



GYNOLASER PROCEDURAL INFORMATION

CONTRAINDICATIONS FOR TREATMENT

1. Any local or systemic disease
2. Abnormal recent PAP smear
3. Mensus PATIENT

PREPARATION

1. A full and concise consultation and examination is to be provided by the Physician performing the procedure. This includes taking a thorough patient history.
2. A recent (within 2 weeks) negative PAP smear needs to be sighted
3. Informed Consent needs to be signed by the Patient.
4. In the procedure room, the patient removes the bottom half of her clothes (optional if the top half is removed and replaced with a gown), uses baby wipes to clean vulval region, and then gets onto the procedure bed and places a sheet over the lower half.
5. Once on the procedure bed the Dr and Nurse return to the room.

THE PROCEDURE

1. Ideally the patient needs to be placed in the Lithotomy position.
2. If the vulval region is going to be treated a topical anaesthetic needs to be applied for the required incubation period. No anaesthetic is required for vaginal ablation.
3. After the required incubation period, remove the topical anaesthetic and thoroughly clean the area. Using a few large cotton (mouth) swabs, clean and dry the vagina to remove all secretions or moisture.
4. Gently insert the sterile handpiece into the vagina until the tip hits the uterine cervix.
5. Set the treatment areas as 8x8mm & 70-100mj (0.8mm distance) and irradiate then rotate the handpiece clockwise or anticlockwise 1 notch (45°), fire, then repeat this 8 times so that a full circle rotation of 360° is achieved.
6. Retract the handpiece 8mm then repeat Step 5-6 until you have retracted to the introitus.

NOTE: It is advisable to remove the handpiece halfway during the treatment to inspect and clean the handpiece tip and replace to resume the procedure.

NOTE: The length of withdraw should be decided based on the treatment size. For example, if you set the treatment area as 5mm, withdraw the probe as 6mm base.

7. At the introitus, the treatment can start to become painful so it's important to monitor the patient. The energy may need to be reduced. Clasp the tissue around the handpiece can help alleviate the discomfort without having to reduce the energy.

8. Remove the handpiece and if treating the vulval region, change the tip to the whitening/vulval tip and treat accordingly.
9. Clean and sterilise the handpiece and tips

POST CARE

1. For Vulval treatment, apply appropriate post laser gel or antibiotic ointment. Ice packs may be required. No tight underwear for 7 – 10 days.
2. For Vaginal treatments, the use of cicatridina suppository is required after the treatment: <http://www.cicatridina.com/products/12-products/15-suppositories.html>.
3. Avoid sexual intercourse for 5 - 7 days
4. Avoid baths for 7 days
5. Any pain, heat, or swelling in the treatment area or fever and malaise, please contact the Clinic.
6. Re-treat in 4 weeks

TEMPORARY DISCOMFORT POST TREATMENT

1. Increased vaginal secretions during first 2 – 3 days after treatment
2. Burning sensation after vulval treatment

PROBE STERILISATION PROCEDURE

1. As soon as possible, rinse, disinfect and clean the probe after each use
2. Manually brush remove any debris that may be present, taking care not to damage the mirror inside the probe
3. Make sure the probe is clean both outside and inside
4. After scrubbing, rinse the probe thoroughly to remove any cleaning solution or soapy residue
5. Inspect the probe and make sure surfaces are visibly clean and free from stains. Allow to air dry
6. If probes are to be stored prior to sterilisation ensure that they are stored in a clean and dry environment
7. Sterilise the probe with autoclave moist heat (steam cycle) at 121 degrees C for 15 minutes as a minimum

CAUTION: Disinfected probes are NOT STERILE. Never expose the probe to bleach or other corrosive chemicals. Exposure to bleach may result in the surfaces pitting and void all manufacturer warranties.