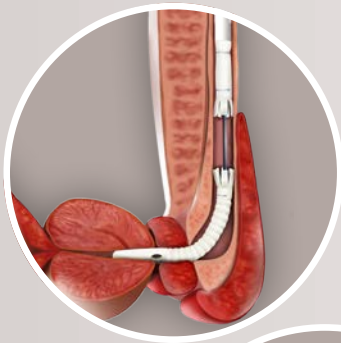


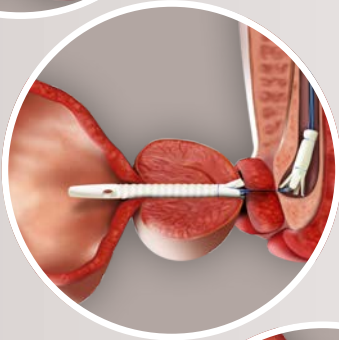
EXIM₃®

Temporary Prostatic Stent

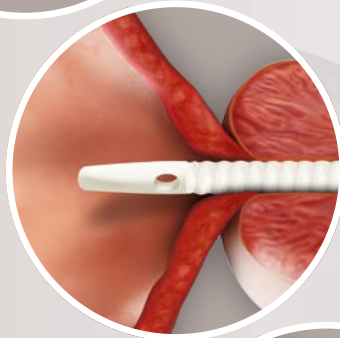
A temporary solution for acute or chronic urinary retention in males



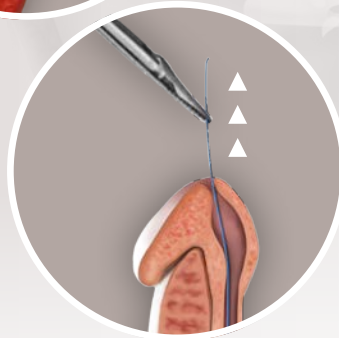
EASY TO INSERT



**ONE SINGLE SIZE
FOR ALL PROSTATES**



**EXCELLENT
TOLERANCE**



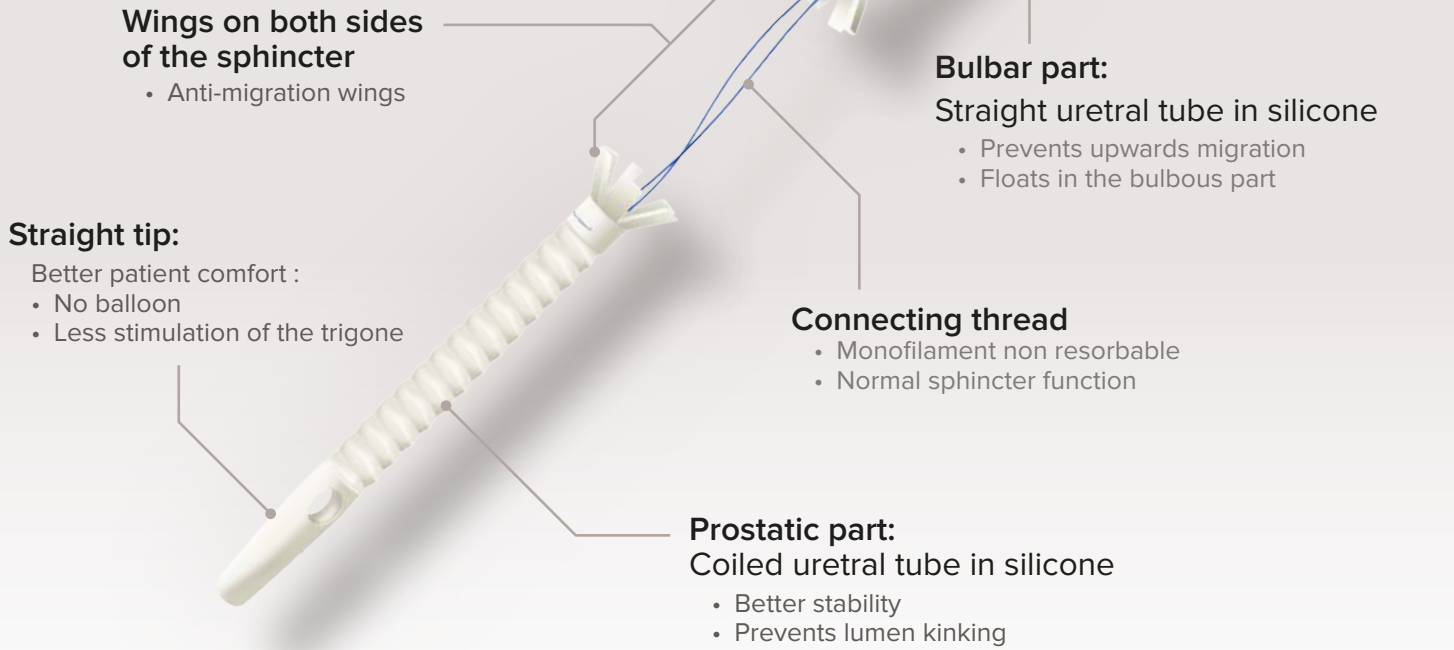
**EASY TO
REMOVE**

» » » **UROLOGY**

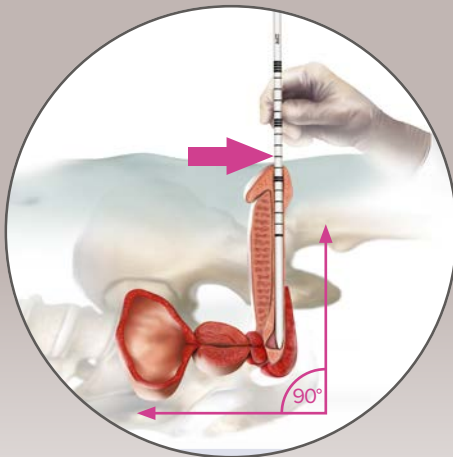


EXIME[®]

Temporary Prostatic Stent

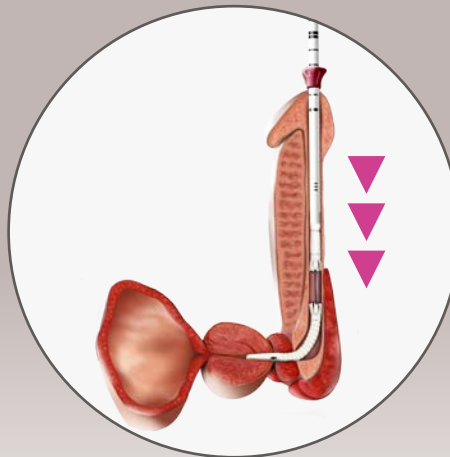


STEP 1 BEFORE INSERTION OF EXIME



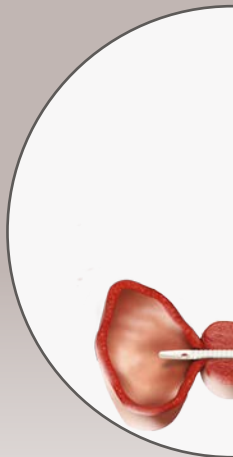
- Stretch the penis vertically.
- Instill the urethra with an anesthetic gel and calibrate with the 22 or 24 CH Bougie.
- Glide the Bougie until **abutment** against the posterior wall of the bulbous urethra.
- Note the depth of abutment of the Bougie

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 pull gently on the suture to **remove 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

EASY TO USE

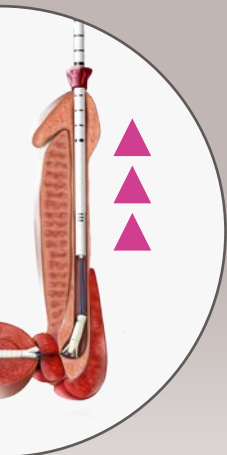
PATIENT COMFORT

Temporary	✓
Immediate voiding	✓
Increased Flow Rate	✓
Reduced PVR*	✓
One single size for all prostates < 150 cc	✓
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	✓
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.

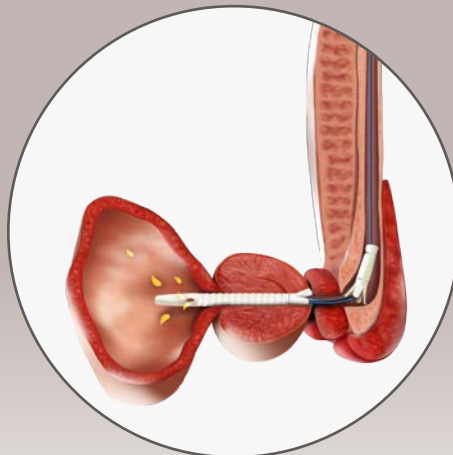
STEP 3 RELEASE



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

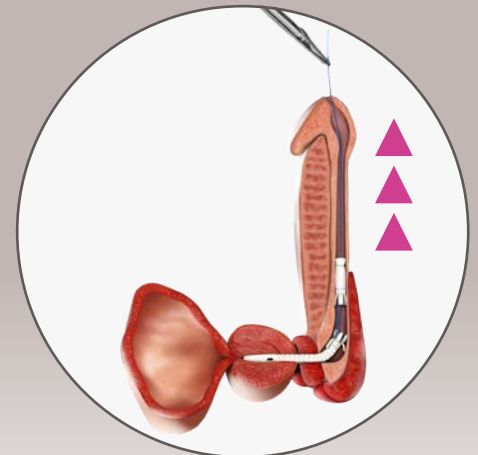
...e: leave 3 mm protruding

STEP 4 CONTROL



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

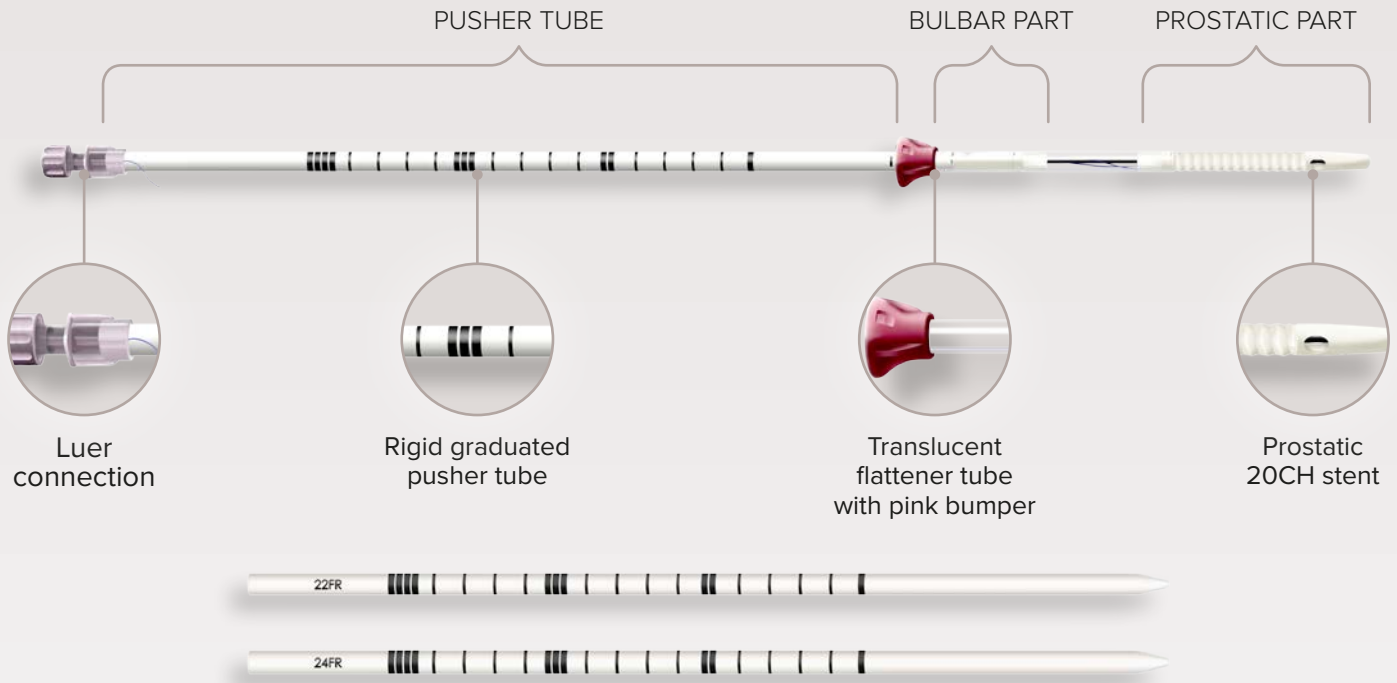
STEP 5 STENT REMOVAL



- 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.

Kit composition

Delivered ready for use



2 Bougies (22, 24 Fr) delivered for meatus and urethra calibration before insertion and for measurement of the depth of insertion until abutment against the posterior wall of the bulbous urethra.

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.
- Prostatic Volume higher than 150 cc or bladder apex-neck distance higher than 7cm.
- 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