

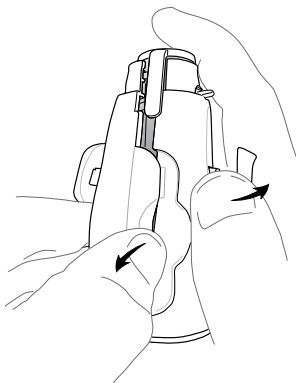
Cap removal

With one hand, press down on the cap release tabs; with the other hand, pull the cap off.



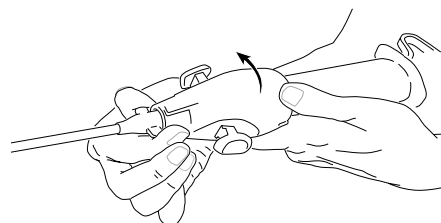
Opening the valve body

Remove valve body from the cylinder. Place right thumb along side 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.



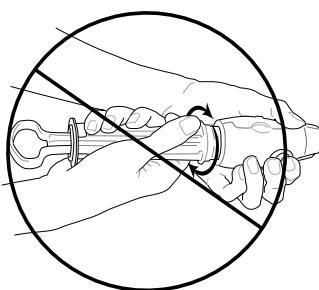
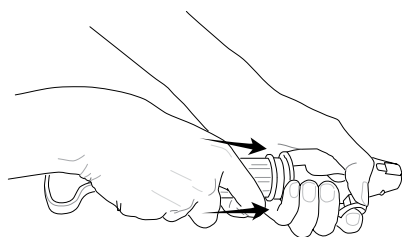
Removal and insertion of Ipas EasyGrip® cannula

If cannula removal is necessary during the procedure: **Stabilize the cannula** by grasping it at the base with one hand and holding it steady; with the other hand, hold the aspirator by the valve body, **rotate the aspirator** and gently separate it from the cannula. To insert the cannula, hold the aspirator by the valve body (not the cylinder), push cannula base in firmly, twisting slightly if necessary.



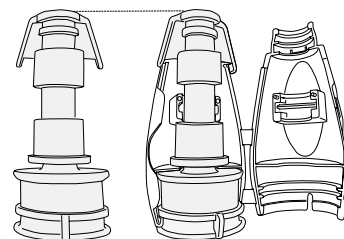
Aspirator assembly

When assembling the aspirator, push the cylinder straight into the valve. Do not twist the barrel or valve when assembling as this will cause the liner to dislodge and may lead to device failure.



Reassembly of Ipas aspirators

Place the valve liner in position inside the valve by aligning the internal ridges. Close the valve until it snaps in place. Snap the cap into place on the end of the valve.



Processing tips

- When processing the aspirator with liquid agents, make sure the parts are rinsed thoroughly in boiled/sterile water. When processing agents are allowed to dry on the devices, the plunger does not move easily in the cylinder. When chlorine is not rinsed sufficiently, it may also cause the valve hinges to wear prematurely.
- When the cylinder becomes cloudy or pitted due to processing, soak the cylinder for a few minutes in vinegar, then clean the inside with a soft brush. Rinse in clean water.
- Devices must be completely disassembled prior to cleaning. It is important to remove the O-ring from the plunger prior to cleaning and make sure lubricants are removed during cleaning.

Solving technical problems during the MVA procedure

The most common technical problem seen with MVA instruments is loss of vacuum. In most MVA procedures, the aspirator vacuum remains constant until the aspirator is approximately 80 percent, or 50mL, full. However, a decrease in vacuum may occur before the aspiration is complete for the following reasons:

- The aspirator is full.
- The cannula is withdrawn past the external os.
- The cannula becomes clogged.
- Incorrect assembly.

If the aspirator fills up so that suction stops:

- Depress the buttons.
- Disconnect the aspirator from the cannula, leaving the cannula in place inside the uterus.
- Either empty the aspirator into a container by pressing the buttons and pushing the plunger into the cylinder or replace the aspirator.
- Re-establish vacuum in the aspirator, reattach it to the cannula and resume the aspiration.

Note: Many clinicians keep a second prepared aspirator on hand during the procedure and switch aspirators if one becomes full.

If the cannula becomes clogged, a lack of tissue or bubbles flowing into the aspirator will be noted:

- Ease the cannula back toward, but not through, the cervical os. This movement will often unclog the cannula.

If this does not unclog the cannula:

- Depress the valve buttons and remove the cannula from the uterus, taking care to prevent contamination.
- Remove tissue from the opening in the cannula using sterile or HLD forceps.
- Reinsert the cannula using no-touch technique.
- Reattach the aspirator and continue the procedure.

Caution: Never try to unclog the cannula by pushing the plunger back into the cylinder.

If the aperture of the cannula is accidentally withdrawn from the uterus beyond the external os, remove the cannula, taking care not to contaminate it through contact with the vaginal walls or other non-sterile surfaces:

- Detach the aspirator from the cannula, empty the aspirator, then re-establish vacuum.
- Reinsert the cannula if it has not been contaminated.
 - If contamination has occurred, insert another sterile or HLD cannula.
- Reconnect the aspirator, release the vacuum and continue aspiration.

Other reasons why the aspirator might not hold a vacuum are:

- incorrect assembly
- a defective aspirator
- the need for a larger cannula to create a tighter seal in the cervix