# Specifications

## Generator & Cooling Pump

| | |
|---|---|
| Product Code | V-1000 |
| Protection Class | I |
| Protection Type | BF |
| Input Power Voltage | AC220V ~ 240V |
| Input Power Frequency | 50/60Hz |
| Maximum Input Power | 300VA |
| Output RF Frequency | 480kHz |
| Output RF Power | 140W |
| Measuring Temperature | 0 ℃ ~ 200 ℃ |
| Load Impedance Range | Z=25~1000 Ω at 480kHz |
| Alarm Sound | 65dB |
| Software Type | Type G (Auto, Temperature, Manual Mode) |

V-1000

RFP-300

## Electrode

| Product Code | Diameter | Length | Exposure | Type | Application |
|---|---|---|---|---|---|
| BTM 3510Q(B) | Φ1.65mm | 35cm | 1.0cm | Internally Cooled Fixed Tip | Uterine Fibroids |
| VCTM 35XXB | Φ1.65mm | 35cm | 0.5cm ~ 4cm | Internally Cooled Variable Length Tip | |

Note. Patient grounding pads and pump tubing required for the procedure is supplied with the electrode.

Distributor:


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Email: overseas@rfa.co.kr
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RFCT-005(M) Rev. 4 (2023.03.20)

CE 1639

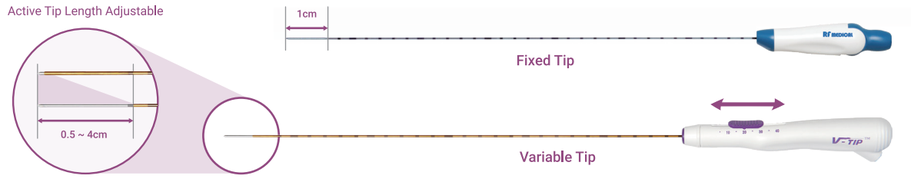
# MYOBLATE™

## RADIOFREQUENCY ABLATION FOR UTERINE FIBROIDS

# Radiofrequency Ablation for Uterine Fibroids

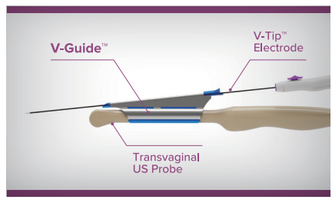
## MYOBLATE™ RF Electrodes

To match your procedural needs and preferences, there are 2 electrode options for uterine fibroids. Both electrodes have a hyperechoic tip for enhanced visibility and identification under ultrasound. The fixed tip electrode has a 1.0 cm active tip length for a fixed size ablation zone. The variable tip electrode has an active tip length from 0.5 cm to 4.0 cm which can be adjusted using a thumb control depending on the required ablation zone size.




## V-Guide™

The non-conductive guide allows the electrode to be inserted parallel to the ultrasound and facilitates fibroid targeting.




**01** Helps to target the uterine fibroid

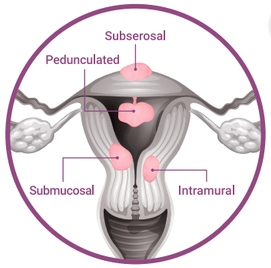
**02** Universal fit, disposable and easy to use

** V-guide is not yet available for sale in EU*
** Patent pending*

## Types of Uterine Fibroids and Ways to Approach

Myoblate™ offers a multi-modal approach. Choose the best approach depending on the patient pathology, fibroid type and clinical preferences, and tailor the procedure to each patient.

**Types of Uterine Fibroids**

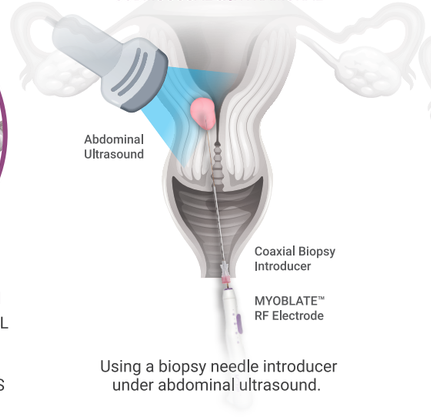



**01 Submucosal & Intramural**
TRANSVAGINAL, TRANSCERVICAL

**02 Subserosal**
LAPAROSCOPIC, PERCUTANEOUS

**Transcervical**

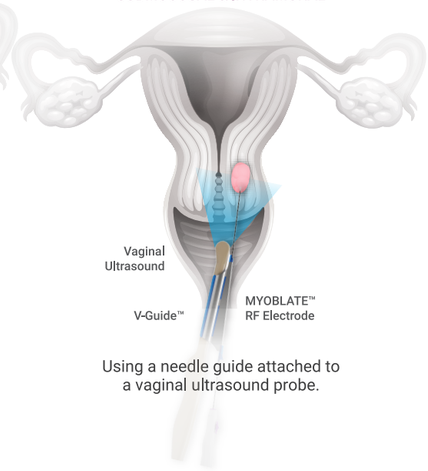
SUBMUCOSAL & INTRAMURAL




Using a biopsy needle introducer under abdominal ultrasound.

**Transvaginal** (Most Common Approach)

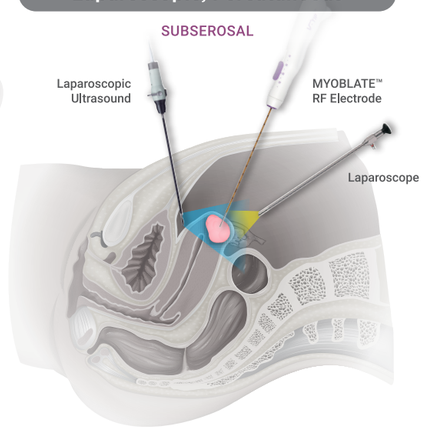
SUBMUCOSAL & INTRAMURAL




Using a needle guide attached to a vaginal ultrasound probe.

**Laparoscopic, Percutaneous**

SUBSEROSAL




## Features & Benefits

- Minimally-invasive
- Uterus preservation[1, 2]
- Choose the best approach for each patient with multi-modal approach
- Compatible with existing ultrasound set ups
- Equipped with V-Guide™ *
- Precise targeting
- Hyperechoic tip for clear identification
- Low risk of complications [1, 2]
- Low recurrence rate [3]
- Repeated procedure is possible
- Fast & simple procedure
- Outpatient procedure
- Rapid recovery [1, 2]
- Reduced blood loss and pain
- Quicker symptom relief than traditional surgical options [1]

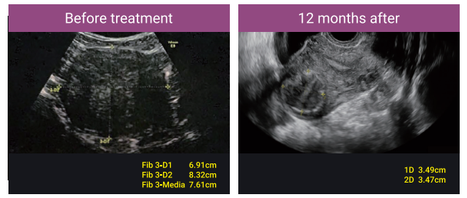
[1] Hyun Hee Cho, MD, PhD, Mee Ran Kim, MD, PhD*, and Jang Heub Kim, MD, PhD. Outpatient Multimodality Management of Large Submucosal Myomas Using Transvaginal Radiofrequency Myolysis. Journalof Minimally Invasive Gynecology, Vol 21, No 6, November/December 2014

[2] Chung-Hoon Kim, So-Ra Kim, Hyang-Ah Lee, Sung-Hoon Kim, Hee-Dong Chae, and Byung-Moon Kang. Transvaginal ultrasound-guided radiofrequency myolysis for uterine myomas. Human Reproduction, Vol.26, No.3 pp. 559–563, 2011

[3] Young Lee, MD, PhD, Hyun Hee Cho, MD, PhD, Jin Hong Kim, MD, PhD, Jang Heub Kim, MD, PhD, Mee Ran Kim, MD, PhD, Young Ok Lew, MD, PhD, and SungJin Hwang, MD, PhD. Radiofrequency Thermal Ablation of Submucosal Leiomyoma: A Preliminary Report on Health, Symptom, and Quality of Life Outcomes. JOURNAL OF GYNECOLOGIC SURGERY. Volume 26, Number 4, 2010

Uterine fibroids, also known as myomas, are very common benign tumors, especially in women in their 40s and early 50s. Myoblate™ is to treat uterine fibroids safely and effectively.

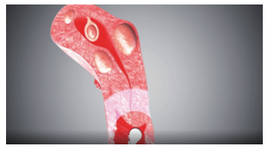
The procedure is minimally-invasive, using targeted RF ablation to quickly relieve symptoms, slow or stop the growth of fibroids and reduce fibroid volume over time.





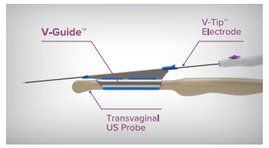


## Procedure Steps *Transvaginal Approch*



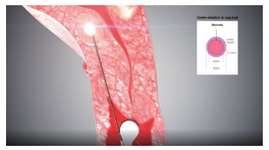
### STEP 1

The physician uses the ultrasound system to confirm the size and location of the uterine fibroid(s).



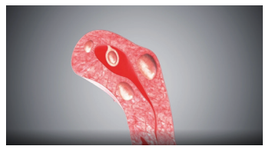

### STEP 2

After detecting the fibroids, the RF electrode is attached to the transvaginal ultrasound probe using a non-conductive guide and inserted through the vaginal canal.



### STEP 3

The RF Electrode is safely placed into the uterine fibroid and radiofrequency energy is delivered to treat it.



### STEP 4

After confirming that all fibroids are treated, the electrode is removed. Patients are normally released within a few hours, and experience progressive symptom relief and continual improvement over time.