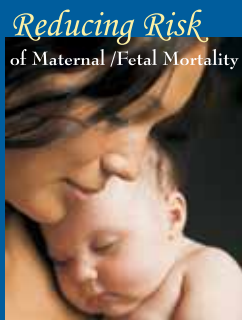


UTAH MEDICAL  
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What is your DEFINITION of SUCCESS in a  
VACUUM-ASSISTED OPERATIVE VAGINAL DELIVERY?

Maintaining tractive  
force without pop-offs?

OR

Minimizing procedure-  
related fetal injury?

Vacuum cup rigidity and shape creates a trade-off between allowed tractive force and fetal tissue safety.

- In more than 90% of deliveries where VAD is indicated, the fetus is OA, outlet station.
  - In this situation, access to the fetal occiput and cup application are routine.
  - Delivery should occur within two, or at most three, contractions. -If not, the procedure should be abandoned for C-Section.
  - Pop-offs may indicate incorrect vector of pull. -If not, CPD is likely and VAD should be discontinued.
- Use of more rigid mushroom-shaped or low profile cups should be limited (<10% VAD).
  - only for experienced surgeons choosing to apply VAD to more challenging conditions.
  - The most serious injuries are associated with the more difficult operations.

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TOUCH®

Soft Silicone Material

TENDER TOUCH®  
ULTRA

Two Bell-Shaped Configurations

U.S. Patent #5,224,947

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| 303TTL | Tender Touch Ultra Silicone Cup (65 mm) with Fluid Trap   |
| 404TT  | Tender Touch Silicone Cup (60 mm) with Fluid Trap   |
| 505TT  | Tender Touch Ultra Silicone Cup (60 mm) with Vacuum Relief Valve and Fluid Trap   |
| 505TTL | Tender Touch Ultra Silicone Cup (65 mm) with Vacuum Relief Valve and Fluid Trap   |
| 506TTL | Tender Touch Ultra Silicone Cup (65 mm) with Vacuum Relief Valve, assembled with 6 ft. of tubing and female adapter. No fluid trap. |