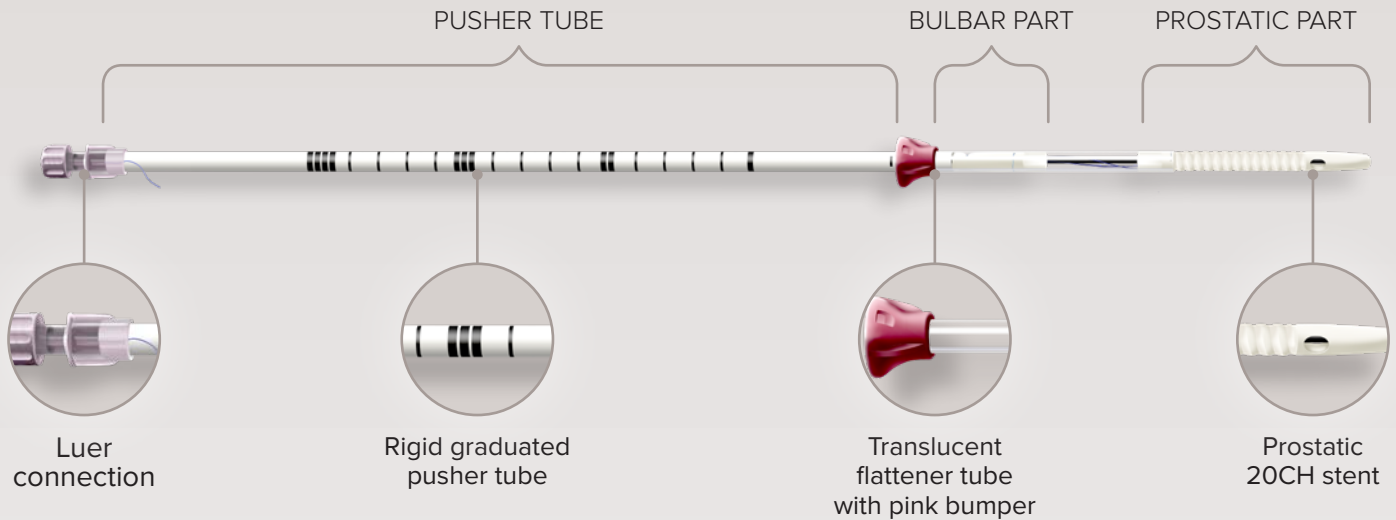


Kit composition

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 :

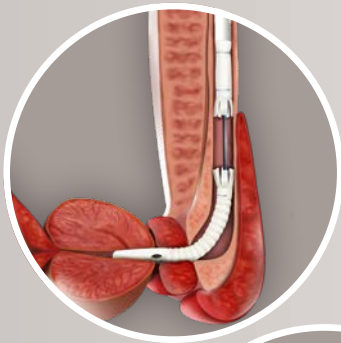
- Infection of the genito-urinary system, macroscopic haematuria with clots, failure of the urinary sphincter.
- Infections of the urinary tract such as urethral stenosis, wrong urethral route, bladder stones or other significant infections may affect the normal functioning of the device.
- Bladder apex-neck 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

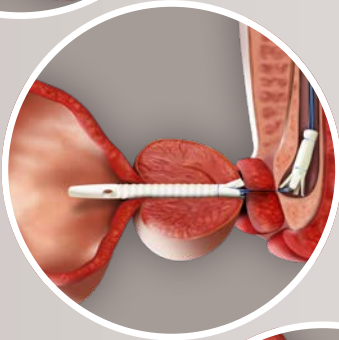
EXIM₃®

Temporary Prostatic Stent

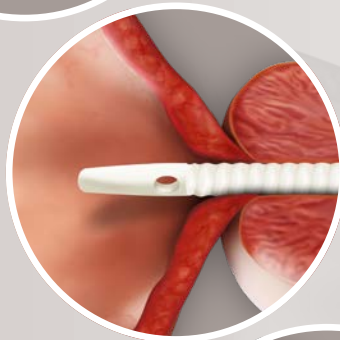
A temporary solution for acute or chronic urinary retention in males



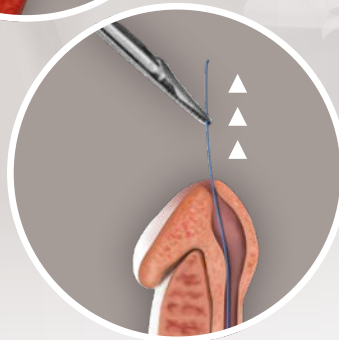
**EASY
TO INSERT**



**FOR ALL
PROSTATES**



**EXCELLENT
TOLERANCE**



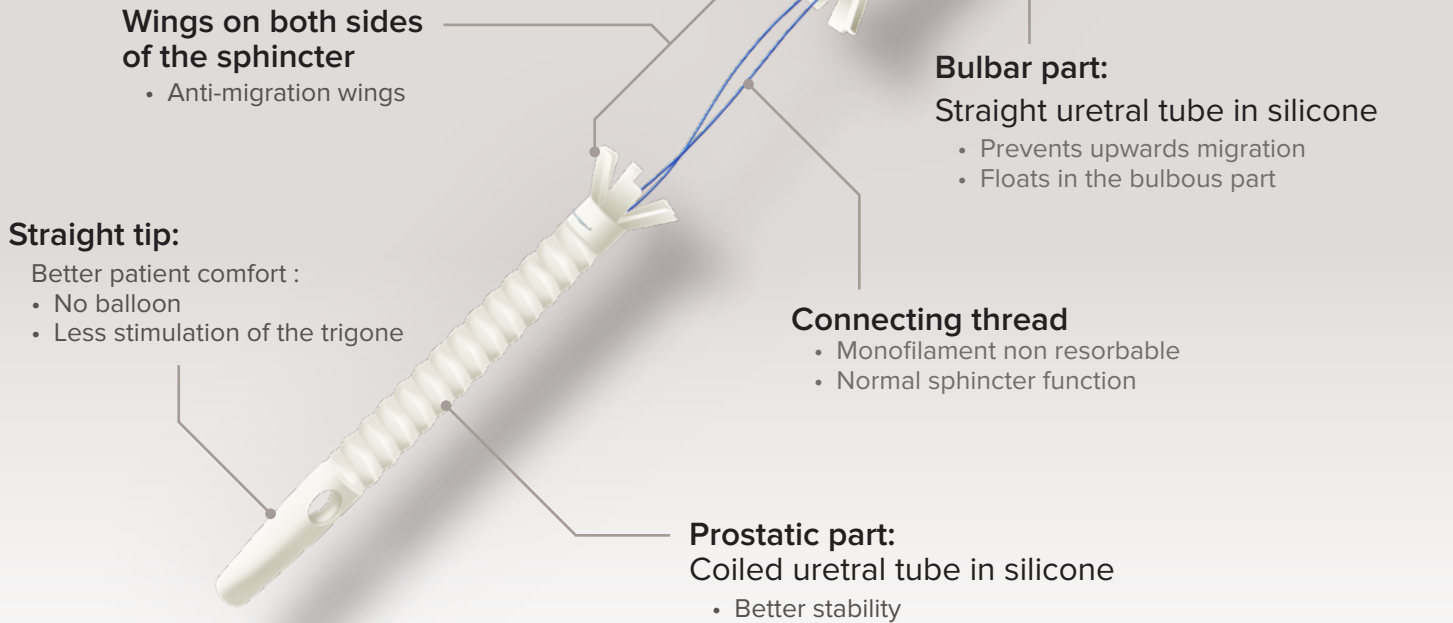
**EASY TO
REMOVE**

» » » UROLOGY

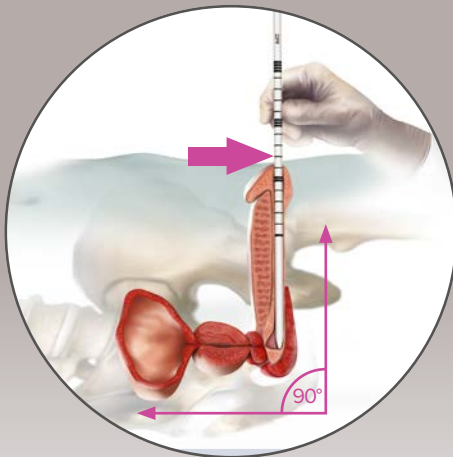


EXIME[®]

Temporary Prostatic Stent

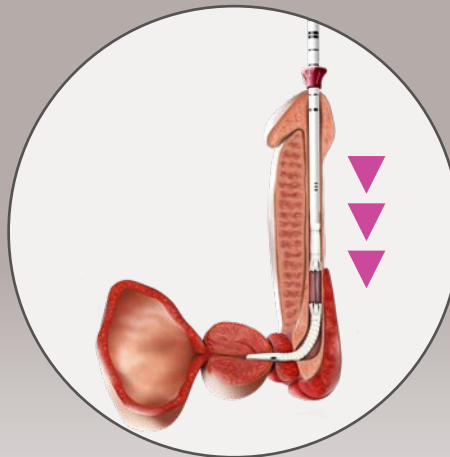


STEP 1 BEFORE INSERTION OF EXIME



- 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 REMOVAL

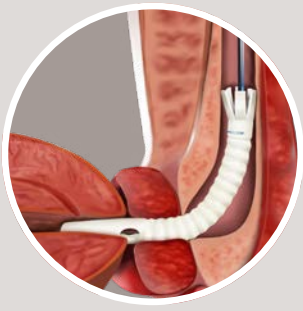


- Keep the penis stretched
- **Remove the stylet** and gently pull the stent out.
- Pull gently on the suture **the wings of the upper sphincter.**
- Cut the retrieval suture outside the meatus.



Indications for use :

EXIME® is intended for temporary 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	✓
Increased Flow Rate	✓
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	✓

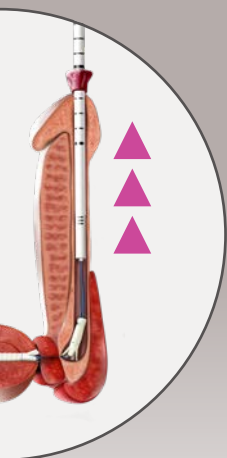
PATIENT COMFORT

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.

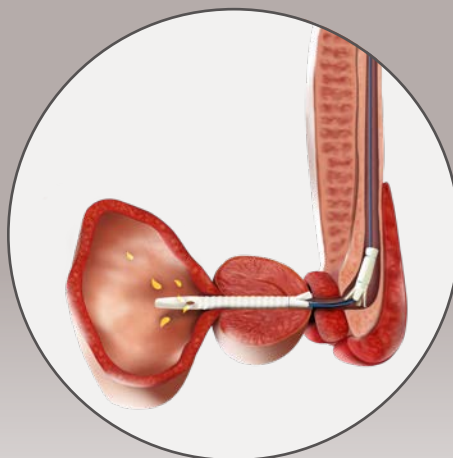
STEP 3 RELEASE



...ed vertically.
...d the pusher tube.
...re to feel the resistance of
...r tube deployed above the

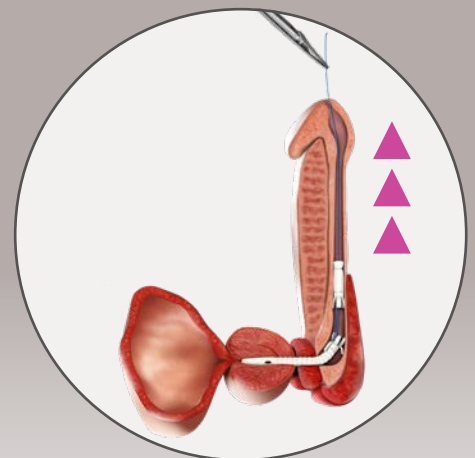
...: leave 10 mm protruding

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.