

# Vaginal Tactile Imager

provides biomechanical mapping of pelvic  
supportive structures and function

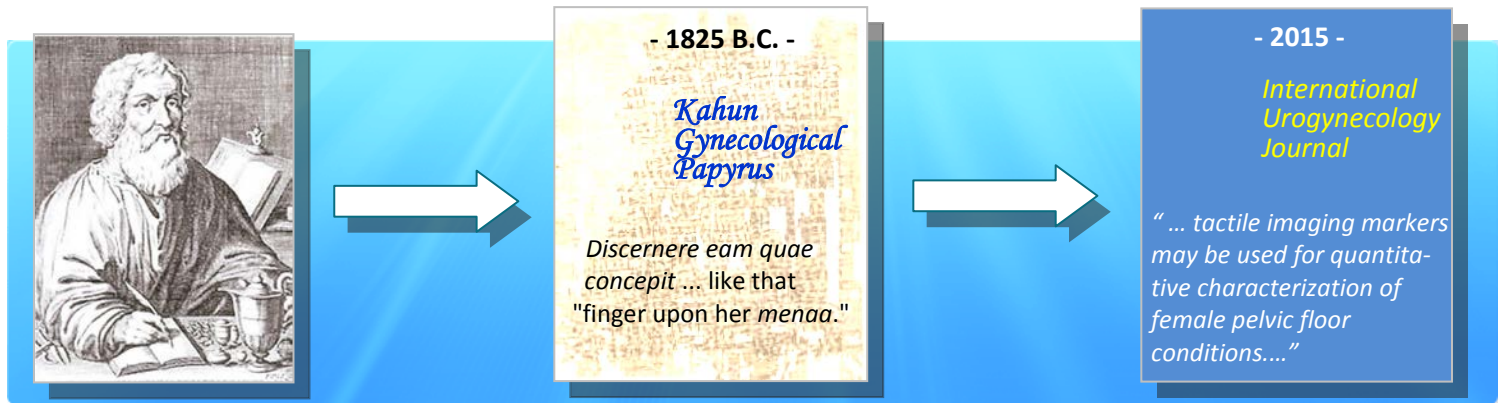


## Innovation for:

- Urogynecology
- Gynecology
- Aesthetic

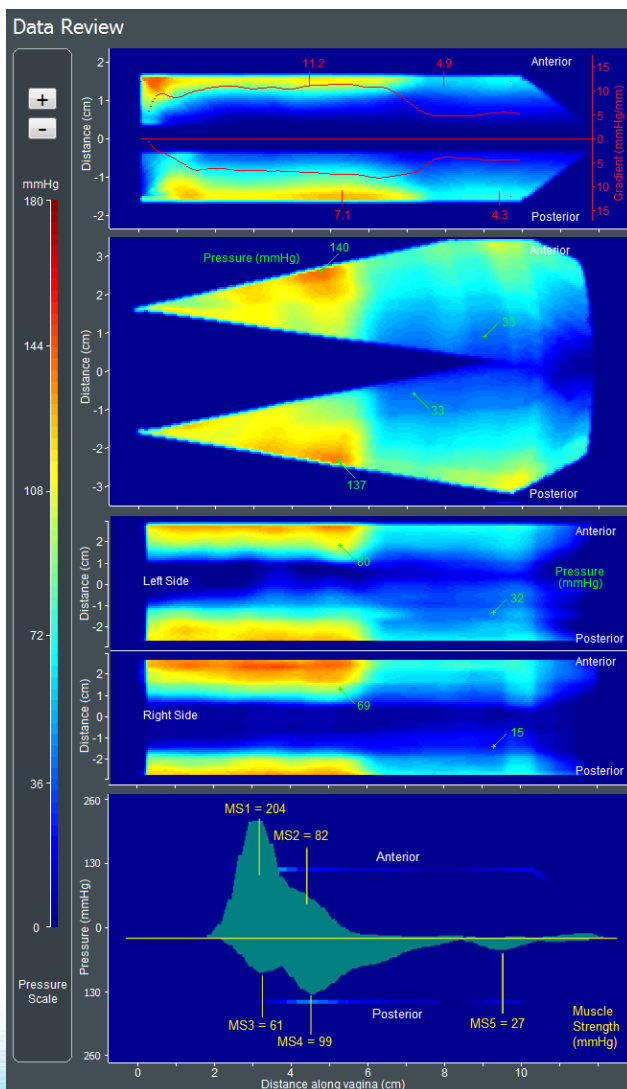
## INTRODUCTION

Many of pelvic floor disorders, including pelvic organ prolapse, urinary incontinence, tissue atrophy, and pelvic pain are related and manifested in the mechanical properties of pelvic organs and tissues. Therefore, mapping a response to applied pressure within the pelvic floor and measuring pelvic floor function opens new possibilities in biomechanical assessment of vaginal and pelvic floor conditions.



## THE DEVICE

A vaginal probe equipped with 96 pressure/tactile sensors, motion tracking and temperature controllers allows:



Real time high definition Biomechanical mapping of vagina

Tactile imaging of apical anterior and posterior compartments

Visualization of anatomical features and assessment of pelvic floor support structures

Circumferential tactile imaging of vagina

Dynamic assessment of pelvic floor muscles during voluntary and involuntary contractions, involuntary relaxation and Valsalva maneuver



The Vaginal Tactile Imager (VTI) obtains a high resolution mapping of pressures and assesses the strength of pelvic floor muscles within the vagina. It is used in a medical setting to acquire the pressures and store the corresponding data. It also provides visualization, analysis tools and information. The real time data as well the analysis information can then be viewed with an intention of assisting in the diagnosis and evaluation. The device is intended for use by physicians, surgeons and medically trained personnel.

## Clinical Utility

The further progress in women's healthcare is possible if a patient with a problematic pelvic floor conditions could undergo biomechanical diagnostic tests, the results of which could be fed into a structured patient-specific diagnostic workflow to consider multiple treatment options and to suggest the optimal one for that patient. The VTI allows a diagnostic study to obtain structure and functional information about vagina, pelvic floor muscles and ligaments.

The VTI procedures (8 tests) has a new CPT Code for "Biomechanical mapping, tranvaginal, with report".

The VTI may be used for:

- **POP:** to characterize and localize its development
- **SUI:** to quantify pelvic muscle defects which contribute into SUI
- **Treatment Failure:** to investigate the reasons for pelvic floor treatment failure (POP, SUI)
- **Obstetrics:** to characterize biomechanical integrity of the pelvic floor after childbirth
- **Pelvic Pain:** to identify factors contributing to pelvic floor pain
- **Deviation:** to recognize and quantify an abnormal biomechanical deviation at the earlier stage
- **Surgery:** to access outcome of pelvic floor surgery (changes in anatomy, biomechanics and function)
- **Laser, RF:** to evaluate vaginal conditions before and after laser or RF treatment
- **Aesthetic:** to assess vaginal conditions before and after an aesthetic surgery
- **Physiotherapy:** to monitor pelvic floor conditions in the course of applied treatment
- **Military, Sport:** to monitor pelvic floor changes under a heavy, repetitive load

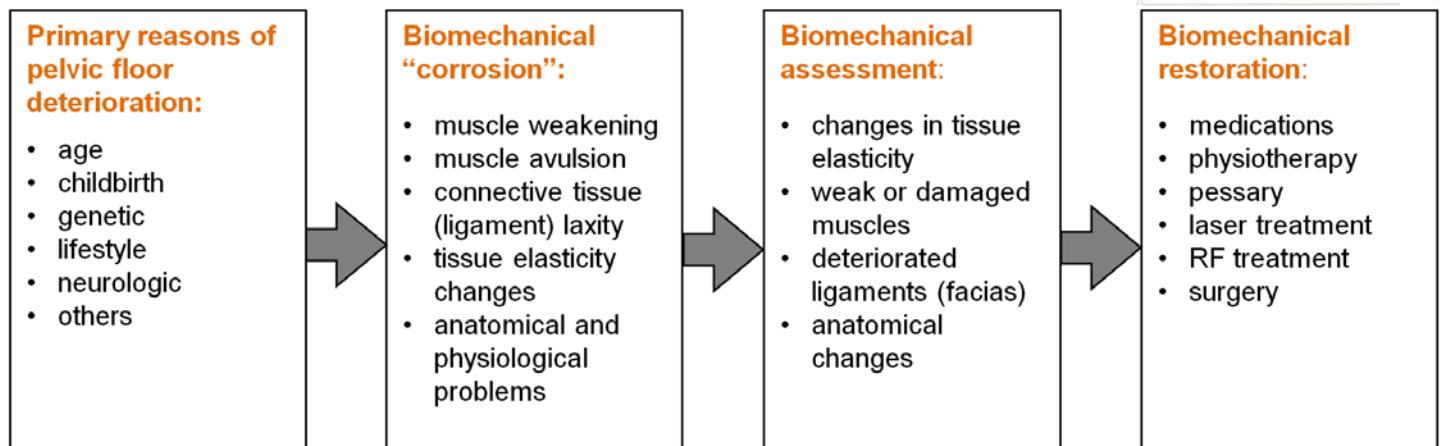
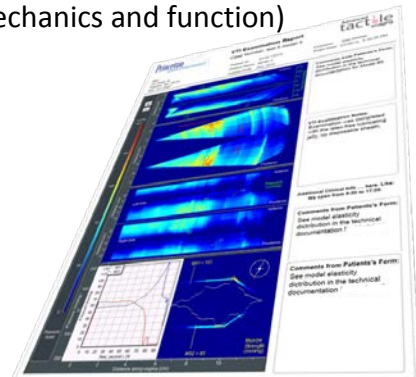


Figure 1. Preferred process in women's healthcare [1].



## SELECTED PUBLICATIONS AND PRESENTATIONS

*We deliver innovations to life.  
Join the team!*

1. Lucente V, van Raalte H, Murphy M, Egorov V. Biomechanical paradigm and interpretation of female pelvic floor conditions before a treatment. *International Journal of Women's Health* 2017; 9: 521-550.
2. Egorov V, Murphy M, Lucente V, van Raalte H, Ephrain S, Bhatia N, Sarvazyan N. Quantitative Assessment and Interpretation of Vaginal Conditions. *Sexual Medicine* 2017: <http://dx.doi.org/10.1016/j.esxm.2017.08.002>
3. Kim K, Egorov V, Shobeiri SA. Emerging imaging technologies and techniques. In: *Practical Pelvic Floor Ultrasonography*, Ed. Abbas Shobeiri, 2nd Edition, Springer International Publishing AG, 2017: 327-336.
4. van Raalte H, Egorov V. Laparoscopic tactile imager for urogynecological surgery: First clinical experience. *Female Pelvic Medicine & Reconstructive Surgery* 2017; 23(5): S122.
5. Van Raalte H. New biomechanical approach characterizes vaginal conditions. *The Aesthetic Guide* 2017; May-June: 38.
6. Egorov V, van Raalte H, Lucente V, Sarvazyan A. Biomechanical characterization of the pelvic floor using tactile imaging. In: *Biomechanics of the Female Pelvic Floor*, Eds. Hoyte L, Damaser MS, 1st Edition, Elsevier, 2016: 317-348.
7. van Raalte H, Lucente V, Ephrain S, Murphy M, Bhatia N, Sarvazyan N, Egorov V. Intra- and inter-observer reproducibility of vaginal tactile imaging. *Female Pelvic Medicine & Reconstructive Surgery* 2016; 22(5): S130-131.
8. van Raalte H, Bhatia N, Egorov V. Is it all just smoke and mirrors?: Vaginal laser therapy and its assessment by tactile imaging. *International Urogynecology Journal* 2016; 27 (S1): S120-121.
9. van Raalte H, Egorov V. Tactile imaging markers to characterize female pelvic floor conditions. *Open Journal of Obstetrics and Gynecology* 2015; 5: 505-515.
10. van Raalte H, Egorov V. Characterizing female pelvic floor conditions by tactile imaging. *International Urogynecology Journal* 2015; 26(4): 607-609.
11. van Raalte H, Lucente V, Egorov V. High definition pressure mapping of the pelvic floor muscles during Valsalva maneuver, voluntary muscle contraction and involuntary relaxation. *Female Pelvic Medicine & Reconstructive Surgery* 2015; 21(5): S149-150.
12. van Raalte H, Egorov V, Lucente V, Murphy M, Saiz C. 3D tactile imaging in early prolapse detection. *Neurourology and Urodynamics* 2013; 32 (6): 704-705.
13. Incontinence: Tactile imaging for quantifying vaginal elasticity in prolapse. *Nature Reviews Urology* 2012; 9(2): 60.
14. Egorov V, van Raalte H, Lucente V. Quantifying vaginal tissue elasticity under normal and prolapse conditions by tactile imaging. *International Urogynecology Journal* 2012; 23(4): 459-466.
15. van Raalte H, Lucente V, Egorov V. 3D imaging and quantifying vaginal tissue elasticity under normal and prolapse conditions. *International Urogynecology Journal* 2011; 22(S1): S183-184.
16. Egorov V, van Raalte H, Sarvazyan A. Vaginal Tactile Imaging. *IEEE Transactions on Biomedical Engineering* 2010; 57(7): 1736-1744.
17. Egorov V, Kearney T, Pollak SB, Rohatgi C, Sarvazyan N, Airapetian S, Browning S, Sarvazyan A. Differentiation of benign and malignant breast lesions by mechanical imaging. *Breast Cancer Research and Treatment* 2009; 118(1):67-80.
18. Egorov V, Sarvazyan AP. Mechanical Imaging of the Breast. *IEEE Transactions on Medical Imaging* 2008; 27(9):1275-1287.
19. Sarvazyan A, Egorov V, Son JS, Kaufman CS. Cost-effective screening for breast cancer worldwide: current state and future directions. *Breast Cancer: Basic and Clinical Research* 2008; 1:91-99.
20. Weiss RE, Egorov V, Ayrapetyan S, Sarvazyan N, Sarvazyan A. Prostate mechanical imaging: a new method for prostate assessment. *Urology* 2008; 71(3): 425-429.
21. Egorov V, Ayrapetyan S, Sarvazyan AP. Prostate Mechanical Imaging: 3-D Image Composition and Feature Calculations. *IEEE Transactions on Medical Imaging* 2006; 25(10): 1329-1340
22. Sarvazyan A. Model-based imaging. *Ultrasound Med Biol* 2006; 32(11): 1712-1720.
23. Sarvazyan A. Mechanical imaging: a new technology for medical diagnostics. *Int J Med Inform* 1998; 49(2): 195-216.
24. van Raalte H, Lucente V, Ephrain S, Murphy M, Bhatia N, Egorov V. Pelvic organ prolapse surgery characterization by vaginal tactile imaging. *International Urogynecological Association: 41th Annual Meeting*, Cape Town, South Africa, 2-6 August, 2016.
25. van Raalte H, Lucente V, Egorov V. High definition pressure mapping of the pelvic floor muscles during Valsalva maneuver, voluntary muscle contraction and involuntary relaxation. *American Urogynecologic Society 36th Annual Meeting*, Seattle, WA, October 13-17, 2015.
26. Egorov V, van Raalte H, Lucente V. Tactile imaging and tissue elasticity as a marker of pelvic floor conditions. *International Urogynecological Association: 38th Annual Meeting*, Dublin, Ireland, May 28-June 1, 2013.