

How do I know if I'm a candidate for ExAblate?

The only way to determine if you are a candidate for the ExAblate procedure is to consult a physician. To find a physician who performs this procedure, visit www.uterine-fibroids.org. ExAblate is intended to ablate uterine fibroid tissue in pre- or peri-menopausal women with symptomatic uterine fibroids who desire a uterine sparing procedure. Patients should have completed child bearing. The safety & effectiveness of the ExAblate as a treatment for women who desire pregnancy are unknown. You should discuss potential complications with the treating physician. Patients who become pregnant after ExAblate should consult with their physician immediately.



A patient being treated with ExAblate.

About uterine fibroids

To determine if you have uterine fibroids, you must consult your physician. Fibroids can be painful and uncomfortable. Most commonly, symptoms include cramping, abdominal pain, heavy menstrual bleeding, anemia, frequent urination, constipation and a distended stomach.

Uterine fibroids are the most common benign (non-cancerous) tumors in women. Approximately 75% of women will have fibroids at some point in their lives, and a third of these women will have symptoms severe enough to need treatment. There is a higher incidence of uterine fibroids in African American women than in women of any other ethnicity. Fibroids account for many medical visits, tests, medications, and medical procedures. They are also a major reason for work absences and reduced quality of life.

With ExAblate, you have a non-invasive treatment known as Magnetic Resonance guided Focused Ultrasound. This procedure is designed to eliminate fibroid related symptoms in an outpatient setting, without the need for incisions, anesthesia, or hospitalization.



Your Fibroids. Your Choice.

How can I find out more?

To find a doctor who treats with ExAblate please visit www.uterine-fibroids.org or contact us at: info@insightec.com

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**Different Women.
Diverse Lifestyles.
One Targeted Treatment.**

Discover a Treatment Without Incisions. They're Your Fibroids. It's Your Choice.

It's called ExAblate®.

ExAblate is a medical device that is a combination of a focused ultrasound system and an MRI scanner. It is being used with a technology called MR guided focused ultrasound (MRgFUS). ExAblate uses focused ultrasound waves to destroy uterine fibroids, without affecting any of the surrounding tissues. The treatment takes place inside an MRI scanner. The MRI helps the physician "see" inside the body to pinpoint, guide, and continuously monitor the treatment. The focused ultrasound energy is directed at a small volume of the fibroid, raising its temperature high enough to destroy it without affecting other parts of the body. Ultrasound pulses are repeated until the entire fibroid is treated.

The ExAblate treatment is an outpatient procedure, with no overnight hospital stay, meaning you can return to your normal routine within days. It takes from one to three hours depending on the size and number of fibroids you have, and you're awake and able to talk to your doctor during the treatment.

The ExAblate Experience.

Please consult a doctor who performs the ExAblate procedure to determine if you're a candidate. If you are a candidate and choose to undergo ExAblate, here's a typical experience.

Prior to the procedure, you'll be given a pregnancy test and a Foley catheter. To help you relax and be still, you will be offered conscious sedation via an IV (intravenous) line. During the procedure, you will be lying face-down on the ExAblate patient table. You will be able to communicate with your doctor should you feel any discomfort or if you have any questions.

Your doctor will start by obtaining MR images of your fibroids which are used to plan your treatment. The treatment planning process takes approximately 15 minutes. After planning, the doctor begins the treatment by delivering "sonications" - focused ultrasound energy - to your fibroid. Each sonication lasts about 20 seconds. The total number of sonications needed depends on the size and number of fibroids. Between each sonication there will be a "cooling-period" of a few seconds before the next sonication is delivered - and you'll have a chance to talk to the doctor during this time.

Most women feel slight warmth and a bit of cramping during each sonication. You'll have a hand-held button to press that will stop the sonications anytime during the procedure.

When the treatment is complete, additional MR images are taken to determine how effective the treatment was.

What happens to me after the ExAblate treatment?

Patients will generally require up to 2 hours of rest while the conscious sedation wears off. If necessary, your doctor will provide instructions for medication to keep you comfortable upon discharge.

What are the risks of this treatment?

As with any medical procedure, there are risks involved with the ExAblate treatment. You may experience some abdominal pain similar to that experienced during a menstrual period, cramping, nausea, vaginal discharge, shoulder, back or leg pain from lying still during the procedure.

The incidence of these complications is relatively low. As with any procedure that leaves the uterus intact, there is a risk that the treatment may not be successful and you may require an alternative treatment. Also, the treatment may be successful in reducing symptoms due to the fibroids that are treated, but at a later time more fibroids may grow and require additional treatment.

One Targeted Treatment. Multiple Benefits.

- Uterus sparing
- No surgical incisions and no general anesthesia
- Outpatient procedure: in most cases no overnight hospital stay
- Low rate of complications compared to traditional surgery
- Most women are back to everyday activities within a day

One Targeted Treatment. Several Thousands of Patients Treated.

"I first discovered that I had fibroids in my early thirties. Over the course of several years, I was sent to two different gynecologists. Each time I was given several options, all of which did not appeal to me. Abdominal hysterectomy seemed to be the best option. However, I was still opposed to that because I felt a hysterectomy was very extreme considering the fact that fibroids are benign. I also felt that I wanted to go into menopause naturally and not because of surgery. The last option was to do nothing. Each time I left the office feeling frustrated.

As time went on, I noticed more symptoms. My uterus was the size of a 5-6 month pregnancy. My belly was hard and enlarged. I was going to the bathroom every 15-30 minutes and I had a lot of back pain and pelvic heaviness. I would get up at night 5-6 times just to run to the bathroom. I would have to stop at rest stops along the highway on my way to work. When I went out, I would always make sure there was a bathroom nearby. I finally agreed to see another specialist. Once again, I did not like the treatment options offered and was very opposed to a hysterectomy. I did not want to miss work for 6-8 weeks and did not want to be in the hospital and in extreme pain.

I had information regarding MRI guided focused ultrasound ablation. My physician had done a lot of research on the procedure and felt that this was an excellent option for me.

The procedure was very tolerable, only slight discomfort and no pain. The hardest part was not being able to move around for that length of time!

My treatment took place in the morning and I was able to leave that afternoon and was told that I might experience some cramping and discomfort. To my surprise, I experienced no pain, just some mild bloating, heaviness, and cramping. I returned to work the day after my procedure!!!

It has been four years since my procedure and I have been doing well. I no longer have back pain or pelvic heaviness. My fibroids have calcified and shrunk considerably. Best of all, I no longer have to run to the bathroom every 5-10 minutes! I am so thankful that I listened to my own intuition and did not have a hysterectomy. MRI guided focused ultrasound ablation was the best procedure for me!!"

Katie.