Fully Automated

2 Minute Treatment

Ideal for Outpatient Use

Thermablate EAS™
Your Solution to Balloon Ablation

2MIN Solution


JUNE MEDICAL
THERMABLATE Endometrial Ablation System
Conforms to a Variety of Uterine Cavity Shapes & Sizes

Because NOT Every Woman is the Same

Proven long term results demonstrate high efficacy and patient satisfaction as well as low reintervention in the form of hysterectomy.

AT 2 YEARS:

- Up to 98% of patients reported return to normal menstrual bleeding, hypomenorrhea or amenorrhea.
- 82% of women were satisfied with their treatment.

AT A MEDIAN OF 5 YEARS:

- 93.6% of women avoided hysterectomy.
- 80% of patients experienced reduction in menstrual bleeding and required no additional therapy. 6.4% underwent hysterectomy.
The **ONLY** Fully Automated Thermal Balloon Ablation System that Safely and Effectively Treats Patients in **JUST 2 MINUTES**

**How Does A Thermablate Treatment Work?**

1. User slowly inserts catheter until balloon tip touches the fundus of the uterine cavity
2. Depth markings on catheter must match previously obtained sounding measurements
3. Treatment cycle is activated with a simple finger trigger switch
4. Thermablate system automatically inflates and deflates the balloon to ensure consistent delivery of energy and contact with the endometrium
5. Total treatment time is 2 minutes and 6 seconds

*NB: Complete operating instructions and treatment protocol can be found in the Thermablate IFU LS2101*
Outpatient Ablation Made Easy

**Thermal Balloon Ablation** is the ideal treatment option for avoiding **Hysterectomy and De Novo Pelvic Pain post ablation**

A retrospective review comparing outcomes of patients treated with Thermablate (N=175) and Novasure (N=133) over 5 years showed “An eventual hysterectomy was carried out in 18.7% of the Novasure women vs 8% of the Thermablate group.”  

**5 Year Follow Up Data:**

These data are further supported by the findings in Figure 2 which shows that of 3681 endometrial ablations performed from 1999-2004, a **larger percentage of patients treated with Radio Frequency ablation** underwent eventual hysterectomy when compared to Thermal Balloon patients.

**Success Measured as Improved Quality of Life**

“De novo pelvic pain occurred overall in 20% of RF and 7% of TB patients”

**A Study Comparing the Incidence of De Novo Pelvic Pain within 2 years of either Radiofrequency or Balloon Ablation** found that:

- More focus is being placed on improved QUALITY OF LIFE rather than solely menstrual patterns post ablation
- The possibility of De Novo Pelvic Pain post ablation should be reviewed with the patient pre-procedure
- The incidence as well as its associated severity varies by mode of therapy (RF>TB)
When treated under local anaesthesia:

- 100% of patients return to normal activity within 2 days
- 93% of patients would have the procedure again
- 88% would recommend the procedure to a friend
- Majority of patients treated are discharged within 30 minutes

- Thermablate patients reported lower pain levels both intra and post-operatively compared to those treated with Radio Frequency Ablation (see Figure 3)

"Thermablate EAS is an extremely well tolerated device ideal for use in the outpatient or office setting"
REFERENCES:


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