

Endosee[®] Advance

See now. Know now.[™]

Advancing the in-office evaluation of abnormal uterine bleeding.



Abnormal uterine bleeding: Notable statistics and diagnostic workflow

The primary causes of AUB have been estimated to be^{1,2}:

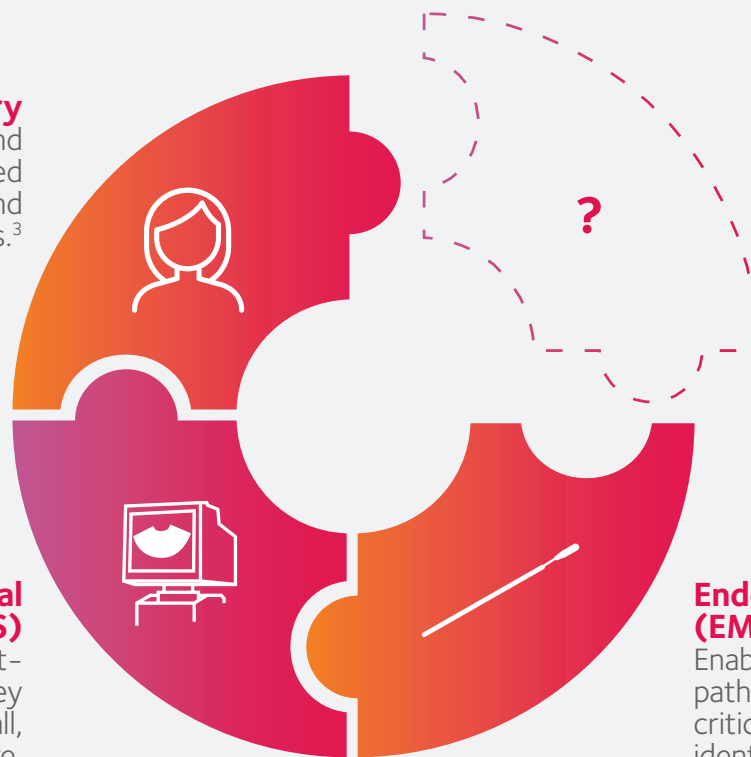
20% – 40% AND **60% – 80%**
structural abnormalities non-structural causes

AUB evaluation benefits from a systematic approach using well-established diagnostic tools. However, the ability directly visualize abnormalities remains absent, which can prevent a complete diagnostic assessment.³

Patient history
Guides suspicion and informs next steps based on bleeding pattern, and risk factors.³

Transvaginal ultrasound (TVUS)
Provides essential first-line imaging offering key insights into uterine wall, overall structure, and ovaries.³

Endometrial biopsy (EMB)
Enables sampling for pathology and plays a critical role in potentially identifying malignancy.³



Standard approaches to AUB evaluation may leave questions unanswered

While **EMB** and **TVUS** may be necessary in the diagnosis of AUB, understanding their limitations is important for recognizing when additional diagnostic insight may be needed.



EMB, the current standard of care, has a high overall accuracy in diagnosing endometrial cancer, when⁴:

- An adequate specimen is obtained
- The endometrial process is global

<5% of the uterus is sampled during a blind EMB.⁵

~30% of samples collected via blind EMB are insufficient for diagnosis.⁵

ACOG notes that cancers occupying <50% of the endometrial cavity can be missed by blind EMB, making negative results an incomplete diagnostic endpoint that often requires additional evaluation.⁴



While **TVUS** provides valuable structural insights, it cannot directly visualize the endometrial surface.⁶

Key limitations:

- **Endometrial cavity detection**
TVUS has high sensitivity but low specificity for detecting any endometrial abnormality.⁷
- **Distinguishing lesion types**
Polyps may appear as endometrial thickening or focal masses, with submucosal fibroids having similar sonographic appearance, making differentiation challenging.⁸
- **Anatomical blind spots**
The cornual and fundal regions are far from the vaginal probe and present imaging challenges due to low resolution.⁹

Complete the AUB diagnostic framework with direct visualization

In-office hysteroscopy completes the diagnostic picture by allowing clinicians to inspect the uterine cavity, identify focal abnormalities, and assess structural abnormalities, providing patients with a clearer diagnosis.¹⁰

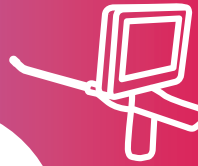
Patient history

Provides essential clinical context, although symptoms alone cannot identify the underlying pathology.³



In-office hysteroscopy

Provides direct visualization of the endometrial lining, enabling diagnosis of focal lesions that may be missed by EMB, TVUS, and saline-infused sonohysterography (SIS).¹⁰



TVUS

Provides structural imaging of the uterus, but cannot directly visualize the endometrial surface or distinguish between similar-appearing lesions.^{3,8}



EMB

Samples the endometrium and can detect various endometrial pathologies, but a negative result alone is insufficient for definitive diagnosis.^{3,4}

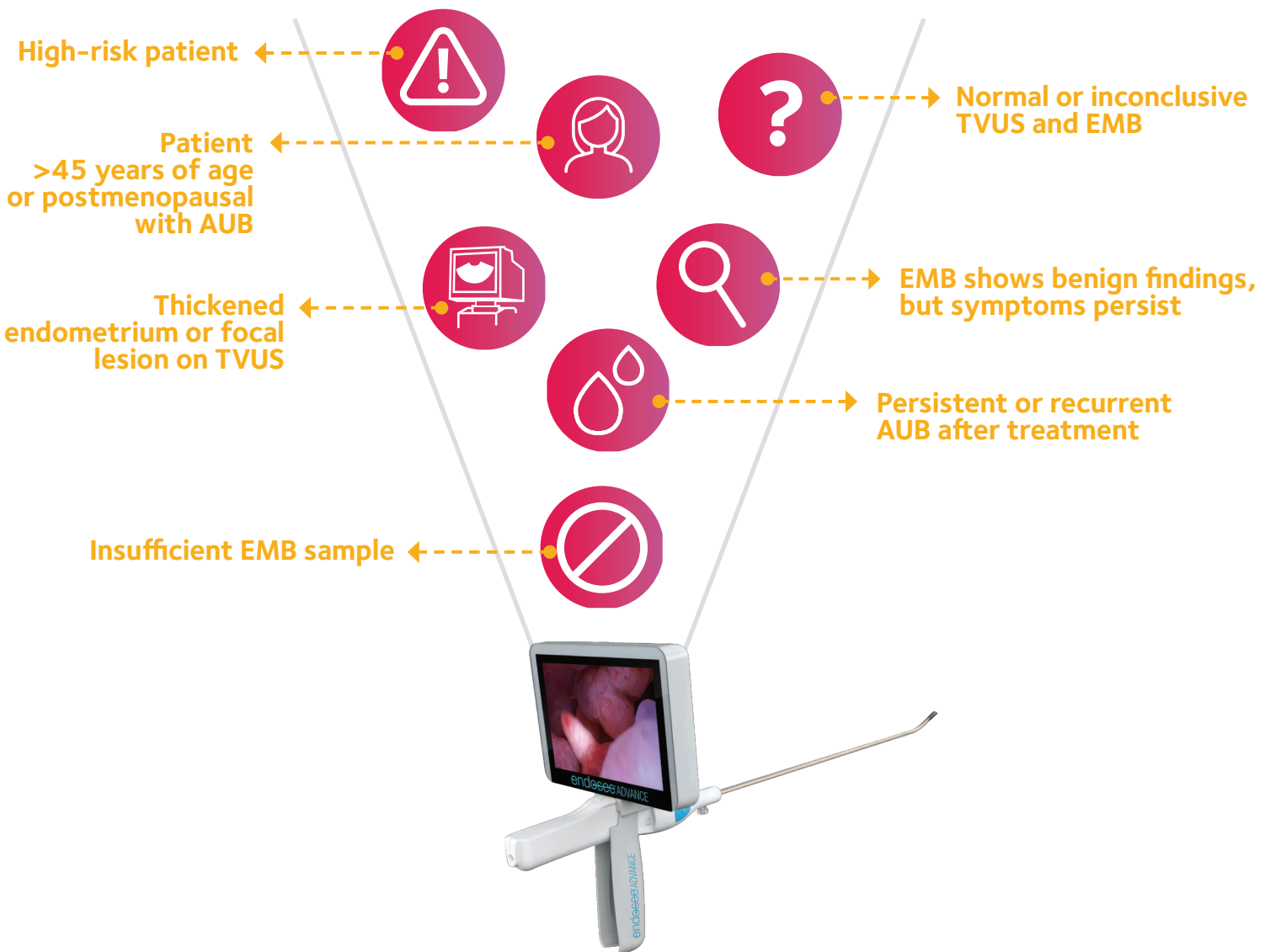


“By utilizing hysteroscopy in the evaluation of the intrauterine cavity, we have the opportunity to change the face of evaluation and treatment for abnormal uterine bleeding.”¹¹

– Linda Bradley, MD

Strengthen your AUB workflow with in-office hysteroscopy

Whether early in your evaluation or when initial results are unclear, in-office hysteroscopy helps provide more clarity when it's needed most. These common clinical scenarios may all benefit from in-office hysteroscopy to aid in diagnosis.⁶



In-office hysteroscopy⁶

Precision designed for your practice

“The handheld unit can be carried comfortably in the typical white coat pocket.”¹²

– Ted Anderson

Features of Endosee® Advance include ¹³:

Reusable display module with large, high resolution color LCD touchscreen

Exceptional image quality with new camera and light source every time—no lens degradation or sterilization concerns

Still image and video capture with transfer to computer and electronic health record systems

4.3 mm distal tip requires minimal dilation for improved patient comfort

Sterile, single-use cannula balances flexibility and stiffness for ease of insertion

Wireless, portable, and convenient to use in any room

Ergonomic handheld design for control and ease of use

Working channel compatible with 5Fr therapeutic instruments, including:



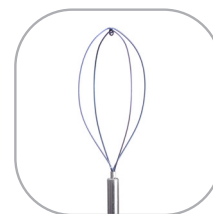
Single action scissors



Alligator grasper forceps



Biopsy forceps



Disposable retrieval snare

Clinical benefit:

See clearly, diagnose confidently

The first time you directly visualize the uterus can be in your office.

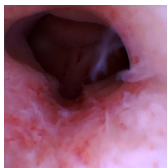


Advanced optics deliver exceptional clarity and a wide field of view for more precise evaluations.¹³

Vivid color display facilitates identification of structural causes of AUB.¹³

Intuitive controls help maintain smooth, stable imaging—even for first-time users.¹³

With Endosee® Advance, you can:



Visualize tissue directly to determine if targeted biopsy is needed.¹¹



Confirm structural abnormalities.¹¹



Achieve superior diagnostic accuracy with enhanced sensitivity and specificity.⁷



Make confident treatment decisions at the point of care visit. Endosee Advance can elevate your diagnostic capabilities by providing instant endometrial imaging guided by direct visualization.¹¹

Patient benefit:

Reduce patient worry and increase diagnostic confidence

Lessen patient anxiety

Patients can undergo procedures in the familiar setting of their doctor's office.¹⁴

Minimize financial burden

Patients may avoid unnecessary operating room (OR) visits and associated costs.¹⁴

Faster recovery

Patients report faster recovery times versus OR cases, enabling them to turn to their daily routines sooner.¹⁴

Same-day answers

Immediate diagnostic information to help you determine next steps.¹⁴

Higher patient satisfaction

Patients report greater satisfaction versus OR-based procedures.¹⁴

Reduce risks associated with general anesthesia

Patients can avoid the adverse effects of general anesthesia.¹⁴



Endosee Advance provides immediate diagnostic information potentially avoiding hospital visits, resulting in faster recovery than the OR and providing patients peace of mind.¹⁴

Operational benefit:

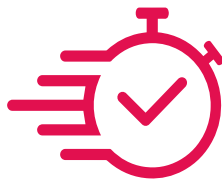
Transform any room into a hysteroscopy-ready space with the Endosee Advance

Endosee® Advance enables seamless integration into any standard exam room, designed for convenient use without requiring special set up.¹⁵

See now

Direct in-office inspection of the endometrium for uterine health concerns in

< 3
minutes¹⁶



Average total time doctor is in exam room is

≤ 13
minutes¹⁶

Know now

Progress patient care by identifying the next step and whether surgical intervention is necessary.¹¹



Endosee® Advance is a portable, all-in-one hysteroscopy system with single-use cannula that can enable real-time diagnosis and treatment in the office—improving efficiency and workflow without the need for the operating room or general anesthesia.^{13,15}

Practice benefit:

Capture value and reduce costs with Endosee® Advance

By bringing hysteroscopic procedures in-office, your practice can capture additional revenue streams while reducing patient financial burden compared to hospital-based alternatives.¹⁷

Office-based hysteroscopy has been shown to reduce costs by approximately 50% compared to OR procedures.¹⁸

↓ \$ 50%

In a study of 130 AUB patients at two outpatient clinics:

58%

avoided the OR with in-office hysteroscopy.¹⁷

Endosee® Advance procedures are coded and reimbursed as hysteroscopy.¹⁹

	CPT Code	Description	Work RVUs (Facility)	Work RVUs (Non-Facility)
Hysteroscopy ¹⁹	58555	Hysteroscopy, diagnostic (separate procedure)	X.XX	X.XX
	58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with/without D & C	X.XX	X.XX
	58562	Hysteroscopy, surgical; with removal of impacted foreign body	X.XX	X.XX
EMB ²⁰	58100	Endometrial sampling (biopsy) with/without endocervical sampling, no cervical dilation, any method	X.XX	X.XX
	58120	Dilation and curettage, diagnostic and/or therapeutic (non obstetrical)	X.XX	X.XX

Zero day global periods

CPT **58555** and **58558** have "0" day global periods, meaning no restrictions on additional billing post-procedure.¹⁹

Note that the reported RVUs are based on the 2025 coding guide.

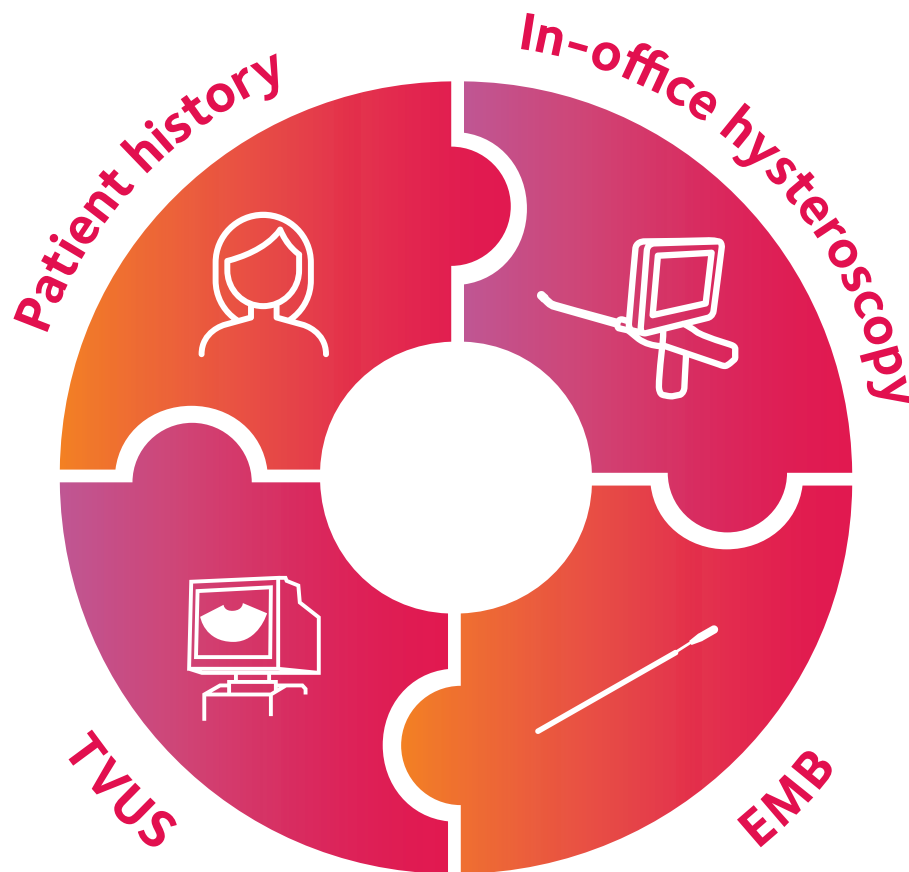
Visit <https://www.endosee.com/features/resource-center/> to see the latest reimbursement guide for the Endosee Advance



With Endosee® Advance, you can deliver high-quality, cost-effective care, while capturing revenue that would otherwise be sent to the OR.¹⁷

Complete your AUB diagnostic workflow with **Endosee® Advance**

Endosee Advance is designed to help complete the diagnostic workflow for AUB and increase confidence of diagnosis for patients.



Strengthen your clinical practice with:



Direct visualization capabilities¹¹



Convenient in-office procedure¹⁵



Improved patient experience¹⁴



Cost reduction benefits¹⁸

Additional References

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Join the growing community of physicians successfully integrating **Endosee Advance** into their practice



Integrate in-office hysteroscopy into your practice to transform diagnostic capabilities while enhancing efficiency and patient satisfaction.



Scan for more information.

Endosee® Advance

by  CooperSurgical®

800.243.2974

www.coopersurgical.com

75 Corporate Drive

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IMPORTANT SAFETY INFORMATION

Endosee® Advance Direct Visualization System is indicated for viewing the cervical canal, uterine cavity, or female urinary tract, for the purpose of performing diagnostic and therapeutic procedures. Hysteroscopy is contraindicated in patients with known or suspected pelvic inflammatory disease. Hysteroscopy may be contraindicated in patients with inability to distend the uterus, cervical stenosis, cervical/vaginal infection, uterine bleeding, or menses, known pregnancy, invasive carcinoma of the cervix, recent uterine perforation, or intolerance to anesthesia. Cystoscopy is contraindicated in patients with severe coagulopathy or febrile patients with urinary tract infection. Please refer to Instructions for Use for more information.