

C³ CERVICAL COLD COAGULATOR

Device for treatment of cervical lesions

WISAP[®]

- ✓ Revolutionary Device for efficacious treatment of cervical lesions
- ✓ Economic, fast and simple handling
- ✓ Better alternative than Cryotherapy

CLINICAL BACKGROUND

Treatment of cervical intraepithelial neoplasia (CIN)

CIN are characteristic changes in the cells of the cervix. These neoplasms are considered precancerous lesions or precursors of cervical cancer, which means that they can subsequently develop into cervical cancer. The extent of cell changes is based on a proposal by the WHO and is classified into three levels of severity (CIN 1 – low grade; CIN 2 – moderate in nature and CIN 3 – severe).

The major cause for development of CIN

The most important cause for the development of CIN is a chronic infection with human papillomavirus (HPV). HPV is very common in the population, particularly among younger women.

Regardless of screening strategy, access to effective treatment for women with cervical pre-cancer is crucial. In some countries, up to 80% of women diagnosed with cervical pre-cancer do not receive the recommended treatment.

Therefore it is crucial to implement a clinically tested and highly efficacious treatment method, which is easy to handle and cheap to run.

What is the difference between Cold Coagulation and Cryotherapy?

Both systems use temperature to destroy tissue and so both are considered to be ablative treatment methods. Cryotherapy uses a cool tip (below -50 °C) to destroy abnormal tissue. Cold coagulation on the other hand uses a hot tip.



TIMER FUNCTION
with visual and acoustic
feedback

TOGGLE HEATING
for power saving mode



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HOW DOES COLD COAGULATION WORK?

The treatment method of the thermo tip can be compared to the properties of a pan, used for cooking. The thermo tip is electrically heated to up to 100 °C. The tissue is destroyed by heat. The device controls the temperature to remain at the pre-set temperature for the duration of the treatment.

The probe has an anti-stick surface to make sure that no tissue will be stuck when retracting the probe from the cervix at the end of the treatment.

In a study, 1,628 women with CIN 3 were treated by the cold coagulator. The tip was heated up to 100°C and applicated for 20 s. The cure rate was 95%. In the same study, 97% of 485 women with CIN 1 and 96.5% of 680 women with CIN 2 were treated successfully. In a different study, 725 women with CIN 1, 2 or 3 were treated.

The probe was heated up to 120°C and applicated for 30-40 s. After the treatment, 87.2% of those women had a normal cystology and a long-term negative follow-up.

HOW EASY IS IT TO TREAT COLD COAGULATION-ELIGIBLE LESIONS?

Published data shows that cold coagulation treats cervical lesions as well or better than cryotherapy. No local anaesthesia is required, the system is easy to use and so treatment can be performed by a wide range of healthcare providers. Women can be treated right after a VIA, so only one visit is necessary ("see and treat").

ADVANTAGES FOR HEALTHCARE PROVIDER

- ✓ No gas required
- ✓ No power-grid required
- ✓ No autoclave required
- ✓ Simple handling
- ✓ Timer function
- ✓ Heat protection

