

Choices® Double Valve MVA Product Instruction



Product Name: Choices® Double Valve MVA Kit

Application: Used to terminate pregnancy up to 14 weeks

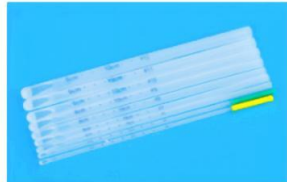
Usage: When connected to a flexible cannula, the Choices® double valve MVA syringe is used for aspiration procedures.

Material type: Polypropylene (latex free).

Choices® Double Valve MVA Kits



1 double valve MVA syringe



Size 4# to 12# flexible Cannulas



Accessory kit including: 1 O-ring, 1 collar stop and 1 silicone oil (10 cc, use to lubricate O-ring)

Attention

Choices® Double Valve MVA Kits are for the use of experienced and competent medical professionals.

The double valve MVA syringe has been sterilized with ethylene oxide and is in sterile packaging. If the packaging is damaged, it must be sterilized by HLD before usage. Reuse is only allowed when regulation allows.

The cannulas have been sterilized with ethylene oxide and will remain sterile while their wrapper is intact. Cannulas are a single-use item and should be discarded after usage for one client.

Storage requirements: Stored in a cool, dry, well-ventilated, and clean environment. Relative humidity must not exceed 80%, and the equipment must not be exposed to corrosive gases.

Range of cannula size relative to uterine size	
Uterine size in weeks LMP	Suggested cannula sizes
4—9 weeks	4#—7#
10—14 weeks	8#—12#

Rubber Liner Compatibility	
White Rubber Liner	4#—8#
Blue Rubber Liner	9#—12#

Capacity: 60 ml (60 cc)

Vacuum: 610-660 mmHg

Syringe offered as a sterile package, non-autoclavable, can be re-sterilized by high-level disinfection (HLD).

China NMPA approved, CE-marked and ISO 13485 compliant.

Performing the MVA Procedure



Step One: Prepare and Check Syringe

- 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.
- Pull plunger back until arms snap outward and catch on cylinder base.
- Check vacuum by leaving the syringe in the charged position for two to three minutes, then release the buttons. A rush of air indicates that the syringe maintained a vacuum.
- If no rush of air is heard, remove the plunger. Check the plunger O-ring and syringe for foreign particles and cracks. If the syringe still loses vacuum, it should be discarded.

Step Two: Prepare the Client

- Ask the client to empty her bladder.
- Conduct a bimanual exam to confirm uterine size and position.
- Insert speculum.

Step Three: Perform Cervical Antiseptic Prep

- Clean cervical os with antiseptic
- Follow a "no-touch" technique: no instrument that enters the uterus can contact contaminated surfaces before being inserted through the cervix.

Step Four: Insert Cannula

- Insert the 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.
- For endometrial biopsy, use the Marie Stopes® 4mm cannula.
- Attention : The double valve MVA syringe can connect different size cannulas by replacing the rubber liner, i.e. rubber liner A is suitable for 4#-8# cannulas, and rubber liner B is suitable for 9#-12# cannulas



Step Five: Suction Uterine Contents

- Attach the cannula to the prepared syringe.
- Release the vacuum by pressing the buttons.
- Evacuate the contents of the uterus by gently and slowly rotating the cannula.
- For endometrial biopsy, aspirate tissue by moving the cannula gently back and forth along the uterine wall, taking the appropriate sample.
- When finished, depress the buttons and withdraw the instruments.

Step Six: Empty Syringe

If more than one aspirator is required to empty the uterus:

- (1) Detach the cannula from the syringe, leaving the cannula in place. Empty the syringe, recharge it and carefully reattach it to the cannula. Resume evacuation.

OR

- (2) If changing cannula, remove both the syringe and the cannula. Use strict no-touch technique, never allowing the tip of the cannula to contact a contaminated surface. Detach the cannula. Empty the syringe. Recharge the syringe and carefully reattach it to the cannula. Reinsert the cannula, and resume aspiration.

OR

- (3) Have a second syringe readily available if more than one syringe is needed.

Step Seven: Inspect Tissue

The MVA procedure is not complete until products of conception have been inspected and confirmed

- Empty the contents of the syringe into a container.
- Inspect tissue for products of conception by straining material or floating material in water and viewing with a light from beneath.
- If inspection is inconclusive, re-aspiration may be necessary. If indicated, follow clinic protocols to rule out ectopic pregnancy.