



Thermablade *EAS*[™]

Your Solution to Balloon Ablation



Fully Automated
2 Minute Treatment
Ideal for Outpatient Use

Simple. Safe. Effective.

IDOMAN
CANADA
Innovative Solutions for Women's Health

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 ³

AT 2 YEARS:

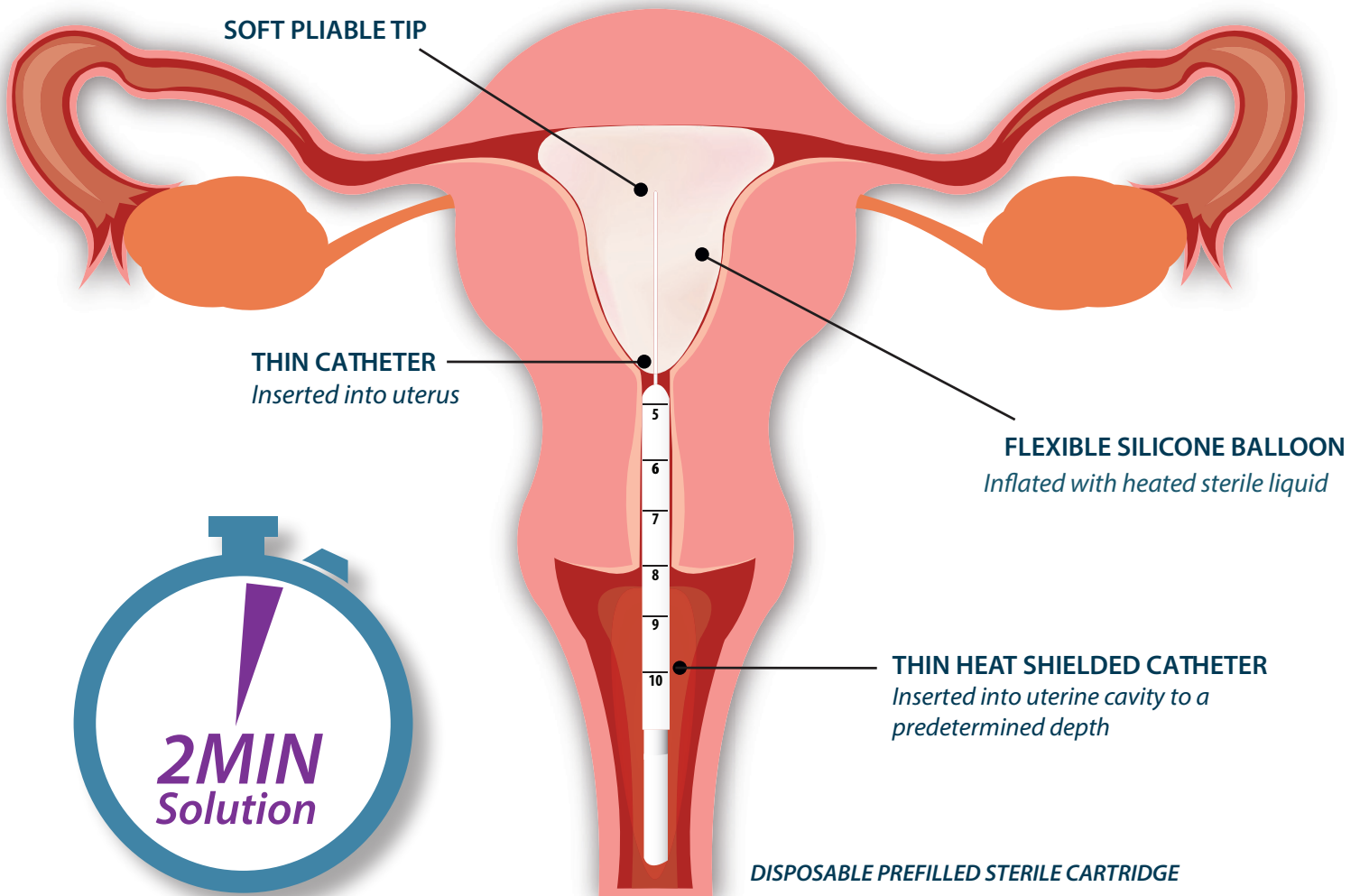
- Up to **98%** of patients reported return to normal menstrual bleeding, hypomenorrhea or amenorrhea ¹
- **82%** of women were satisfied with their treatment ²

AT A MEDIAN OF 5 YEARS

- **93.6%** of women avoided hysterectomy ³
- **80%** of patients experienced reduction in menstrual bleeding and required no additional therapy. 6.4% underwent hysterectomy ³

Thermablate *EAS*[™] *Balloon Ablation Simplified*

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

The Benefits of the Balloon

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.”**⁷

5 Year Follow Up Data:⁷

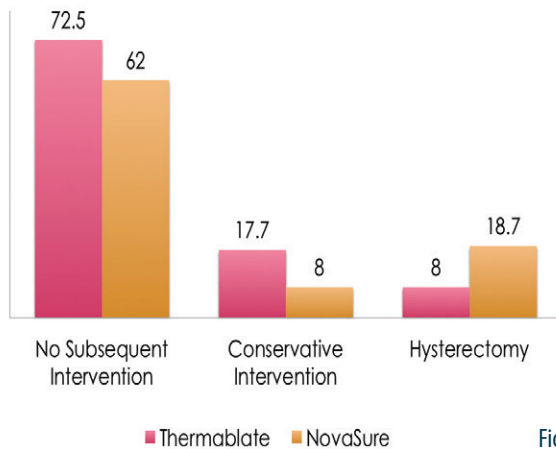


Figure 1⁷

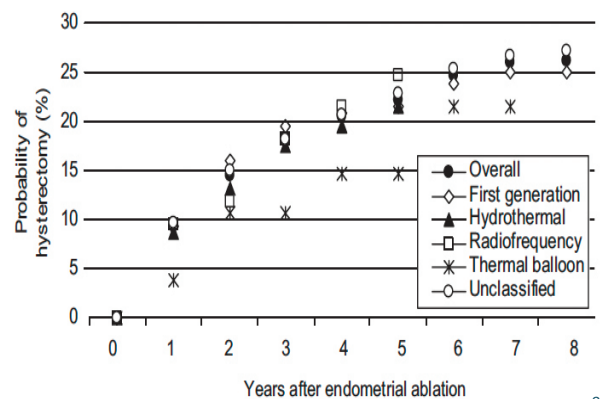


Figure 2⁸

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.**⁸

Success Measured as Improved Quality of Life

“De novo pelvic pain occurred overall in 20% of RF and 7% of TB patients”⁹

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)⁹

Outpatient Ablation Made Easy



“Thermablate EAS is an extremely well tolerated device ideal for use in the outpatient or office setting”³

When treated under local anaesthesia:

- 100% of patients return to normal activity within 2 days⁶
- 93% of patients would have the procedure again^{5,6}
- 88% would recommend the procedure to a friend⁶
- Majority of patients treated are discharged within 30 minutes³
- Thermablate patients reported lower pain levels both intra and post operatively compared to those treated with Radio Frequency Ablation⁴ (see Figure 3)

Pain scale
(0= No pain,
10= worst
pain)

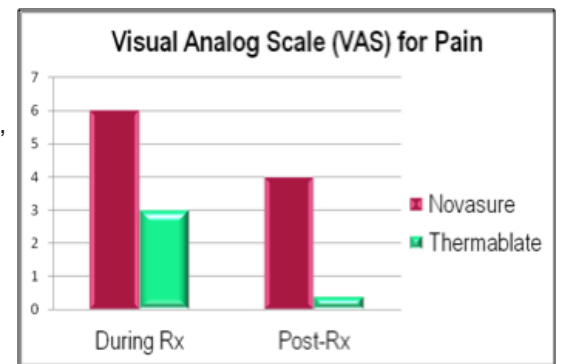


Figure 3⁴



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