

### IN-CLINIC TRAINING AVAILABLE, SCHEDULE ONE TODAY



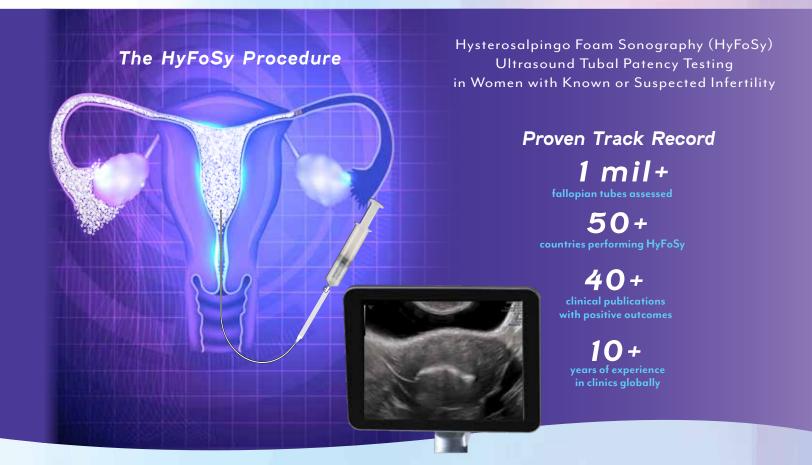
1.888.963.EXEM (3936)



contact@exemfoam.com



www.exemfoam.com



## Fast. Gentle. Effective.

How ExEm® Foam works is simple: if the fallopian tubes are patent –or open– the foam will appear as a thin, echogenic (bright white) line when visualized with ultrasound. If the white line does not appear, the fallopian tubes might be occluded or blocked.

ExEm® Foam is an FDA-approved ultrasound contrast agent that allows for convenient in-office ultrasound tubal patency testing for woman with known or suspected infertility. Studies suggest that the accuracy of ExEm® Foam used with 2D/3D-HDF-HyFoSy does not significantly differ from the gold standard laparoscopy with dye procedure1.

The HyFoSy procedure using ExEm® Foam is less painful than X-ray HSG<sup>3</sup> and offers real-time results. It does not involve X-ray, iodine or placing a cervical tenaculum and traction on the cervix. These features provide patients with a more comfortable and less painful procedure (than X-ray HSG), as well as a quick and conventient option for the evaluation of tubal patency.

Foam is the future

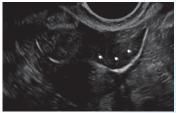


# The HyFoSy Procedure



Any 2D ultrasound machine, operated by a skilled sonographer, can be used to perform the HyFoSy procedure using ExEm® Foam. 3D or 2D/3D-High Definition Flow (HDF) Doppler ultrasound may offer enhanced accuracy and faster recognition of tubal patency in women with known or suspected infertility². Any transcervical catheter with luer connection, designed for intrauterine application (5 Fr. or larger), can be used.

## The advantages are clear

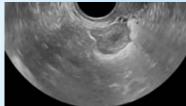


Proximal portion of left tube at isthmus

When constituted, ExEm® Foam produces approximately 127,000 micro air bubbles, making the image bright and white, providing a clear view of where the foam is.



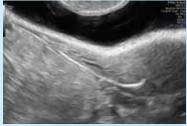
Transverse uterus, Bilateral tubes



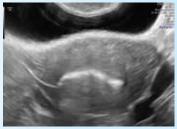
Foam around ovary



Right fallopian tube



Patent tube right



Patent tube right, Proximal block left tube



Bilateral proximal patent fallopian tubes

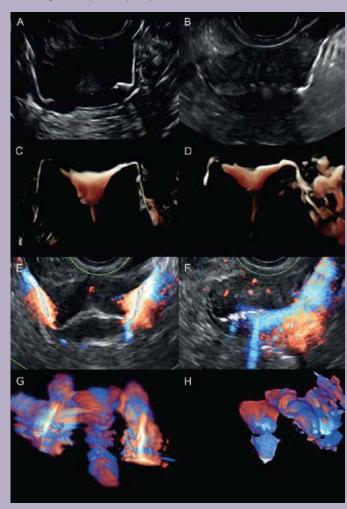
### Additional images as well as video samples are available upon request.

Important Safety Information: ExEm\* Foam should not be used on patients who are pregnant, have known or suspected lower genital tract inflammation or infection, have had a gynecologic procedure within the last 30 days, have vaginal bleeding, or have known or suspected reproductive tract neoplasia. Common side effects include pelvic and abdominal pain, vasovagal reactions (and associated symptoms such as nausea and faintness), and post-procedure spotting. See full prescribing information (available at www.exemfoam.com/resources) for further details or scan QR code to the right with your smart device:



SCAN FOR FULL PRESCRIBING INFORMATION

Images below were scanned in a European clinical setting. Individual scanning techniques may vary. (Source: Ludwin I., et al. 2017)



ExEm® Foam images of the uterus with the fallopian tubes in two women with known or suspected infertility. The left column shows patency in both fallopian tubes and the right column shows occlusion in left tube.

Technology used (top to bottom):

- · 2D-HyFoSy (A+B)
- Offline HD-live rendered
- · 3D-HyFoSy (C+D)
- 2D-HDF-HyFoSy (E+F)
- Offline color-rendered
- 3D-HDF-HyFoSy (G+H)

#### References

- 1. Ludwin I., Ludwin, A. et al. Accuracy of hysterosalpingo-foam sonography in comparison to hysterosalpingo-contrast sonography with air/saline and to laparoscopy with dye. Human Reproduction 2017, 32(4):758–769
- 2. Riganelli L., Casorelli A. et al. Ultrasonography reappraisal of tubal patency in assisted reproduction technology patients: comparison between 2D and 3D-sonohysterosalpingography. A pilot study. Minerva Ginecologica 2018, 70(2):123-8
- 3. Dreyer, K., Out, R. et al. Hysterosalpingo-foam sonography, a less painful procedure for tubal patency testing during fertility workup compared with (serial) hysterosalpingography: A randomized controlled trial. Fertility and Sterility 2014, 102(3):821-25