



Proven performance

Visibly different

Uterine Artery Embolisation Using Bead Block™ Following Life-threatening Postpartum Related to Placenta Accreta

Jean-Pierre Pelage, MD

Department of Body and Vascular Imaging, Hôpital Lariboisière, Paris, France

Patient History

- 34-year-old female with severe vaginal haemorrhage following delivery
- Abnormal placentation was the cause of bleeding and failed to respond to medical treatment

Procedure

- Selective injection into the left uterine artery demonstrates abnormal hypervascularisation consistent with abnormal placentation
- The utero-ovarian anastomosis is also seen
- Embolisation was achieved with Bead Block™ 700-900µm via a 2.8Fr Progreat™ microcatheter (large non-resorbable embolisation particles can be safely used for placenta accreta)
- The same procedure was successfully repeated on the right side

Outcome

- After bilateral uterine artery embolisation, bleeding stopped immediately. No recurrence of bleeding was observed



Pre-embolisation injection into the left uterine artery

Clinical Comment

"Large Bead Block™ can easily be injected through large lumen microcatheters.

A very effective uterine artery occlusion can be achieved."

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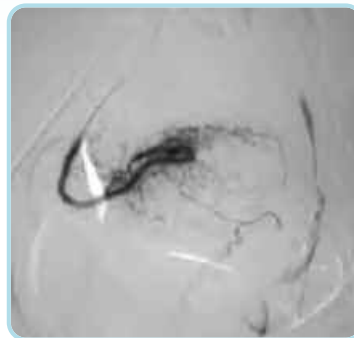


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Post-embolisation injection into the left uterine artery



Pre-embolisation injection into the right uterine artery



Post-embolisation injection into the right uterine artery

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:

Biocompatibles UK Limited

Chapman House
Farnham Business Park
Weydon Lane, Farnham
Surrey, GU9 8QL, UK

Phone: +44 (0)1252 732 732

Fax: +44 (0)1252 732 777

Email: marketing@biocompatibles.com

www.biocompatibles.com

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

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