connection

Prostatic

20CH stent



flattener tube

with pink bumper

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.

Rigid graduated

pusher tube

- 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









ROCAMED =



A temporary solution for acute or chronic urinary retention in males

EASY TO INSERT





EXCELLENT TOLERANCE



EASY TO REMOVE







Wings on both sides

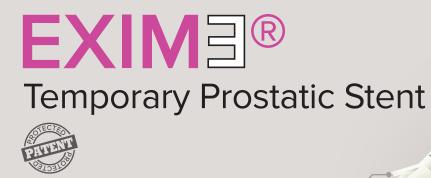
• Anti-migration wings

of the sphincter

Straight tip:

No balloon





Safety and removal suture

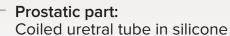
Bulbar part:

Straight uretral tube in silicone

- Prevents upwards migration
- Floats in the bulbous part

Better patient comfort : Connecting thread · Low stimulation of the trigone

- Monofilament non resorbable
- Normal sphincter function









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.

Temporary

EFFICIENT

Immediate voiding	4
Restore urine flow	4
Reduced PVR*	4

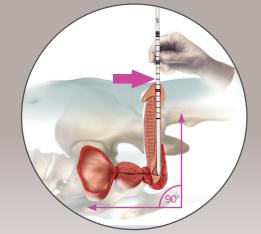
EASY TO USE

No need of orientation	✓
Stable: wings on both sides of the sphincter	✓
Easy stent removal	4
Does not require anesthesia	4
Reduced Risk of MR bacteria selection	4

PATIENT COMFORT

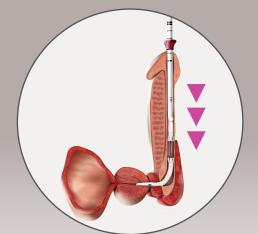
Outpatient procedure	
Sexual activity preservation	4
No bladder spasms	
Probably reduce the risk of CAUTI*,	
to be confirmed during the PMS**	

STEP 1 **BEFORE INSERTION OF EXIME**



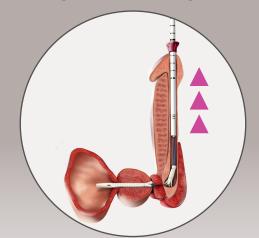
- · Stretch the penis vertically.
- · Instill the urethra with an anesthetic gel and calibrate with the 22 or 24 CH Bougie.
- Glide the Bougie until abutment against the posterior wall of the bulbous urethra.
- · Note the depth of abutment of the Bougie

STEP 2 STENT INSERTION



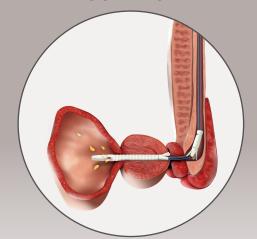
- · Stretch the penis vertically again.
- Glide the device inside the urethra until abutment of the pusher tube against the posterior wall of the bulbous urethra at the same depth as the one measured with the Bougie.

STEP 3 STENT RELEASE



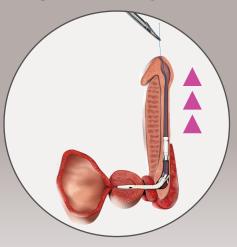
- · Keep the penis stretched vertically.
 - Remove the stylet and the pusher tube.
 - · Pull gently on the suture to feel the resistance of the wings of the upper tube deployed above the
 - Cut the retrieval suture: leave 10 mm protruding outside the meatus

STEP 4 CONTROL



- No urine leak when patient moves from the dorsal decubitus position to the standing
- · 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
- · Pull gently on the suture with a forceps.



EXIM[©] HANDLING PROCEDURES

^{*} Catheter-Associated Urinary Tract Infection.

^{**} Post Market Surveillance.