

femVue®

Procedure Guide

Patient Preparation

- Perform pregnancy test, have patient void, and perform a bimanual exam
- Rule out infection requiring treatment and deferral of procedure

Device Preparation

- Completely submerge device tip in sterile saline-filled bowl
- Pull back plunger handle and keep tip submerged until saline chamber is filled

FemVue fills with a delay so keep tip submerged in saline during the entire filling process.

1 Ultrasound Pre-Scan

Under transvaginal ultrasound guidance, locate the following in the transverse view:

- Endometrial stripe and cornua (Figure 1)
- Left & right adnexa
- Tubal course (Figure 2)

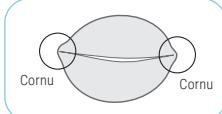


Figure 1

2 Catheter Placement

- Flush catheter
- Insert catheter and inflate balloon
- Position balloon above internal cervical os (Figure 3)

Apply traction to catheter to create a cervical seal and minimize backflow throughout procedure.

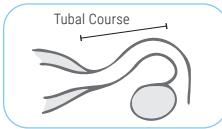


Figure 2

3 Uterine Cavity Assessment (Optional)

Perform a uterine cavity evaluation (SIS) per your practice guidelines (Figure 4).

SIS should be performed prior to tubal assessment.

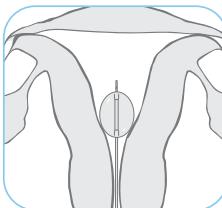


Figure 3

4 Prime & Connect FemVue

- Submerge tip in saline-filled bowl
- Depress plunger handle until a bubble is visible
- Attach FemVue luer to catheter luer (Figure 5)

Do not overtighten FemVue's luer to catheter luer to ensure easy device disconnection for refilling.

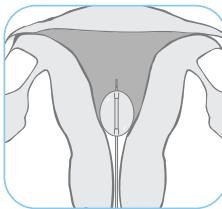


Figure 4

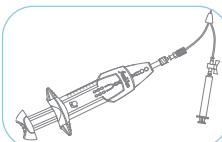


Figure 5

5 Deliver Contrast

In sagittal view, **SLOWLY** depress plunger and maintain traction on balloon catheter.

Confirm no backflow around balloon while visualizing bubbles entering uterine cavity (Figure 6).

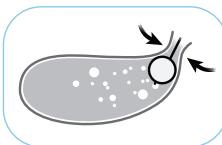


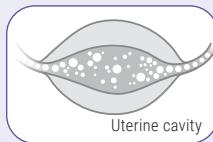
Figure 6

6 Tubal Interpretation

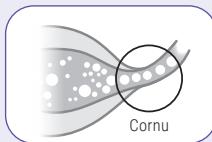
Focus probe on the following in transverse view to assess contrast flow:

- Uterine cavity
- Each cornu
- Each tubal course
- Each ovary

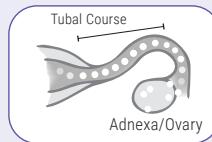
Examine right & left side sequentially.



Uterine cavity



Cornu



Adnexa/Ovary

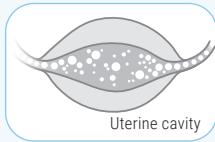
If tubal spasm is suspected, wait until spasm subsides to instill additional contrast.

Note: Probe must be held steady to observe and confirm bubbles flowing.

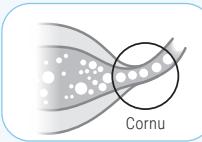
Tubal Patency Criteria

Tubal patency is confirmed with bubbles actively seen in one or more of the following areas:

- Flowing into tube
- Flowing through tube
- Exiting tube
- Around ovary
- In cul-de-sac



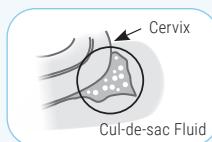
Uterine cavity



Cornu



Adnexa/Ovary



Cervix

If bubbles cannot be seen, consider rolling patient slightly onto left side to observe flow in right tube and vice versa.

7 Complete Procedure

Remove ultrasound probe, deflate balloon and remove catheter (Figure 7).

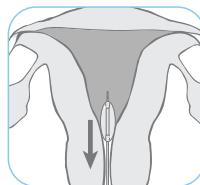
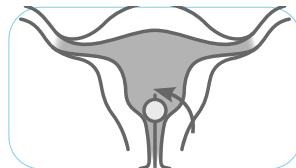


Figure 7

Refilling FemVue

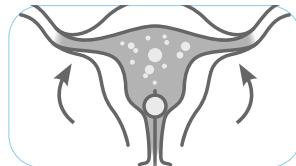
- Clamp intrauterine catheter and disconnect FemVue.
- Fill, prime, and reconnect FemVue then unclamp catheter.

Troubleshooting



No contrast exiting catheter and plunger resistance is felt

1. Ensure catheter clamp is open.
2. Confirm catheter is not abutting tissue impeding flow.



No contrast flow visible into the tube

1. Ensure, in sagittal view, there is no backflow around balloon catheter. If backflow is observed, consider increasing balloon size or repositioning.
2. Consider repositioning ultrasound probe.
3. Hold probe, maintain plunger handle position, and wait to rule out possible tubal spasm.
4. Instill contrast slightly faster to increase pressure enabling flow into tube.
5. Consider change in patient's position: roll patient slightly onto left side to observe flow in right tube and vice versa.

Ordering Information

To place a FemVue order, visit hcp.femvue.com or call **1-877-336-2562**