monitor that provides direct visualization of the uterine cavity using a smart phone-like touch screen.

What comes with an Endosee?
One Endosee handheld monitor, one docking station, one power supply, one mini USB cable, one DFU. The part number for the Endosee hysteroscope is ES8000. The part number for the cannulas is ESDX5. Disposable cannulas are sold separately. They are individually packaged and sterilized and are sold in boxes of five.

What can Endosee be used for?
Endosee can be used for diagnostic hysteroscopy. It can also be used along with an EMB such as a Pipelle, Pipet, or Explora for endometrial biopsy sampling utilizing guided visualization.

Can Endosee be used for operative procedures?
No. The available cannula does not contain an operative channel to insert instruments for the removal of polyps, fibroids, etc.

What is the size of the cannula?
There is one cannula available. The diagnostic (Dx) cannula is 287mm (around 11 ¼") long with an outside diameter of less than 15Fr (5mm)… slightly larger than a Pipelle and about the size of a Mirena inserter.

Is the camera in the cannula angled at all?
No, the camera is set at 0°. However, the field of view is 128° and the distal end of the cannula itself is angled at 25° (+\-5°) so that the uterine walls and the cornual fundal junctions/tubal ostia can easily be visualized by rotating the hand held monitor and the cannula.

Why is the Endosee cannula angled at 25° at the distal end?
In addition to facilitating the viewing of the uterine walls/tubal ostia it was determined that the 25° angle (curve) makes it much easier to insert and, in many cases, more comfortable for the patient. There's a reason why dilators are curved. The bend in the cannula is the same as a Hank dilator, and is much easier to insert and manipulate than if it was straight like a stainless steel rigid hysteroscope.

Does the camera need to be focused?
No. The Endosee camera has a fixed focal range and with a large depth of field, focused visualization is easily achieved.

Is the cannula flexible?
The Endosee cannulas are semi-rigid or flexible in the sense that they are not like the stainless steel hysteroscopes but are made of a medical grade polymer that can flex to make the procedure more comfortable for the patient.

Does the Endosee require uterine distention?
Yes, as would any hysteroscope.

How is uterine distention accomplished?
By using either a 60cc syringe with extension tubing or a sterile saline bag hung on an IV pole wrapped by a pressure cuff. One pitfall is that the pressure is too low and, therefore, adequate distention is not achieved for full visualization. It is critical that constant pressure is maintained throughout the procedure. You may need to temporarily use a higher pressure to clear out blood/debris. Typically the pressure cuff should be adjusted to achieve optimum visualization which will be patient dependent.

What is the port on the top side of the Endosee diagnostic (Dx) cannula for?
It's for the inflow of sterile saline used to distend the uterus.

What about outflow of the saline?
There is no outflow port for the sterile saline to exit in a traditional sense. Saline will flow out of the uterus, around the cannula and eventually out of the vagina. This is why it's important to keep constant pressure on the saline bag. A collection bag or absorbent pad can be positioned under the patient to conveniently collect the outflow of saline.

Do I need to have anesthesia/narcotics administered?
Patient selection (anxiety level, tolerance to pain, nulliparous/multiparous cervix, etc.) should be considered prior to any examination with Endosee. Also, the doctor's comfort level should be considered in terms of what he/she is accustomed to do/use in similar situations (IUD insertion, EMB aspiration, etc.) The ultimate decision is up to the doctor as to whether or not an prophylactic NSAID, para-cervical block and/or, topical

numbing gel or narcotics are used. However, these may not be necessary due to the relative small outside diameter of the Endosee cannulas (slightly larger than a Pipelle).

Does the patient need to be dilated?
Again, this is the doctor's decision using the same patient selection criteria as described above. If it is determined that dilation will help, it is recommended that the external os be dilated to 5mm to get started. It shouldn't be necessary to dilate the entire cervical canal.

Can I take pictures with Endosee?
Yes. The Endosee handheld monitor allows for both still images (.jpg) and video (.avi) to be taken and stored on its internal 4 GB memory. Each .jpg image is ~100Kb while each video file varies depending on length. For example, a ten minute video is around 300MB. Therefore, the 4GB capacity is more than enough memory for any given procedure.

How do I take pictures?
Briefly press the button that's furthest away from the monitor (the one with the camera icon on it).

How do I take video?
Hold down the button that's furthest away from the monitor (the one with the camera icon on it) for three seconds. You'll see a blinking red dot on the monitor in the upper right hand corner to indicate that video is being recorded. Press the camera icon button to stop the video.

What are the other two buttons for?
The button that's closest to the monitor turns Endosee on/off. To turn the Endosee on/off, briefly depress this button and listen for the two "beeps". Repeat to turn off. The button that's in the middle of the Endosee adjusts, in four steps, the brightness of the LED lights that are located at the distal end of the cannula.

How can I review the pictures/videos?
The pictures and video can be reviewed directly on the handheld monitor. Or, they can be downloaded to a computer. To do this attach Endosee to its docking station and connect the docking station to any computer using the provided USB cable. Then download the images/videos onto the computer like you would the images/videos that you would take with a digital camera.

How long will the battery last before I need to recharge it?
At least two hours of continuous use. There is a battery strength meter on the upper left side of the handheld monitor when Endosee is turned on. The system should be fully charged after two hours of operation. It is recommended that the customer put the hand held monitor into the docking station for battery charging whenever it is not being used, as the system has an over charging protection circuit which will protect the battery from being damaged and prolongs battery life.

How do I charge the battery?
Place the Endosee hand held monitor (without cannula) into its docking station and plug the docking station into both the Endosee connector and a suitable AC wall outlet. One thing to keep in mind is that the two red light indicators (one on the hand held monitor and the other on the docking station) will not change to green to signify a full charge.

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How long does it take to charge?
Four hours… assuming a fully discharged battery. It takes less time if the battery isn't completely discharged.

How long will the battery last before I need to replace it?
The warranty on Endosee (ES8000) is one year from the date of purchase. However, from a battery specification standpoint the hand held monitor will accommodate approximately 1,500 charge/discharge cycles assuming the battery is drained to 50% of its capacity. Using the assumption that each exam with Endosee will take 20 minutes and 50% of its capacity equates to an hour's worth of use, 3 exams can be done in an hours' time. With 1,500 charge/discharge cycles the number of exams equates to 4,500 exams.

Can I replace the battery myself?
No. The Endosee battery is not replaceable.