femVue® Sono HSG

Diagnose Tubal Patency in Your Office

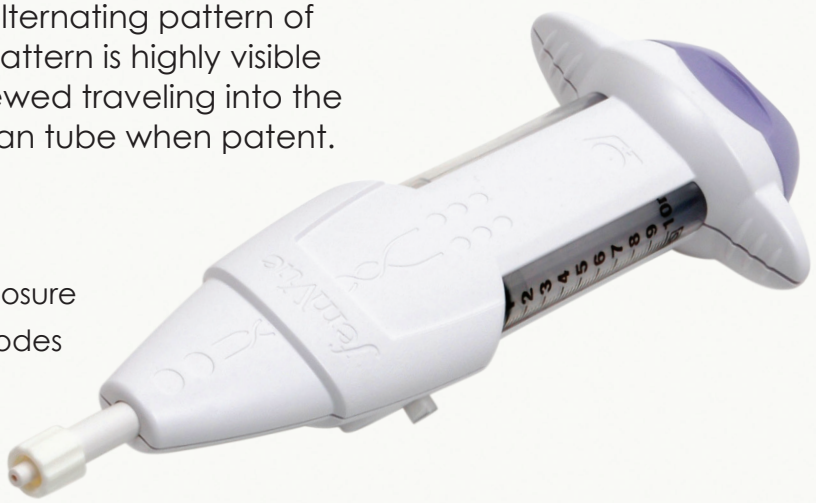
With the FemVue® Saline-Air Device, your existing ultrasound equipment and a standard intrauterine catheter, you can perform a Sono HSG to determine the patency of your patients' fallopian tubes.

Saline and air as contrast has been demonstrated to be a reliable, safe and cost-effective screening examination of tubal patency.

By adding FemVue Sono HSG, you can now evaluate all fertility factors in the office, ensuring optimal treatment planning for your patients.

It's all about the bubbles

FemVue creates and delivers a consistent alternating pattern of saline and air as a continuous stream. This pattern is highly visible under ultrasound, allowing for flow to be viewed traveling into the uterine cavity and out through each fallopian tube when patent.



Benefits for you and your patients

- Non-allergenic contrast and no radiation exposure
- Reimbursable procedure using existing CPT codes
- Easily incorporated into your office
- Typically performed in 15 minutes or less
- Save patient travel time and cost
- Possibly reduce patient discomfort and anxiety

When considering the least invasive and most cost-effective method for tubal patency screening, choose FemVue Sono HSG for your patients.

For more information, please visit www.femvue.com.
To meet with a sales specialist or to place an order, contact Norgenix at 1-877-320-5173.

femasys Innovations for Women

Scan the QR code to visit the FemVue website.

femVue® Sono HSG Procedure

1. Sonographic Landmarking

Conduct your standard ultrasound evaluation per your practice guidelines. Attempt to locate the following in the **transverse view**:

- **Endometrial stripe and uterotubal junctions** (Fig A)
- **Position of each ovary relative to the uterus** (Fig B)

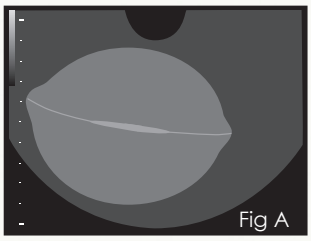


Fig A

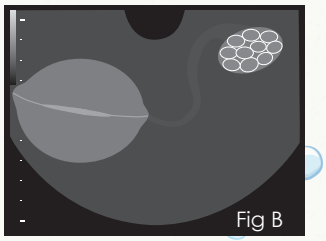


Fig B

2. Insert Catheter

Insert the catheter per the catheter's Instructions for Use.
If desired, first perform SIS with a saline-filled syringe per your practice protocol, because bubbles in the uterus from the FemVue may cause artifact.

3. Inflate Balloon (if applicable)

Inflation of the balloon with subsequent placement over the internal cervical os is recommended to prevent retrograde flow. (Fig C)

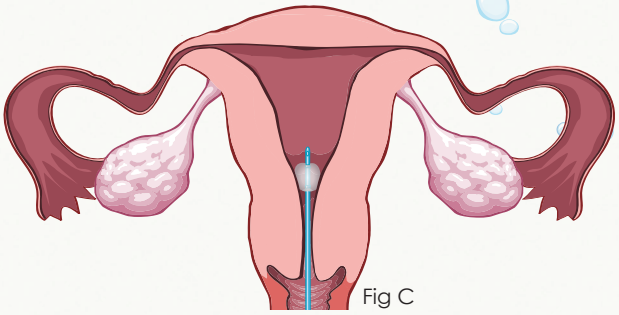


Fig C

4. Prime and Connect

To prime FemVue, submerge the tip of the previously filled device in the saline-filled bowl and depress the plunger handle until bubbles are visible. Ensure FemVue is primed just before attachment to avoid delay in contrast visualization.

5. Deliver Contrast Slowly

With ultrasound probe in place, slowly and steadily depress the plunger handle to deliver the contrast. Visualize saline-air contrast (bubbles) entering the cavity (distention is not necessary).

Confirm in the **sagittal view** there is no retrograde flow through the cervix. If needed, adjust the balloon's placement or use a balloon to block the flow. (Fig D)

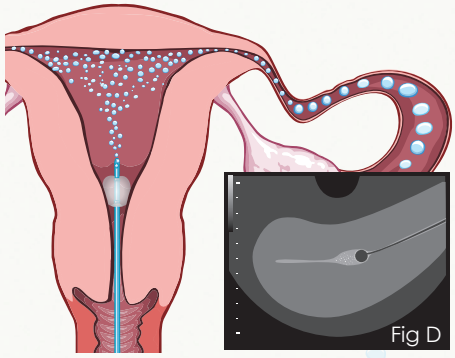


Fig D

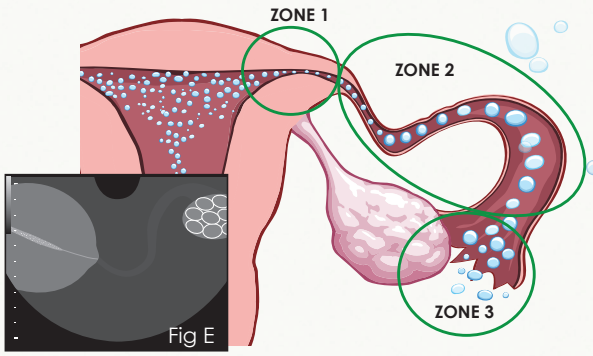
Start with one fill of the FemVue Saline-Air Device. Use minimum number of fills necessary. Do not exceed six (6) filled syringe volumes.

6. Make Tubal Assessment

In the **transverse view** orient the probe to observe the uterotubal junction to assess contrast flow in one tube. Although flow may be seen bilaterally, evaluate each tube individually. (Fig E)

- Locate flow in Zone 1 and hold view to observe.
- Slowly and methodically scan to possibly observe tubal flow in the remaining zones.

Evaluate contralateral tube.



Demonstrating tubal patency: Guidelines from historical literature using saline and air

Flow in the interstitial part of the tube (minimum criterion).[1,2] **Zone 1**

Flow throughout course of tube (may not be seen).[1] **Zone 2**

Flow exiting tube (fimbrial turbulence, bubbles seen around ovary or in cul-de-sac).[1,2,3] **Zone 3**

References:
[1] Volpi, Ultrasound Obstetrics Gynecology. 1996;7:43-48.
[2] Exacoustos, The Journal of the American Association of Gynecologic Laparoscopists. 2003;10(3):367-372.
[3] Allahbadia, Fertility and Sterility. 1992;58(5):901-907.

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