



Proven performance

Visibly different

Urinary Bladder Carcinoma – Extensive Haematuria Control

Professor P Bosnjakovic

Institute of Radiology, Clinical Centre, Nis, Serbia & Montenegro

Patient History

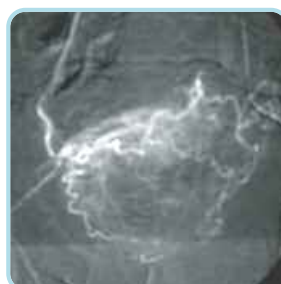
- Male patient with urinary bladder carcinoma after irradiation and chemotherapy
- Haematuria requiring blood transfusions

Procedure

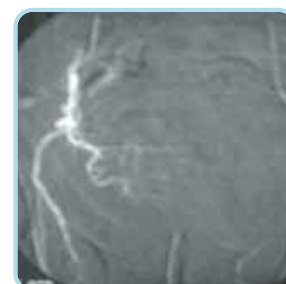
- Embolisation of right superior vesical artery using 2ml Bead Block™

Outcome

- Very efficient occlusion of vesical artery branches
- Haematuria stopped immediately after embolisation
- No recurrence of haematuria during follow-up period



Pre-procedure angiogram of right superior vesical artery

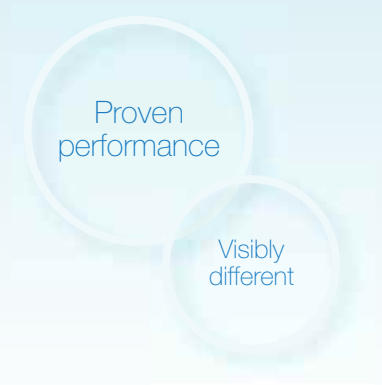


Post-procedure angiogram of right superior vesical artery

Clinical Comment

“Embolisation was the ideal treatment for this patient since he was receiving irradiation therapy and was on cytostatic medication.”

*Professor P Bosnjakovic
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Ordering Information

2ml Bead Block is suspended in 5ml physiological buffered saline in 20ml syringe and is packed singly.

Size Range μm	Colour Code	2ml Product Code
100 – 300	Yellow	EB2S103
300 – 500	Blue	EB2S305
500 – 700	Red	EB2S507
700 – 900	Green	EB2S709
900 – 1200	Purple	EB2S912

For more information, please contact:

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Important Information

Indications:

Bead Block™ is intended to be used for the embolisation of hypervascular tumours, including uterine fibroids and arteriovenous malformations (AVMs).

Potential Complications:

- Undesirable reflux or passage of Bead Block into normal arteries adjacent to the targeted lesion or through the lesion into other arteries or arterial beds
- Non-target embolisation
- Pulmonary embolisation
- Ischaemia at an undesirable location
- Capillary bed saturation and tissue damage
- Ischaemic stroke or ischaemic infarction
- Vessel or lesion rupture and haemorrhage
- Neurological deficits including cranial nerve palsies
- Vasospasm
- Death
- Recanalisation
- Foreign body reactions necessitating medical intervention
- Infection necessitating medical intervention
- Clot formation at the tip of the catheter and subsequent dislodgement

UFE-Specific Potential Complications:

Potential post-procedure complications include:

- Abdominal pain
- Discomfort
- Fever
- Nausea
- Constipation
- Premature ovarian failure (ie menopause)
- Amenorrhoea
- Infection of the pelvic region
- Uterine/ovarian necrosis
- Phlebitis
- Deep vein thrombosis with or without pulmonary embolism
- Vaginal discharge
- Tissue passage, fibroid sloughing, or fibroid expulsion post UFE
- Post-UFE intervention to remove necrotic fibroid tissue
- Vagal reaction
- Transient hypertensive episode
- Hysterectomy