

Miscariage Mangement Ideal for Outpatient Settings

Conclusive data gathered through trials and studies over the past 40 years has shown that the Ipas MVA can be used safely and effectively (under local anesthesia) in the outpatient settings.¹

Additionally, It has the added benefit of being **cost-efficient, portable, quiet, easy-to-use, and time-efficient.**

These benefits ultimately provide the ideal solution for transitioning uterine evacuation procedures for miscarriage management care to the outpatient setting.



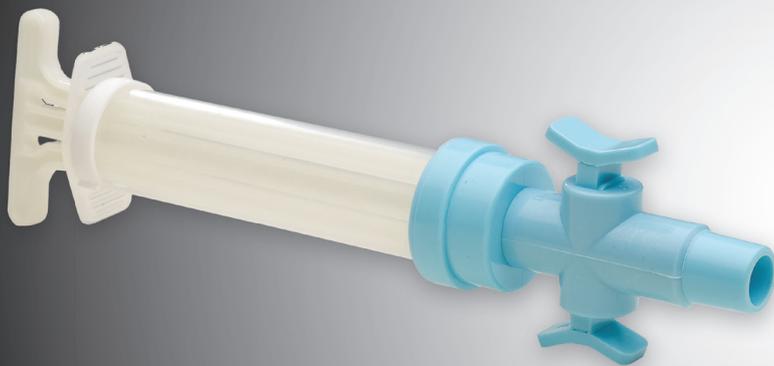
Providing Miscariage Management in the era of COVID-19

It is imperative that women maintain access to proper healthcare in these times - as such, HPSRx Enterprises remains dedicated to supplying healthcare providers across the US with the medical solutions they need!

The Ipas MVA suite of medical devices was designed with the provider in mind, offering them the ability to conduct essential miscarriage evacuation services in the comfort of an outpatient atmosphere.

Ipas MVA offers the following benefits for healthcare facilities:

- 1 Maintains continuity of service that might otherwise be disrupted, delayed, or deprioritized due to COVID-19
- 2 Decoupling miscarriage management from operating rooms reduces cost of service and the length of recovery, freeing the operating rooms and recovery beds for more severe cases.¹
- 3 Patients spend less time at the hospital as a result of reduced procedure and recovery times.² Simultaneously, reducing the risk of being exposed to COVID-19 and freeing bed space.
- 4 Service provision by associate clinicians, midwives, and nurses allows specialist to remain focused on acute cases



In order to continue providing practical options of uterine evacuation procedures during this perilous time of increased risk and limited resources, please consider shifting to an outpatient setting by implementing the Manual Vacuum Aspirator product line. HPSRx Enterprises (US Distributor), as well as DKT WomanCare Global, would be more than happy to answer any questions you may have!

¹ Blumenthal, Paul D and R.E. Remsburg. (1994). *A time and cost analysis of the management of incomplete abortion with manual vacuum aspiration.* Int J Gynecol Obstet, 1994 45:261-267.
² De Jonge ET, Pattinson RC, Makin JD, et al. (1994). *Is ward evacuation for uncomplicated incomplete abortion under systematic analgesia safe and effective: a randomized clinical trial.* S Afr Med J, 84:481-483.

Considerations for maintaining continuity of care



Miscarriage Management is an ESSENTIAL Component of Women's Healthcare

- » As miscarriage management is time sensitive, care needs to be provided efficiently and effectively at the earliest opportunity
- » Miscarriage evacuation procedures need to remain organized and scheduled in order to prevent delays that could ultimately pose a risk to the patient's health
- » Ipas MVA can be the ESSENTIAL solution for providing continuity of care with its ability to provide effective and efficient care in outpatient facilities



One convenient solution to enhance operations

The Miscarriage Management Kit (MMK) is a conveniently packaged sterile kit that is an ideal solution for the outpatient setting.

- » Fully sterilized, pre-packaged, single-use kit
- » Hand-held portability
- » Simplistic Design allows for ease-of-use
- » Significantly decreases cost of procedure and enhances operational efficiency³
- » Enables more expedient management of miscarriage⁴
- » Proven Ipas technology that has been in use for over 40 years⁵



Questions?

Email our customer service team:

customerservice@hpsrx.com

Call our office:

(800) 850-1657

Live chat with us online:

www.HPSRx.com

Address:

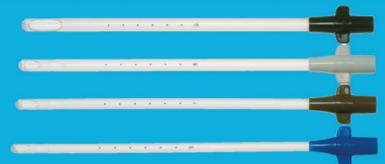
1640 Roanoke Blvd.
Salem, VA 24153

MMK Includes:

1 Ipas Double Valve Aspirator



4 Ipas EasyGrip Cannulae (6,7,8,9mm)



3 Denniston Dilators (5/6, 7/8, 9/10mm)



³ Rausch, Mary, Lorch, Scott, Chung, Karine, Frederick, Margaret, Zhang Jun, and Barnhart, Kurt. (2012) A cost-effectiveness analysis of surgical versus medical management of early pregnancy loss. *Fertility and Sterility*, 97(2):355-360.

⁴ Lee C, Slade P. Miscarriage as a traumatic event: a review of the literature and new implications for intervention. *J Psychosom Res* 1996;40(3):235-244

⁵ Greenslade et al., 1993; baird & Flynn