# Advance patient care and your practice

**Instant endometrial imaging** guided by direct visualization[1]

**Efficient workflow with in-office exams** that better prepare for and reduce OR visits[2,3]

**Low-cost investment** that is coded and reimbursed as hysteroscopy[3]

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# See and know instantly with Endosee® Advance

## Discover all the ways this direct visualization system can elevate your practice[2-6]

## Evaluate

- Abnormal uterine bleeding (AUB), premenopausal and postmenopausal[4]
- Menstrual disorders: amenorrhea, intermenstrual bleeding, and menorrhagia[4]
- Infertility[4,5]
- Recurrent miscarriage[2]

## Identify

- Polyps[4,5]
- Fibroids[4,5]
- Retained products of conception[4]
- Tissue in need of biopsy for histologic evaluation[4]
- Focal lesions missed with endometrial biopsy (EMB) (when EMB is incomplete and not diagnostic)[4]
- Endometrial atrophy[4]

## Perform

- Transection of intrauterine adhesions and septa[6]
- Directed endometrial biopsies[5]
- Polypectomy (pedunculated, <2 cm)[5]
- Localization and retrieval of IUD[5]
- Presurgical planning for removal of submucosal fibroids and large polyps or uterine septum repair[2,4]

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# Endosee® Advance allows you to identify focal pathology more precisely than EMB, SIS or TVUS[7]

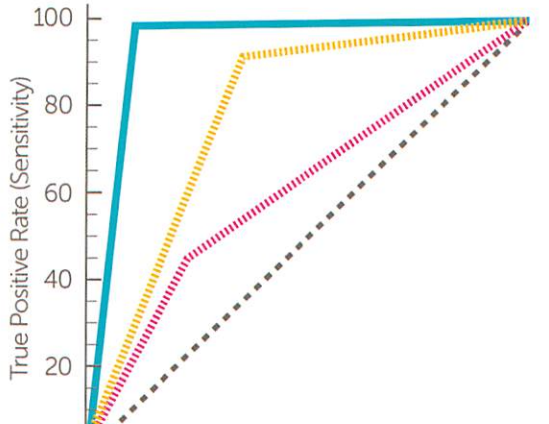
In one study, endometrial biopsies in women with known carcinoma were shown to be only 83% sensitive in finding the existing pathology.[8]

**17% of existing pathology can be missed with EMB**

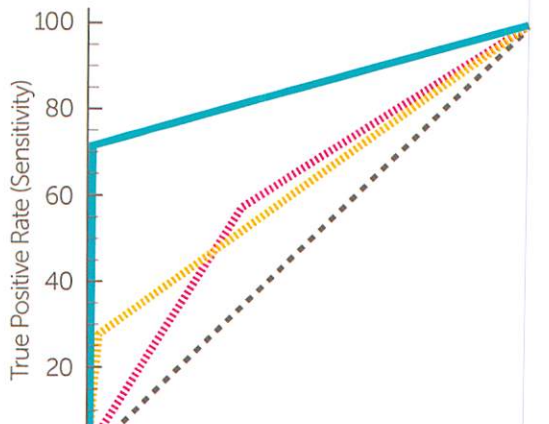
– Other studies demonstrate a range of **68%** to **84% sensitivity**[9]

## Direct visualization is more precise than SIS and TVUS in assessing endometrial pathology[7]

**Intracavitary masses (myomas and polyps)[7]**




**Diseases of the endometrium[7]**




Diagnostic hysteroscopy (DH)
Sonohysterography (SIS)
Transvaginal ultrasound (TVUS)

# See the difference Endosee Advance can make

## The clear color display delivers the most accurate visualization

SIS

TVUS

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# Endosee® Advance is designed for convenient use in any exam room, at any time

**Average time of procedure using Endosee Advance:**

**<3 minutes**[10,11]

**Average total time doctors were in the exam room per procedure:**

**<13 minutes**[11]

## Nearly 60% of women

who underwent diagnostic office hysteroscopy for AUB were able to **avoid the need for intervention in the operative suite**[1,3]

## Know with confidence if the OR is needed so you can maximize workflow and office efficiency[1,3]

## **In-office exams** with Endosee Advance can better prepare for and **reduce OR visits**[2,3]

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In **99%** of initial use cases, Key Opinion Leaders said they were **"satisfied" or "very satisfied" with Endosee Advance**
(68 out of 69 cases)[12]

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# Endosee® Advance is a reusable, low-cost advancement that gives you reliable in-office use

Avoiding OR intervention **may save approximately**

## $3,500 per patient[1,3]

Estimated calculation of savings in procedure charges of patients undergoing diagnostic office hysteroscopy who did not need to undergo OR hysteroscopy.

### Example of cost breakdown

| Item | In-office hysteroscopy | OR hysteroscopy |
|---|---|---|
| Physician fee | $1,356 | $1,356 |
| Anesthesia fee | $0 | $1,190 |
| Hospital fee | $0 | $2,400 |
| Total | $1,356 | $4,946 |

## Coded and reimbursed as hysteroscopy

### CPT codes

**58555**–Hysteroscopy, diagnostic

**58558**–Hysteroscopy, surgical, with sampling (biopsy) of endometrium and/or polypectomy

**58562**–Hysteroscopy, surgical, with removal of impacted foreign body

Payments for physician services are established by CPT codes according to a fee schedule. Under the Medicare Physician Fee Schedule, CPT codes are assigned Relative Value Units (RVUs), which represent the relative amount of physician work, resources, and expertise needed to provide services to patients. Payments differ depending upon where the service is provided (facility or non-facility) to accommodate the expenses associated with procedural equipment, personnel, and supplies, etc., and may vary by payer and benefit plan.

# Helps you and your patients avoid the hassles and worry of delayed diagnosis[2,3]

## Endosee Advance helps reduce:

- Extra appointments
- OR costs
- Wait times
- Staffing allocation and training
- Schedule conflicts
- Sterilization costs

**Immediate diagnostic information at the time of visit reduces your patients' worry and stress of waiting[9]**

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# Endosee® Advance

## The all-in-one, direct visualization system for diagnostic and therapeutic procedures

### Features to help elevate your in-office procedures

- Your exam is guided by clear color visualization
- Reusable display module
- Sterile, single-use cannula designed for ease of insertion
- Channel for fluid infusion
- Reusable working channel instruments
- Still image or video capture of every exam
- See the picture you just took
- Transfer exam data to your computer via USB cable

## Reusable working channel instruments perform **diagnostic** and **therapeutic procedures** during **in-office exams**

| Biopsy forceps ES-BPSY | Spoon forceps, long serrated ES-LNGR | Foreign body grasper, fenestrated ES-FBGR | Ureter slitting scissors, single action ES-SCIS |
|---|---|---|---|

**References: 1.** Goldstein SR, Anderson TL. Endometrial Evaluation: Are you still relying on a blind biopsy? *OBG Mgmt Supp.* 2017;10:S1-S4. **2.** Isaacson K. Office Hysteroscopy: a valuable but under-utilized technique. *Curr Opin Obstet Gynecol.* 2002;14:381-385. **3.** Moawad N, Santamaria E, Johnson M, Shuster J. Cost effectiveness of office hysteroscopy for abnormal bleeding. *JSLS.* 2014;18:1-5. **4.** Bradley L. Indications and contraindications for office hysteroscopy. In: Bradley LD and Falcone T, eds. *Hysteroscopy: Office evaluation and management of the uterine cavity.* Philadelphia, PA: Mosby Elsevier; 2009:19-38. **5.** Anderson TL. Hand-held digital hysteroscopy system a game-changer. *Contemp ObGyn.* https://www.contemporaryobgyn.net/contemporary-obgyn/news/hand-held-digital-hysteroscopy-system-game-changer?page=0,3&trendmd-shared=1. Updated September 13, 2016. Accessed May 8, 2019. **6.** 510(k) SUMMARY K190639 May 13, 2019. **7.** Grimbizis GF, Tsolakidis D, Mikos T, et al. A prospective comparison of transvaginal ultrasound and saline infusion sonohysterography and diagnostic hysteroscopy in the evaluation of endometrial pathology. *Fertil Steril.* 2016;94(7):2720-2725. **8.** Guido RS, Kanbour-Shakir A, Rulin MC, Christopherson WA. Pipelle endometrial sampling. Sensitivity in the detection of endometrial cancer. *J Reprod Med.* 1995;40(8):553-555. **9.** Goldstein SR & Lumsden MA. Abnormal uterine bleeding in perimenopause. *Climacteric.* 2017;20(5):414-420. **10.** Data on file: Feedback from the first 106 Endosee procedures with 42 clinicians. **11.** Goldstein E. Best practices: advantages of in-office hysteroscopy in the diagnosis of abnormal uterine bleeding with Endosee. *Ob Gyn News.* Supplement. https://www.mdedge.com/obgyn/best-practices. Updated September 26, 2017. Accessed May 8, 2019. **12.** Data on file: Feedback from experienced Endosee users on the first 50 Endosee Advance procedures.

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# Advance patient care and your practice

| See now[1,3,11] | | Know now[1,3,11] | |
|---|---|---|---|
| SEE | the endometrial lining in an average of **<3 minutes** | KNOW | immediate information about **her abnormal bleeding** |
| SEE | the presence of **uterine pathology** | KNOW | if an **OR visit is warranted** |
| SEE | the **in-office** possibilities | KNOW | you are **advancing patient care** and **your practice** |

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**203.601.5200**

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- Place an **order**
- Request contact from a **CooperSurgical representative**

**ES9000 – Endosee Advance display module**
**ESPX5 – Endosee Advance cannula, 5-pack**
**ES-TRAY – Endosee system convenience kit, 5-pack**

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