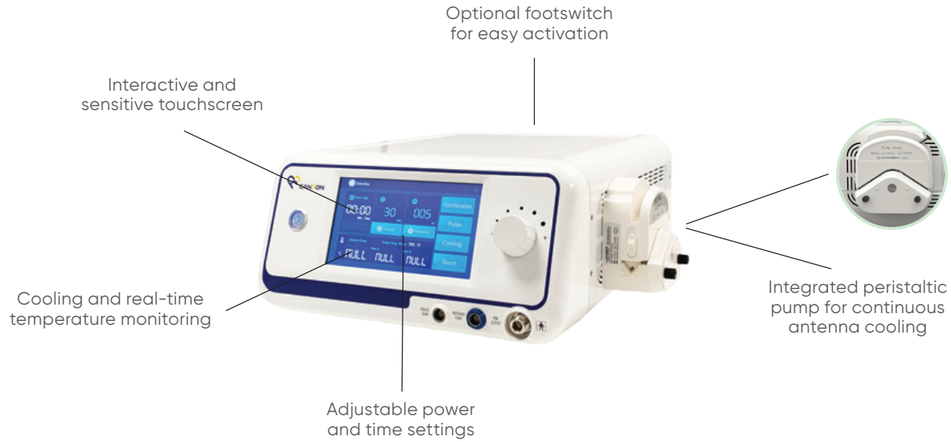
mermaid medical®

Microwave Ablation in the Thyroid

MaxBlate®
Microwave Ablation System



Advantages of Microwave Ablation

- High cosmetic satisfaction and minimal scarring
- Outpatient procedure and reduced hospitalization time
- Little to no damage to healthy thyroid tissue, preserving thyroid function.
- Short recovery time.
- High success rate with a low risk of complications.
- General anesthesia is not required.

Before After

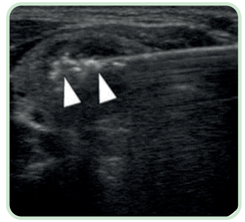
MaxBlate®
ThyTip® Antennas

Ergonomic handle with
detachable coaxial cable

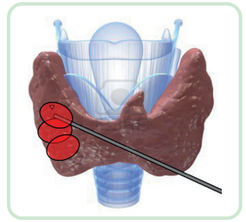
Efficient and highly
controllable

Features:

- The ThyTip® portfolio includes multiple sizes, with 18G as the most widely adopted in clinical practice thanks to its optimal efficiency, and 19G introduced as our thinnest option for enhanced cosmetic outcomes and delicate anatomies.
- The 18G ThyTip® needle is purpose-built for thyroid ablation and offers excellent control; users adapt quickly to the workflow and appreciate the improved maneuverability provided by the thin-needle design.



Echogenic response



Suitable for the
moving-shot technique

Proven Clinical Outcomes with Microwave Ablation

Microwave ablation (MWA) has proven to be a highly effective and minimally invasive treatment option for both benign thyroid nodules and papillary thyroid microcarcinoma. Early clinical work demonstrated clear feasibility, with benign nodules showing an average **45.9% volume reduction** within the first months after treatment[1].

Comparative studies confirm **100% technical success**, oncologic outcomes equivalent to surgery, and fewer complications, along with better cosmetic and anxiety related patient scores[2].

Long term follow up further supports MWA's durability, with sustained volume reduction rates reaching **over 90% at 24–36 months**, underscoring the technique's long lasting therapeutic effect[3].

Together, these findings establish MWA as a safe, reliable, and patient friendly alternative to surgery—offering excellent functional and cosmetic outcomes with minimal downtime.

1. Feng B, Liang P, Cheng Z, et al. (2012). Ultrasound-guided percutaneous microwave ablation of benign thyroid nodules: experimental and clinical studies. Eur J Endocrinol 166:1031–37.
2. Zheng, L., Dou, J. P., Liu, F. Y., Yu, J., Cheng, Z. G., Yu, X. L., ... & Liang, P. (2023). Microwave ablation vs. surgery for papillary thyroid carcinoma with minimal sonographic extrathyroid extension: a multicentre prospective study. European Radiology, 33(1), 233–243.
3. Luo, F., Huang, L., Gong, X., Han, Z., Liu, F., Cheng, Z., ... & Yu, J. (2021). Microwave ablation of benign thyroid nodules: 3-year follow-up outcomes. Head & Neck, 43(11), 3437–3447.

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Ordering and Specifications

MaxBlate®

Ref	KY-2000A
Frequency	2450 MHz
Display	7-inch touchscreen
Energy Output	5-100W
Time Setting	1-30 Minutes
Working Power	100V-240V 50-60 Hz
Weight	12 kg
Size	46 x 40 x 18cm

Foot pedal included

ThyTip® Antennas

Ref	Diameter	Active Tip	Total Length
KY-2450B-5	16G	3 MM	100 MM
KY-2450B-13	16G	3 MM	70 MM
KY-2450B-4	18G	3 MM	70 MM
KY-2450A-14	19G	3 MM	70 MM

The antenna come with a compatible coaxial cable