



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.



U.S. Patent #5,224,947

For more information, or to place an order, visit:
www.utahmed.com
or call:
1-800-533-4984

TENDER TOUCH® DISPOSABLE SILICONE BELL-SHAPED CUPS

303TT	Tender Touch Ultra Silicone Cup (60 mm) with Fluid Trap
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.