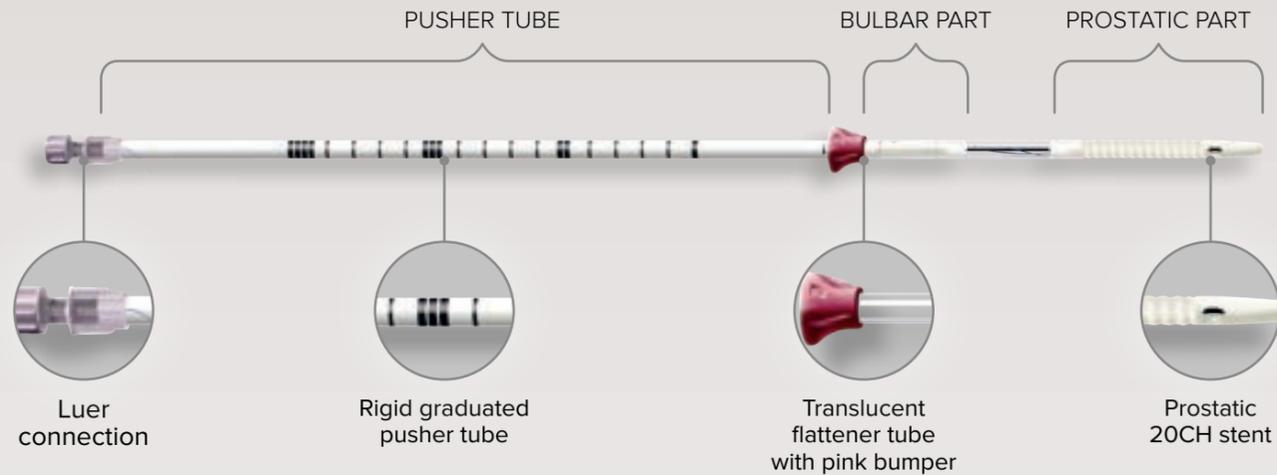


Kit composition

Delivered ready for use



2 Bougies (22, 24 Fr) delivered for meatus and urethra calibration before insertion

Technical Specifications

Product Code	Kit components	Size (Fr)	Length (mm)
ROFV2200ST	Stent	20 Fr	Prostatic part: 80 mm Bulbar part: 32 mm
	Pusher tube	20 Fr	300 mm
	Flattener tube	22 Fr	90 mm
	Bougies x2	22 Fr & 24 Fr	300 mm

Contraindications :

- Infection of the genito-urinary system, macroscopic haematuria with clots, failure of the urinary sphincter.
- Infections of the urinary tract such as urethral stenosis, wrong urethral route, bladder stones or other significant infections may affect the normal functioning of the device.
- Bladder apex-neck distance higher than 5 cm.
- Do not use after treatment with an agent physically generating prostatic oedema and possibly macroscopic haematuria (hypo-fractionated radiotherapy, brachytherapy, focused ultrasound, trans-urethral micro-wave heat therapy...), as the urine no longer becomes clear (48h minimum).
- Do not use, when, on the advice of the doctor, such a procedure would be contrary to the greater interest of the patient.

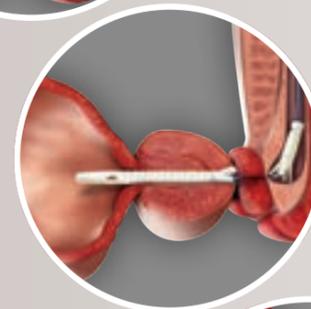
For more information visit www.rocamed.com

Temporary Prostatic Stent

A temporary solution for acute or chronic urinary retention in males



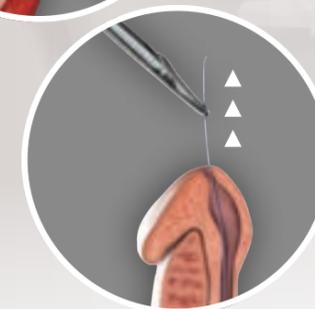
EASY TO INSERT



FOR ALL PROSTATES



EXCELLENT TOLERANCE

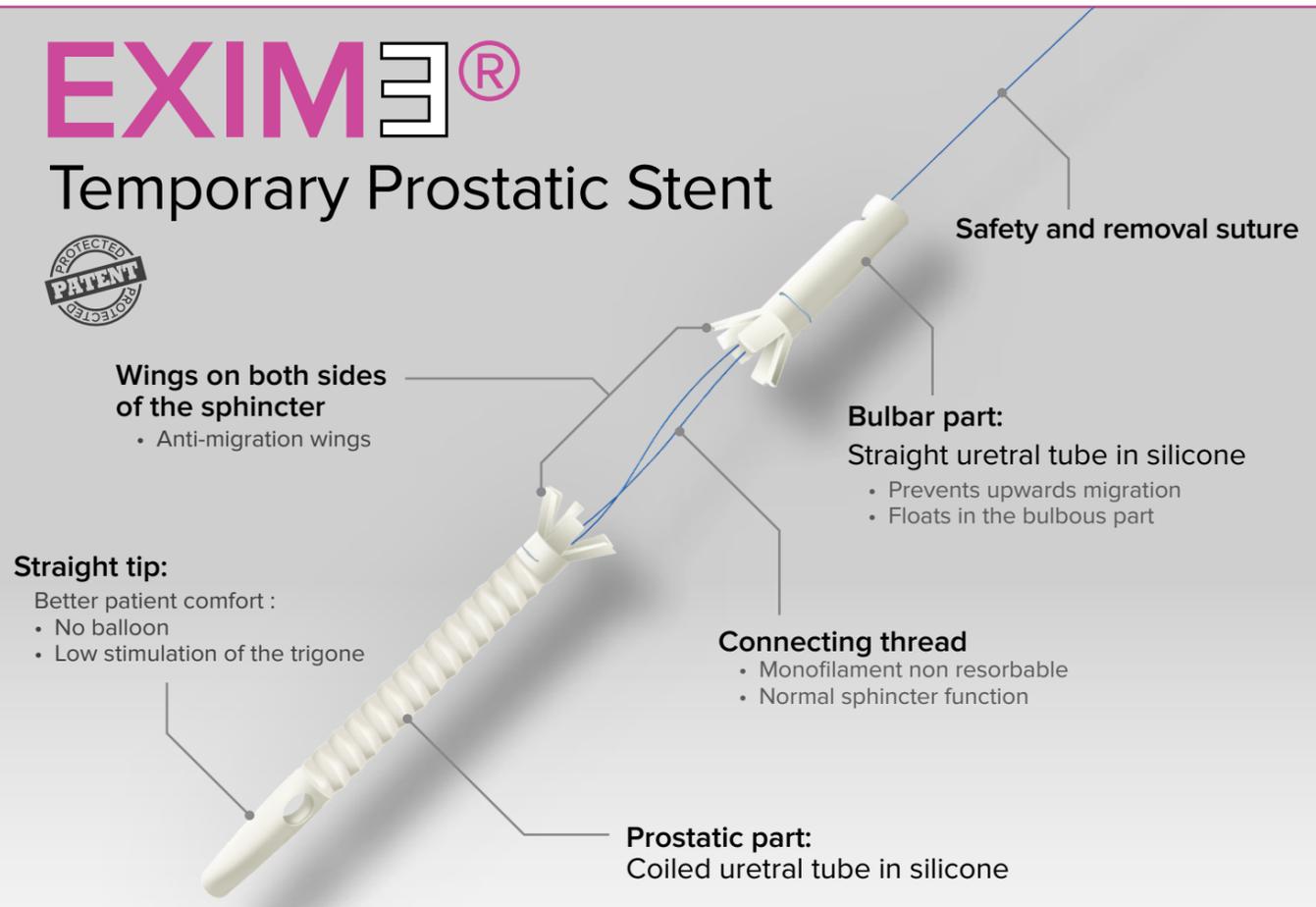


EASY TO REMOVE

Designed by ROCAMED. Illustrations in this document are non-confidential. ROCAMED reserves the right to change product specifications without notice. MGS-PE-EXIME-EN-02

EXIME[®]

Temporary Prostatic Stent



Indications for use :

EXIME[®] is intended for short term use (up to 1 month) to restore urine flow and allow voluntary urination in males with acute or chronic urinary retention.

EFFICIENT

Temporary	✓
Immediate voiding	✓
Restore urine flow	✓
Reduced PVR*	✓

EASY TO USE

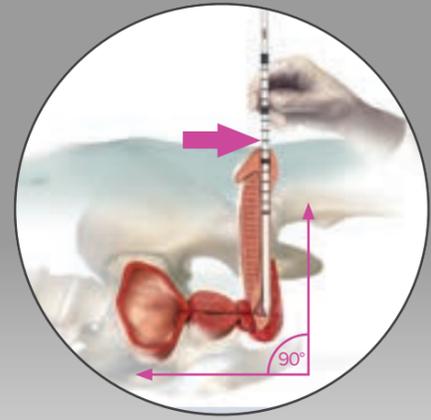
No need of orientation	✓
Stable: wings on both sides of the sphincter	✓
Easy stent removal	✓
Does not require anesthesia	✓
Reduced Risk of MR bacteria selection	✓

PATIENT COMFORT

Outpatient procedure	✓
Sexual activity preservation	✓
No bladder spasms	✓
Probably reduce the risk of CAUTI*, to be confirmed during the PMS**	✓

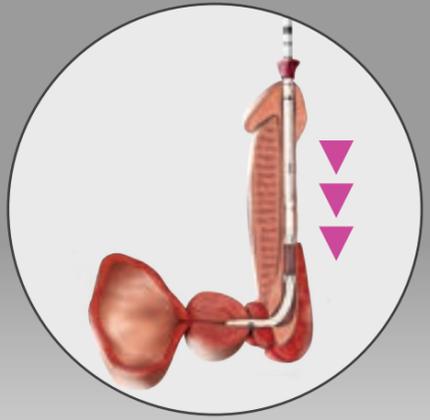
* Catheter-Associated Urinary Tract Infection.
** Post Market Surveillance.

STEP 1 BEFORE INSERTION OF EXIME



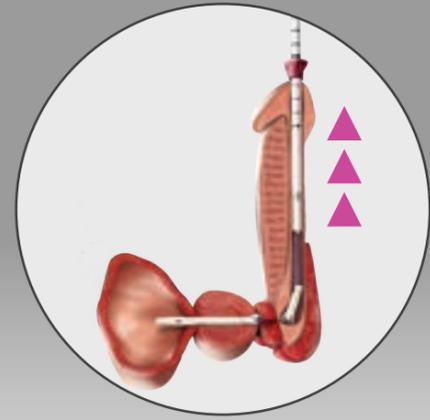
- Stretch the penis vertically.
- Instill the urethra with an anesthetic gel and calibrate with the 22 or 24 CH Bougie.
- Glide the Bougie until **abutment** against the posterior wall of the bulbous urethra.
- Note the depth of abutment of the Bougie

STEP 2 STENT INSERTION



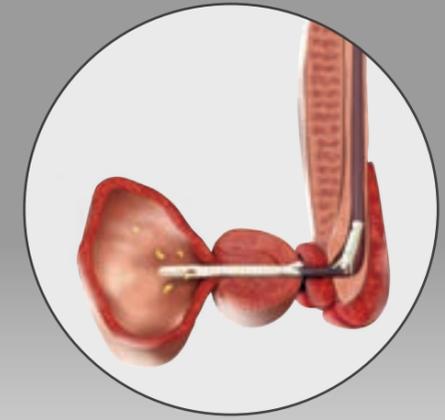
- Stretch the penis vertically again.
- Glide the device inside the urethra **until abutment of the pusher tube against the posterior wall of the bulbous urethra at the same depth as the one measured with the Bougie.**

STEP 3 STENT RELEASE



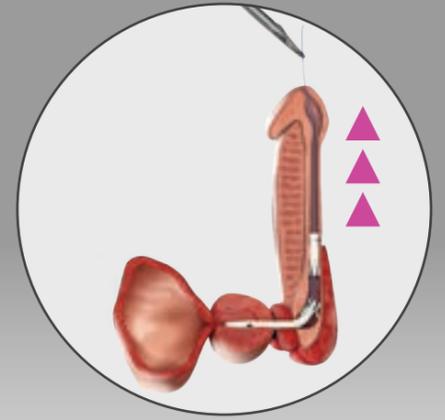
- Keep the penis stretched vertically.
- Remove the stylet** and the pusher tube.
- Pull gently on the suture **to feel the resistance of the wings of the upper tube deployed above** the sphincter.
- Cut the retrieval suture: leave 10 mm protruding outside the meatus.

STEP 4 CONTROL



- No urine leak when patient moves from the dorsal decubitus position to the standing position.
- Immediate micturition of clear urine.**

STEP 5 STENT REMOVAL



- Instill the urethra with an anesthetic gel and calibrate the urethra meatus with a 22 or 24 CH Bougie.
- Pull gently on the suture with a forceps.**

EXIME[®] HANDLING PROCEDURES