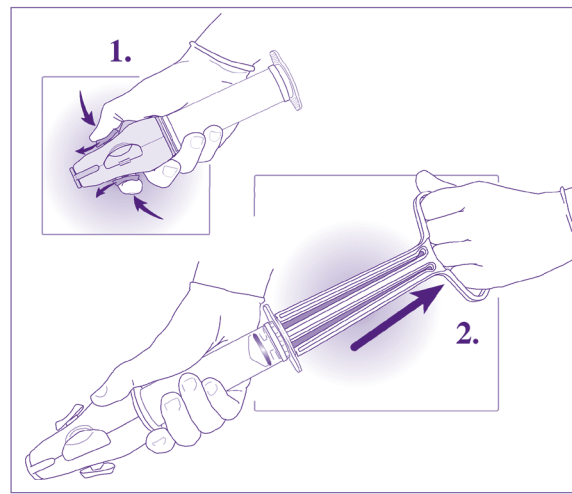


Steps for Performing Manual Vacuum Aspiration (MVA) Using the Ipas MVA Plus[®] and Ipas EasyGrip[®] Cannulae

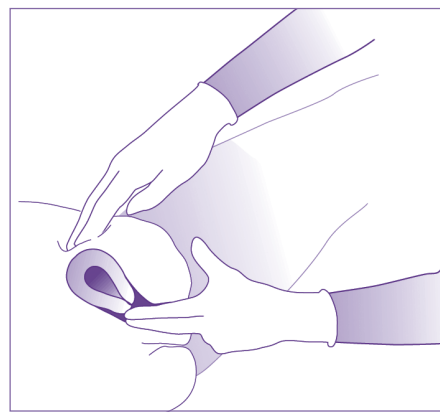
Step One: Prepare the Aspirator

- Position the plunger all the way inside the cylinder.
- Have collar stop in place with tabs in the cylinder holes.
- Push valve buttons down and forward until they lock (1).
- Pull plunger back until arms snap outward and catch on cylinder base (2).



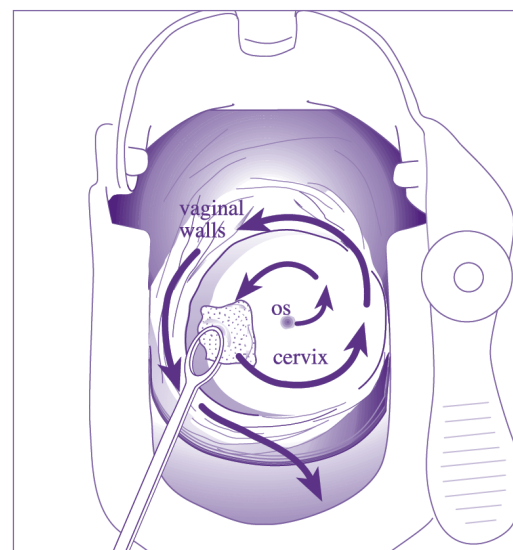
Step Two: Prepare the Patient

- Administer pain medication to have maximum effect when procedure begins.
- Give prophylactic antibiotics to all women, and therapeutic antibiotics if indicated.
- Ask the woman to empty her bladder.
- Conduct a bimanual exam to confirm uterine size and position.
- Insert speculum and observe for signs of infection, bleeding or incomplete abortion.



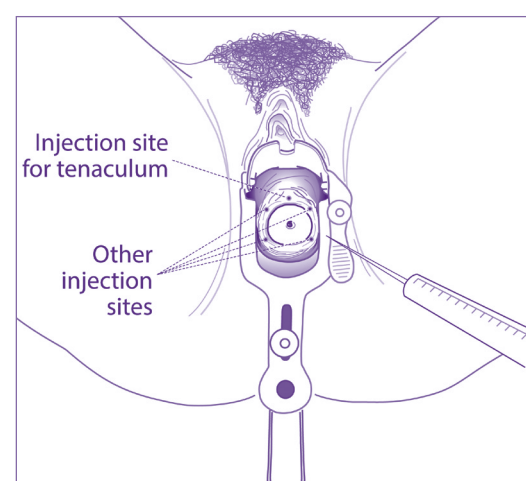
Step Three: Perform Cervical Antiseptic Prep

- Use antiseptic-soaked sponge to clean cervical os. Start at os and spiral outward without retracing areas. Continue until os has been completely covered by antiseptic.



Step Four: Perform Paracervical Block

- Paracervical block is recommended when mechanical dilatation is required with MVA.
- Administer paracervical block and place tenaculum.
- Use lowest anesthetic dose possible to avoid toxicity – for example, if using lidocaine, the recommended dose is less than 200 mg.

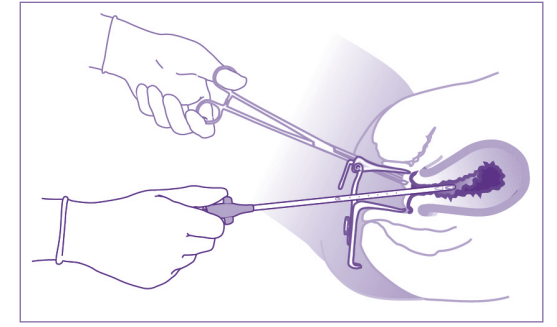


Step Five: Dilate Cervix

- Observe no-touch technique when dilating the cervix and during aspiration. Instruments that enter the uterine cavity should not touch your gloved hands, the patient's skin, the woman's vaginal walls, or unsterile parts of the instrument tray before entering the cervix.
- Use mechanical dilators or progressively larger cannulae to gently dilate the cervix to the right size

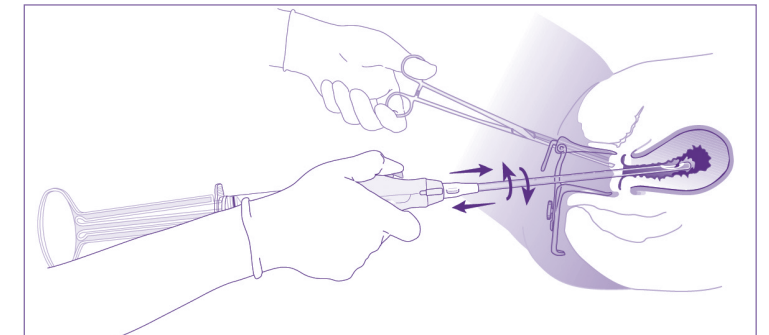
Step Six: Insert Cannula

- While applying traction to tenaculum, insert cannula through the cervix, just past the os and into the uterine cavity until it touches the fundus, and then withdraw it slightly.
- Do not insert the cannula forcefully.



Step Seven: Suction Uterine Contents

- Attach the prepared aspirator to the cannula if the cannula and aspirator were not previously attached.
- Release the vacuum by pressing the buttons.
- Evacuate the contents of the uterus by gently and slowly rotating the cannula 180° in each direction, using an in-and-out motion.
- When the procedure is finished, depress the buttons and disconnect the cannula from the aspirator. Alternatively, withdraw the cannula and aspirator without depressing the buttons.

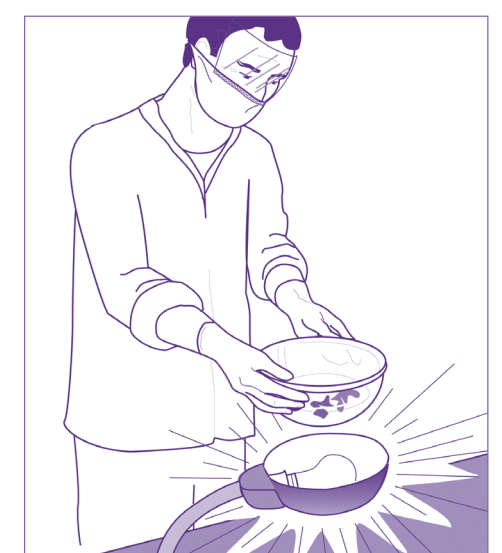


Signs that indicate the uterus is empty:

- Red or pink foam without tissue is seen passing through the cannula.
- A gritty sensation is felt as the cannula passes over the surface of the evacuated uterus.
- The uterus contracts around or grips the cannula.
- The patient complains of cramping or pain, indicating that the uterus is contracting.

Step Eight: Inspect Tissue

- Empty the contents of the aspirator into a container.
- Strain material, float in water or vinegar and view with a light from beneath.
- Inspect tissue for products of conception, complete evacuation and molar pregnancy.
- If inspection is inconclusive, reaspiration or other evaluation may be necessary.



Step Nine: Perform Any Concurrent Procedures

- When procedure is complete, proceed with contraception or other procedures, such as IUD insertion or cervical tear repair.

Step Ten: Process Instruments

- Immediately process or discard all instruments, according to local protocols.