



Proven performance

Visibly different

Pre-operative Embolisation with Bead Block™

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Patient History

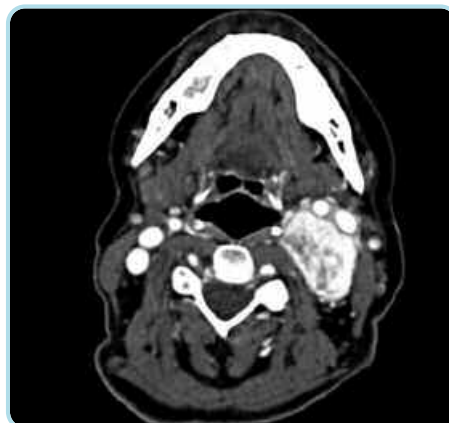
- A 45-year-old woman with non-tender, painless neck mass which had increased in size over the last several years. The patient was evaluated by an otolaryngologist
- On physical examination, the patient had normal vital signs, was moderately overweight and appeared well
- Neck examination revealed a palpable mass in the left side of the upper neck
- The patient was referred for CT with contrast enhancement
- CT revealed a highly hypervascular tumour located at the level of bifurcation of the left common carotid artery, and displacing both external carotid artery and internal carotid artery anteriorly with no signs of lymphadenopathy. These findings were indicative of a carotid body tumour (paraganglioma)
- Surgery was planned. In order to reduce intra-operative blood loss, the patient was referred for carotid angiography and subsequent embolisation of the arteries supplying the tumour
- Angiography confirmed CT findings and detected the main supplying vessel – ascending pharyngeal artery

Embolisation Procedure

- Ascending pharyngeal artery was catheterised with 5Fr Simmons Sidewinder 2. Angiography was performed, followed by embolisation with 1ml Bead Block™ (300-500µm)
- Control carotid angiography revealed a subcomplete tumour devascularisation. No complications from the embolisation were observed

Surgical Procedure

- The patient underwent surgery three days after embolisation. Subadventitial tumour resection was performed. Intra-operative blood loss measured 70ml



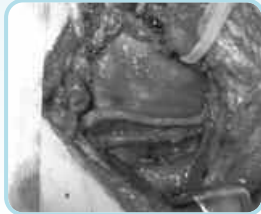
Axial CT scan



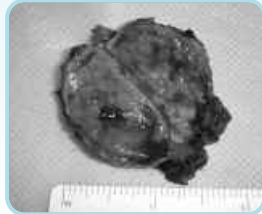
VRT reconstruction

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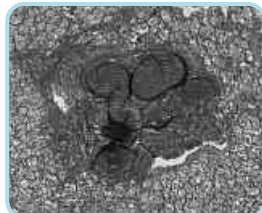
Opening of carotid sheath and isolation of internal carotid artery and internal jugular vein



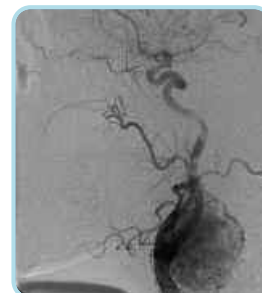
Excised tumour



Bead Block microspheres taken from the tumour



Microscopic view of Bead Block microspheres inside the tumour vessel



Carotid angiography (lateral view)



Post-embolisation carotid angiography

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