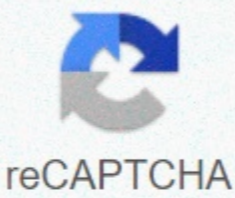




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What does reciprocal mean in math dictionary

universal connector to connect to suction devices • Available in sizes 4mm – 12mm Packing • Sterile, individually packaged in peelable bag pack. • A single valve syringe pack consists of: 1 single valve syringe, lubricant oil and 6, 7, 8, 10mm cannula. • A double valve syringe pack consists of: 1 double valve syringe, connectors, lubricant oil and 4, 5, 6, 7, 8, 9, 10, 12mm Cannula • Full pack is finally packed in a box. • Cardboard of 50 boxes. • Gross weight: 24kg • Master Carton size: 640 x 398 x 825mm The Marie Stopes® MVA kit is used to evacuate the contents of the uterus, or to obtain specimens for pathological examination. The vacuum cleaner consists of a 60cc syringe cannon, a cutter with handle, a rubber ring, a neck stop, a locking valve with removable silicone lining and valve cover. The kit contains a syringe and two cannulas. Depending on the order, the MVA kit can be queued to include different numbers of cannulas and syringe. Kit 5+4: One MVA Syringe + 4#, 5# Cannula one kit every 5+5: One MVA Syringe + 5# Cannula two 5+6 Kit: One MVA Syringe +5#, 6# Cannula one each 5+7 Kit: An MVA syringe +5#, 7# Cannula one each Name of the to operateBasat in the week of pregnancy,MVA kits are suitable for the following: •Surgical abortion within 10 10 One-time Marie Single Use Stops Manual Vacuum Suction Kit Manual Vacuum Suction Kit Autoclavable Multicre Surgical Products Corporation is Supplier of Manual Vacuum Aspiration Kit Autoclavable. Simple/ Autoclavable pinch valve valve with dual-pinch blockable/hinged valve mount for termination of early/advanced autoclavable translucent pregnancies and calibrated 60 ML poly propylene syringe cannon with removable piston and piston rubber ring, plunger with ergonomic back handle non-autoclavable immersion stop clip. All double pinch valve of propiline body smooth casing linear silicone valve. High performance device for termination of early/anticipated pregnancies Vacuum generation – Produces vacuum above 26/hg. And it keeps up to more than 30 minutes when it stays closed. Spare parts and Accessories- 1 No. Spirator with double pinch valve together with an Instruction manual in English for assembly, cleaning, sterilization, creation and retention of vacuum and how to connect adopters / cannula another aspirant and evacuate from 6 no. self-acclaimed adopters winged and encoded with colors comprising 4mm, 5mm, 6mm, 8mm, 9mm, 10mm 12mm. Aspiration of manual vacuum non-electric abortion machine Making abortion by hand Less pain Marie Stop MVA MVA Kit Karman, MVA series products are high level medical polyethylene, polypropylene, skin-friendly material, has a reassuring material, soft, adequate, clean, simple, convenient, quiet, flexible, caring, respect for unique properties. Manual vacuum aspiration (MVA Kit) Price MSLMVA1 : mva abortion syringe cost characteristic Reduce risk 1. Less bleeding, low pain, low damage, rapid postoperative recovery. 2. To get the type of physical and mental surgery, safer. Improve efficiency 1. without dilation, curettage 2. Comfortable and flexible to operate. Quiet operation 1. The whole operation without noise. 2. Creation of a relaxed and harmonious environment for the operating room. Single-use 1. Prevention of infection, reduce the workload of medical personnel. 2. Reduce the cost of surgery, to earn the reputation of MSL TEAM image MSL Certified MSL Medical Cooperate with DHL, FEDEX, UPS, EMS, TNT, etc. International shipping company, make your goods arrive safely and quickly. A manual vacuum suction abortion (MVA) or an electric vacuum suction abortion (EVA) are types of abortions in the clinic that can be performed up to 14 weeks (MVA) and 15 weeks (EVA) of pregnancy. This page details information about these abortions procedure. What is a manual vacuum aspiration (MVA) abortion? Manual vacuum aspiration (MVA) is a very safe method of abortion for pregnancies in the first trimester, and/or first trimester all the way up to 14 gestation [1]. The gestational age limit for MVA often depends on the clinic, as well as the healthcare provider performing the procedure. MVA is made by a supplier in a clinic. During the procedure the doctor uses instruments, including a silent suction device, to remove pregnancy from the uterus. Most commonly this procedure is performed using local anesthesia while the woman is awake, and usually takes between 5 and 10 minutes. The woman is likely to experience cramps during the procedure, and there may be some bleeding in and out for several days or weeks afterwards. MVA is manual vacuum aspiration, but could also be known as surgical abortion, aspiration abortion, aspiration abortion, abortion vacuum aspiration procedure, or abortion at the clinic. [1] What is an electric vacuum aspiration abortion (EVA)? Electric vacuum aspiration (EVA) is a safe method and very similar to manual vacuum aspiration (MVA). EVA can be used for pregnancies in the first trimester, and/or first trimester. EVA is performed by a supplier trained in a clinic. During the procedure the doctor uses instruments, including an electric vacuum suction to remove pregnancy from the uterus. The main difference between EVA and MVA is that electricity is used to create suction to eliminate pregnancy. Because EVA requires electricity, it may not be available in low-resource environments. When available, doctors can use this EVA method as the gestational age increases after 10-12 weeks because it allows the doctor to perform the procedure more quickly than MVA, there and thus decreases the duration of the procedure for the woman. Another significant difference is that there is noise associated with the EVA machine as it uses electricity. [2] What happens during a manual vacuum aspiration abortion procedure?1/ Medication against a vacuum aspiration abortionThe World Health Organization (WHO) recommends administering antibiotics before manual vacuum aspiration and electric vacuum aspiration. This helps reduce the risk of infection. [1] However, if antibiotics are not available, a vacuum aspiration abortion can still be performed safely. Clinics can also choose to give an oral medication to help with cramp pain, such as ibuprofen. [2]2/ In preparation for vacuum aspiration abortion During a clinical visit for a manual vacuum suction abortion (MVA) or an electric vacuum suction abortion (EVA), there are often steps in preparation for the procedure including (but not limited to) [2]:P rova pregnancy orinadetermination of blood type rh Manual pelvic examination and/or ultrasound to estimate gestational age Blood pressure measurement Some additional tests can be performed based on the specific requirements/laws of each geographic location.3/ During manual vacuum aspiration abortionStep 1. Manual procedures vacuum aspiration (MVA) or electric vacuum aspiration (EVA) will begin with a pelvic or especulum examination. Step 2. A local anesthesia is most commonly injected alongside the 3. The doctor will begin to dilate the cervix with instruments called cervical dilators. These dilators gradually increase in size, and this step is guided by the number of weeks of pregnancy pregnancy. Step 4. Once the desired dilation is achieved, the doctor will use a silent, hand-held suction device called Ipas for an MVA, or an electrical device for an EVA to perform aspiration and eliminate pregnancy. Step 5. After pregnancy elimination, the provider can choose to do an ultrasound, and then the woman is allowed to rest. For women who have the procedure with only local anesthesia, recovery time is usually less than 30 minutes. For women who were given a sedation drug for the procedure, recovery time may be a little longer (30-60 minutes) while the effect of sedation decreases. Once the recovery of abortion in the clinic is complete, the woman is sent home. Some clinics may request that you have an escort or someone with her to get home, but that depends on the clinic. [2]5/ Post-abortion care after manual vacuum aspiration abortion After a safe abortion at the clinic, women are often offered a follow-up visit, and although this is not necessary, each woman should listen to her healthcare provider's recommendation. There is no medically proven amount of time a woman has to wait to do specific activities, including shower/bath, exercise, sex, or the use of tampons. In general, it is advised that at least until bleeding is relieved after the procedure, the woman should avoid introducing objects into the vagina including tampons and menstrual cups, and avoid intense physical activity. Every woman can return to her normal activities as tolerated, and every woman will be different. Before leaving the clinic, women should be offered information about contraceptive methods. Most forms of contraception can be initiated immediately, however, a discussion should take place regarding each woman and her choice of method. Clinics should provide women with contact information, in case they have questions or concerns after abortion. [2] To find the right contraceptive methods of your choice, visit www.findmymethod.orgThe manual vacuum suction equipment (MVA) used during manual vacuum breathing (MVA) involves the use of a convenient hand device called Ipas. Ipas is a silent and aspirational device used to suck pregnancy. [2] More information about the Ipas device can be found here. The electric vacuum suction equipment (EVA) used during proceduresThe electric vacuum aspiration (EVA) uses a machine that creates suction, which is connected to a tube that the doctor inserts through the aspiring pregnancy. The EVA device often creates a buzz/buzz noise during suction. Most common side effects of vacuum aspiration abortionsThe most common pain associated with vacuum aspiration abortions are strong cramps experienced by women during the procedure. Often this ramp will improve rapidly afterwards, but some women may experience almem cramps for a few days or weeks. This side effect is best managed with NSAIDs drugs such as ibuprofen. Local anesthesia is often used during vacuum aspiration abortions, and this helps numb the area around the cervix to relieve some of the pain during the procedure. [1] Most women will experience bleeding and cramp during and after vacuum aspiration abortions, these symptoms will gradually improve in the days after the procedure. It is also common to experience many different emotions after an abortion in the clinic, all of which are valid, and if the woman feels as if she needs additional help, she should seek counseling. [1] Risks of complications from vacuum aspiration abortions While vacuum aspiration abortions are very safe, there are still some risks to the procedure that include: heavy bleeding, infection, uterus injury and surrounding structures, incomplete abortion. These risks are very small when the procedure is performed by a trained doctor, but they are important to know when consenting to a procedure. A routine uncomplicated vacuum aspiration abortion procedure does not lead to future infertility. [1] After a vacuum aspiration abortion, there are some indications that women should pay attention and seek clinical attention in case of [2]:Severe bleeding (completely soaking 2 pads per hour for 2 hours in a row or more)Fever (more than 38C or 100.4F) more than 24 hours after procedureSevere, worsening pelvic painContinuated signs of pregnancy (increased nausea, breast tenderness, etc.) For more information Contact our counselors for more information about abortion in the clinic such as MVA or EVA procedure and receive support on the most appropriate abortion methods depending on your situation. You can also learn more about the other method, an abortion with pills if you are less than 11 weeks pregnant. by the safe2choose team and experts in support of the carafem, based on Ipas' 2019 recommendations, and who's 2012 recommendations.carafem provides convenient and professional abortion care and family planning so that people can control their children's numbers and spacing. Ipas is the only international organization focused solely on expanding access to safe abortion and care Who is a specialized United Nations agency responsible for international public health. Sources[1] World Health Organization (WHO). Safe abortion: technical and political orientation for health systems, second edition. 2012. 2012. from: jsessionId=F77B761669FC579124C1E9CA2CC3CFDB?sequence=1[2] Ipas. Clinical updates on reproductive health. 2019. Retrieved from: Last updated on 25/11/2020 25/11/2020

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