The Ipas MVA Plus aspirator and adapters are multiple-use devices that require high-level disinfection or sterilization prior to initial use and between patients. They do not need to be high-level disinfected or sterile at the time of use. All Ipas cannulae are single-use devices. After use, treat and discard as infectious waste.

Step 3: Processing Options

The Ipas MVA Plus aspirator and adapters are multiple-use devices that require high-level disinfection or sterilization prior to initial use and between patients. They do not need to be high-level disinfected or sterile at the time of use. All Ipas cannulae are single-use devices. After use, treat and discard as infectious waste.

Sterilize

- Steam autoclave in linen or paper for 30 minutes at 250°F (121°C) with a pressure of 15 lbs/in² (106 kPa).

DO NOT USE HIGHER TEMPERATURES AS DAMAGE MAY OCCUR. This device cannot withstand temperatures higher than 250°F.

- For STERRAD® 100S Systems, place the disassembled aspirator and adapters (if used) along with the chemical indicator strip inside each package. Place it in the STERRAD 100S chamber. Process for one cycle according to manufacturer's instructions (www.sterrad.com).

High-Level Disinfect (HLD)

- Soak immersed in a 2% glutaraldehyde solution (Cidex) for 20 minutes. Change glutaraldehyde according to manufacturer's recommendations. Rinse aspirators as appropriate. See OSHA precautions for use: www.osha.gov/sltc/etools/hospitalhazards/glutaraldehyde/glut.html, 2/15/05.

Step 4: Store or Use Immediately

Store: Aspirators should be stored in dry, covered containers or packages, protected from dust and other contaminants.

Before Use: Reassemble, lubricate and check the vacuum of the aspirator.

- Place the collar in liner position inside the valve by aligning the internal ridges. Close the valve until it snaps in place. Snap the cap onto the end of the valve. Push the cylinder straight into the base of the valve without twisting.

- Place the plunger O-ring in the groove at the end of the plunger and lubricate it by spreading one drop of lubricant around the O-ring with a fingertip. Silicone or another non-petroleum-based lubricant can be used. Squeeze the plunger arms and insert the plunger fully into the cylinder. Move the plunger in and out to lubricate the cylinder.

- Insert the tabs of the collar stop into the holes in the cylinder. Check the vacuum by pushing the buttons and pulling the plunger until the arms lock. Leave in this position for two to three minutes, then release the buttons. A rush of air indicates that the aspirator maintained the vacuum.

- If no rush of air is heard, remove the plunger. Check the plunger O-ring and instrument for foreign particles and cracks. If the aspirator still loses vacuum, it should be discarded.

Performing Manual Vacuum Aspiration (MVA) Using the Ipas MVA Plus®, Ipas 3mm* and Ipas EasyGrip® Cannulae

The Ipas MVA Plus Aspirator, Ipas 3mm* and Ipas EasyGrip cannulae are dedicated products for endometrial biopsy.

Indications

The Ipas MVA Plus aspirator, Ipas 3mm and Ipas EasyGrip cannulae up to 12mm are intended for uterine aspiration/evacuation in obstetrics and gynecology patients. Clinical indications for uterine aspiration with this product are:

- Treatment of incomplete abortion for uterine sizes up to 12 weeks from the last menstrual period (LMP)
- First-trimester abortion
- Endometrial biopsy

Endometrial biopsy should not be performed in cases of suspected pregnancy. There are no known contraindications for other clinical indications.

Preexisting Conditions to Consider

Before uterine aspiration, any serious medical conditions that are present should be addressed immediately. These include shock, hemorrhage, cervical or pelvic infection, sepsis, perforation, or abdominal injury, as may occur with incomplete abortion or with clandestine abortion.

Uterine aspiration is often an important component of definitive management in these cases and once the patient is stabilized, the procedure should not be delayed. History of blood dyscrasia may be a factor in the woman's care.

Complications

As with any uterine aspiration procedure, one or more of the following may occur during or after the procedure: uterine or cervical injury or perforation, pelvic infection, vagal reaction, incomplete evacuation, or acute hemometra. Some of these conditions can lead to secondary infertility, serious injury or death.

Performing the MVA Procedure

Step One: Prepare and Check Instruments

- 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). This “charges” the instrument.

Check vacuum by leaving the instrument in the “charged” position for two to three minutes, then release the buttons. A rush of air indicates that the aspirator maintained a vacuum.

If no rush of air is heard, remove the plunger. Check the plunger O-ring and instrument for foreign particles and cracks. If the aspirator still loses vacuum, it should be discarded.

**Step Two: Prepare the Patient**
- Ask the woman 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 No-Touch Technique: no instrument that enters the uterus can contact contaminated surfaces before being inserted through the cervix.

**Step Four: Perform Paracervical Block**
- Paracervical block is recommended.
- Using local protocols, administer paracervical block and place tenaculum.
- Use lowest anesthetic dose possible to avoid toxicity.

**Step Five: Dilate Cervix**
- Use mechanical dilators or progressively larger cannulae to dilate the cervix.
- Dilate the cervix to allow a cannula approximate to the uterine size to fit snugly through the os.

**Step Six: Insert Cannula**
- Note: Ipas 3mm and Ipas EasyGrip cannulae have been sterilized with ethylene oxide after a single use.
- While applying traction to the tenaculum, 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 Ipas 3mm cannula with an adapter.

**Step Seven: Suction Uterine Contents**
- Attach the cannula to the prepared aspirator.
- Release the vacuum by pressing the buttons.
- Evacuate the contents of the uterus by gently and slowly rotating the cannula and using a gentle in-and-out motion.
- * 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.
- * For endometrial biopsy, withdraw instruments when an adequate amount of tissue is obtained.

**Step Eight: Inspect Tissue**
The MVA procedure is not complete until products of conception have been inspected and confirmed.
- Empty the contents of the aspirator into a container.
- Inspect tissue for products of conception by straining material or floating material in water or vinegar and viewing with a light from beneath.
- If inspection is inconclusive, reaspiration may be necessary. If indicated, follow clinic protocols to rule out ectopic pregnancy.
- Endometrial biopsy samples should be handled according to laboratory protocols.

**Step Nine: Perform Any Concurrent Procedures**
- When the procedure is complete, proceed with any contraception or other concurrent procedures, such as IUD insertion.

**Step Ten: Process Instruments**
- As soon as the procedure is complete, immediately discard cannulae and soak the aspirator and adapters (if used) to ease cleaning.
- Process the aspirator and adapters according to site protocols.

---

**Processing the Ipas MVA Plus Aspirator and Adapters**

**Basics of Infection Prevention**
- Wash hands immediately before and after every patient contact.
- Consider all blood and body fluids from all patients to be potentially infectious.
- Use personal protective barriers (gloves, gowns, face protection, shoes) when contact with blood or other body fluids is expected.
- Avoid skin punctures, especially when handling needles.
- Use No-Touch Technique: the tip of the cannula, or the tip of any other instrument that enters the uterus, should never touch nonsterile surfaces (including the vaginal walls) prior to insertion.

**Step One: Soak Instruments Immediately After Use**
Following the procedure, all aspirators and adapters that will be reused should be kept wet until cleaning. Using a 0.5% chlorine solution is an option. See OSHA precautions for use:
www.osha.gov/SLTC/healthguidelines/chlorine/recognition.html, 2/15/05.

**Step Two: Clean all aspirators and adapters thoroughly in warm water and detergent, not soap. Wear gloves and face protection.**
- Disassemble the aspirator by pulling the cylinder out of the valve. Remove the cap by pressing down the cap-release tabs with one hand and pulling off the cap with the other hand.
- Open the hinged valve by pulling open the clamp. Place right thumb alongside the right valve button and left thumb on the valve latch. With the left thumb, pull up and to the left on the valve latch while pushing down and out on the valve body with the right thumb.
- Remove the valve liner. Disengage the collar stop by sliding it downwards under the retaining clip, or remove the collar stop completely.
- Pull the plunger completely out. Displace the plunger O-ring by squeezing its sides and rolling it into the groove below.