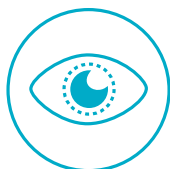


Advance patient care and your practice



Instant endometrial imaging guided by direct visualization¹



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 hysteroscopy³



endosee[®]ADVANCE

See now. Know now.[™]

See and know instantly with Endosee® Advance

Discover all the ways this direct visualization system can elevate your practice²⁻⁶



Evaluate

- Abnormal uterine bleeding (AUB), premenopausal and postmenopausal⁴
- Menstrual disorders: amenorrhea, intermenstrual bleeding, and menorrhagia⁴
- Infertility^{4,5}
- Recurrent miscarriage²



Identify

- Polyps^{4,5}
- Fibroids^{4,5}
- Retained products of conception⁴
- Tissue in need of biopsy for histologic evaluation⁴
- Focal lesions missed with endometrial biopsy (EMB) (when EMB is incomplete and not diagnostic)⁴
- Endometrial atrophy⁴



Perform

- Transection of intrauterine adhesions and septa⁶
- Directed endometrial biopsies⁵
- Polypectomy (pedunculated, <2 cm)⁵
- Localization and retrieval of IUD⁵
- Presurgical planning for removal of submucosal fibroids and large polyps or uterine septum repair^{2,4}

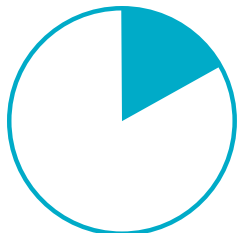


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Endosee® Advance allows you to identify focal pathology more precisely than EMB, SIS or TVUS⁷

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

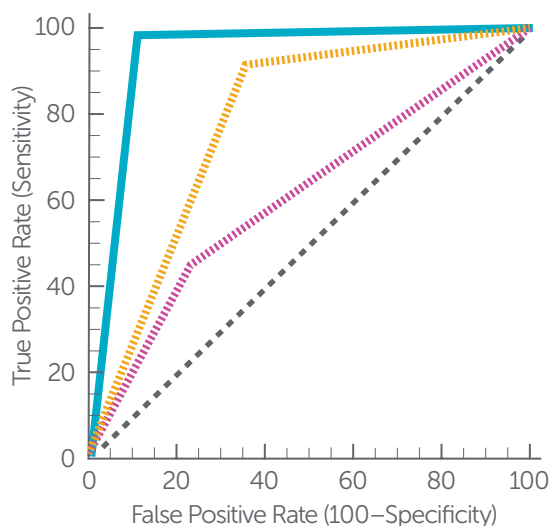


17% of existing pathology can be missed with EMB

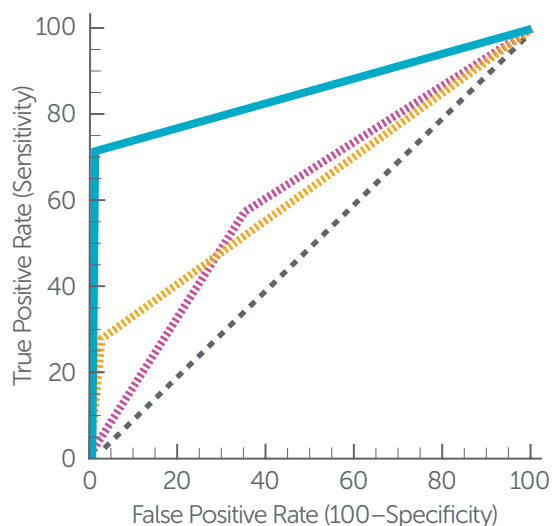
— Other studies demonstrate a range of **68% to 84% sensitivity**⁹

Direct visualization is more precise than SIS and TVUS in assessing endometrial pathology⁷

Intracavitary masses (myomas and polyps)⁷



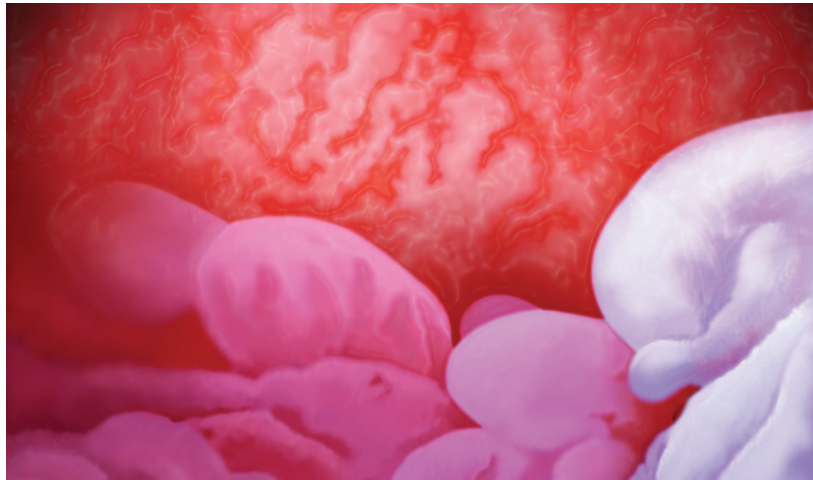
Diseases of the endometrium⁷



— 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



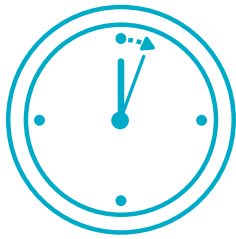
TVUS



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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 minutes¹¹

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}



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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See now. Know now.[™]

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 waiting⁹**



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See now. Know now.[™]

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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See now. Know now.™

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

Visit **endosee.com**
or call **800.243.2974**
203.601.5200

- Receive **more information**
- 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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