



Proven performance

Visibly different

Pre-operative Embolisation Using Bead Block™

Professor Alain Tournade

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Patient History

- A 58-year-old woman with right hemiparesia

Procedure

- Pre-operative embolisation was performed using 100-300µm Bead Block™ microspheres via a Balt Marco 18, and a Terumo GT16

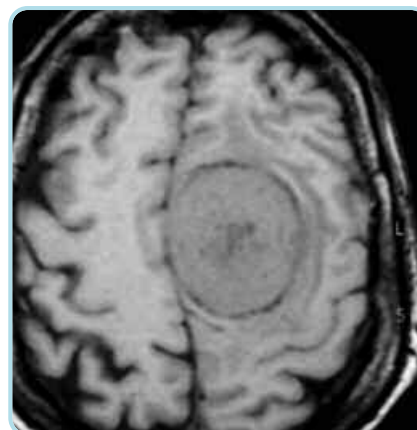
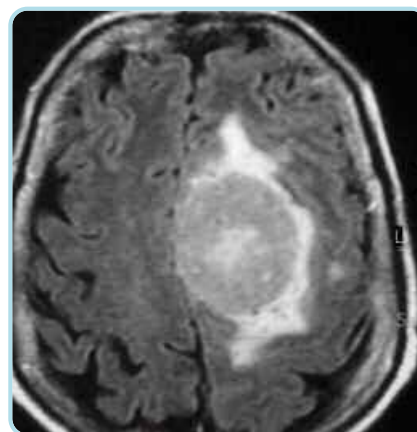
Outcome

- Operation was carried out one day after the embolisation with no blood loss

Clinical Comment

From a physician's point of view: "Bead Block™ particles allow very distal and complete devascularisation of the nidus of the tumour itself." From a surgical point of view: "The embolisation realised in this way is absolute and very rapidly effective"

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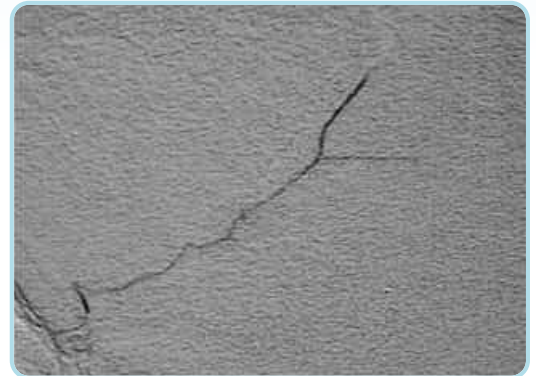
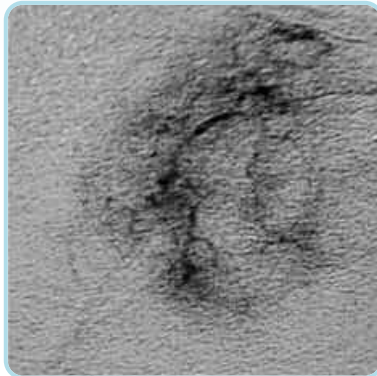


CT scan slices with intense enhancement in the bulk of the tumoural mass

Hyperselective catheterisation of the middle meningeal artery



Hypervascularisation with typical radial vessels



Very distal and selective devascularisation of the tumour respecting the main vessel itself

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