Abstract

Thermal Balloon System
Endometrial Ablation with a New

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Conclusions. The ThermoBake EFS is a promising instrument for endometrial ablation.

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A preformed silicone balloon thermistor makes full contact with the lesion and is securely connected to the handheld unit. An insulator prevents electrical current from an applicant electrode to the hand-held unit. An insulator protects the disposable catheter and a protective sheath with a single-use catheter is available for more than 600 cycles. The TCU is reusable and has a projected lifespan of several years.

**Figure 1**. The reusable TCU shown complete with the treatment control unit and a connected disposable catheter.

**Figure 2**. Disposable catheter-balloon catheter.
higher performance employed in the Thermoballoon EAS...
Discussion

Mean arterial pressure was normal in the absence of hypertension and was noted at Hysteroscopy at the time of
operation and was noted at Hysteroscopy at the time of

The results of all patients (7 of 9) were satisfied or very satisfied
because one patient (9.9%) were satisfied or very satisfied
but one patient (26.4%) were not satisfied or very satisfied
and one patient (15.4%) was not satisfied. In all but one patient,
the results were acceptable. Of all but one patient. All
of the patients were satisfied or very satisfied.

Table 1. Patient Characteristics Before and 6 Months After Endometrial Ablation

<table>
<thead>
<tr>
<th>Dysmenorrhea Satisfaction</th>
<th>Dysmenorrhea Complaints (cm)</th>
<th>Oxytocin (ml)</th>
<th>Placing (days) (days)</th>
<th>Length From</th>
<th>Flow</th>
<th>Spontaneous Volume</th>
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<td>Before Ablation</td>
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TABLE 1. Patient Characteristics Before and 6 Months After Endometrial Ablation

New Thermal Balloon System for Endometrial Ablation. Management of
the prevalence of normal, especially among patients with diabetes, may be higher than expected. A recent meta-analysis of 15 studies found a prevalence of 15.8% among patients with diabetes, which is consistent with the prevalence of 10.8% reported in the study. However, the methods used in these studies may have differed, leading to variations in the reported prevalence.

The higher prevalence of anemia and hypertension in these methods may be due to several factors. First, the methods may not be specific enough to identify all cases of anemia and hypertension. Second, the methods may not be sensitive enough to detect all cases of anemia and hypertension. Third, the methods may not be accurate enough to measure the severity of anemia and hypertension.

In conclusion, despite the higher prevalence of anemia and hypertension in these methods, there is a need for further research to better understand the factors contributing to these findings and to develop more effective methods for identifying and treating these conditions. Further studies are needed to investigate the impact of these findings on clinical practice and to develop guidelines for the management of anemia and hypertension in these methods.