

# PIPELLE DE CORNIER®

helps to clear a stenosed cervix.

- Slide the Pipelle de Cornier® gently through the cervix up to the uterine fundus. The 4 guide-mark indicates the beginning of the uterine cavity. The 7 guide-mark will generally indicate that the fundus has been reached.
- Draw back the piston to the end of the biopsy cannula until it self locks to create a negative pressure.
- Sweep the uterine fundus slowly several times up to the internal orifice of the cervix, using regular to-and-fro movements while rotating the sampler to include the whole uterine cavity in the specimen.
- Continue until fragments of uterine mucosa appear within the sheath, which generally takes 30 seconds. If the Pipelle de Cornier® "slips" before the end of the procedure, it means the sheath is full. In this case, a second Pipelle de Cornier® must be used to explore the rest of the cavity.
- Remove the Pipelle de Cornier® fully.
- To recover the histology specimen, push the plunger to release the whole content in a vial containing the fixative solution.

## V - REFERENCE

REF 1.103.000 PIPELLE DE CORNIER® box of 25 units

Manufactured by **PRODIMED**  
60530 – Neuilly-en-Thelle – FRANCE

Imported by CCD International  
88 Eliot Street,  
NATICK, MA 01760

Distributed by SEPAL Reproductive Devices, Inc.  
201 South Street, 6th Floor Boston MA 02111

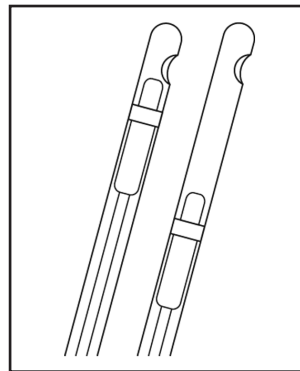


[www.ccd-international.com](http://www.ccd-international.com)



**C.C.D. International**  
*Expertise in women's health*

# PIPELLE DE CORNIER®



STERILE|EO



**C.C.D. International**  
*Expertise in women's health*

Made in France  
X2998

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## I - DESCRIPTION

### *the Pipelle de Cornier® includes:*

- A flexible, transparent polypropylene sheath, 3.10 mm in external diameter, 2.6 mm in internal diameter and 23.5 cm long, with a lateral orifice 2.1 mm in diameter in its distal portion and four markings 4, 7, 8 and 10 cm from this extremity. Its proximal end is indented to stop the plunger.
- An internal EVA plunger, which slides up and down when pushed by a flexible acetal resin shaft.
- Single use.
- Latex free.
- Individual packaging.
- Sterilized with ethylene oxide.

## II - INDICATIONS

The Pipelle de Cornier® generally requires no local anesthesia or cervical dilatation. As the sampling procedure is painless, the Pipelle de Cornier® can be used for systematic screening programs in women at risk.

### *The Pipelle de Cornier® is indicated for the following procedures:*

- Systematic screening for endometrial cancer and hyperplasia
- Detection of luteal phase insufficiency
- Monitoring endometrial effects of hormone treatments
- Menometrorrhagia with or without HRT
- Screening in premenopausal or postmenopausal women
- Investigate endometrial hypertrophy detected by ultrasonography
- Investigate polyps
- Monitor Tamoxifen treatment
- Bacteriological culture to identify pathogens.

## III - CONTRAINDICATIONS

### *Suspected pregnancy:*

Evidence of an on-going pregnancy provided by an ultrasound examination or serum hCG levels is an absolute

contraindication to using the Pipelle de Cornier®. As a precautionary measure, it is therefore advisable to rule out a pregnancy in women with childbearing potential and not using an effective method of contraception, by performing a serum hCG assay and an ultrasound examination less than 15 days prior to the endometrial biopsy.

### *Suspected infection of the upper genital tract:*

In patients with an infection of the upper genital tract, the Pipelle de Cornier® may be used to sample endometrial tissue, to diagnose a secondary infection of neoplastic tissue, or just to collect pus for bacteriological culture. In this case, special care is warranted to avoid, even more than usual, any risk of perforation of the uterus. Ultrasound examination before or during the procedure is strongly recommended. No force must be applied if unusual resistance is met when introducing the Pipelle de Cornier®.

### *Cervical stenosis:*

In many women on HRT the cervix is stenosed. In women bleeding on SERM therapy or with abnormal or atrophic endometrium, local anesthesia using a small dilator (up to CH 4) can be helpful. In most cases, the sampling procedure will cause no discomfort provided it is performed gently and slowly to allow enough time for adequate dilation.

### *Very large uterus:*

If the uterus is very large (over 15 cm by hysterometry, or corpus uteri length over 10 cm), the screening procedure is less reliable. In this case, ultrasonographic examination of the uterus to determine its position, shape, and size prior to the attempt is recommended, when available.

## IV - INSTRUCTIONS FOR USE

- The Pipelle de Cornier® can be shaped before taking it out of its sterile packaging. The resilience of the material helps the device retain a given convexity to fit a uterine ante flexion or retro flexion.
- Disinfect the cervix thoroughly.
- In most cases, Pozzi forceps are not necessary. In postmenopausal women, a local anesthesia with xylocaine