Confirmation Test

You will have an ultrasound-based test to confirm if FemBloc worked and can be relied on for permanent birth control.

You must use another form of birth control (other than an IUD) until your doctor confirms bilateral occlusion (both fallopian tubes are blocked) after the Confirmation Test. Not using birth control during this time could result in pregnancy.

What makes FemBloc special?

Safe:

- No anesthesia, no incisions, no permanent implant
- Permanent birth control is achieved with your own tissue making FemBloc the most natural approach

Effective:

- <u>No women</u> became pregnant with FemBloc after accurately being told both fallopian tubes were blocked[1]

Non-Surgical:

- Alternative to centuries old surgical sterilization (also known as tubal ligation or tying your tubes)

Affordable:

- Less cost than surgical sterilization
- No additional potential costs after surgery

Time-Saving:

- Quick procedure outside of the operating room/theater
- Resume normal activities immediately with no down time

1. Liu, J. H., Blumenthal, P. D., Castano, P. M., Chudnoff, S. G., Gawron, L. M., Johnstone, E. B., Lee-Sepsick, K. (2025). FemBloc Non-Surgical Permanent Contraception for Occlusion of the Fallopian Tubes. J Gynecol Reprod Med, 9(1), 01-12. doi: 10.33140/ JGRM.09.01.05.

SCAN THE QR CODE TO LEARN MORE!

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femasys

05206 R00
26.June.2025

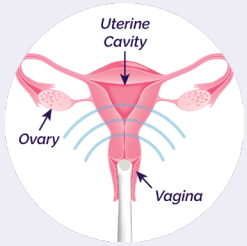
Peace of mind with femBloc®

Permanent Birth Control

THE ONLY *Non-Surgical* OPTION FOR WOMEN

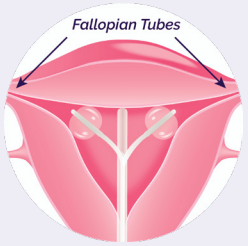
How does FemBloc work?

After an ultrasound is performed, the FemBloc delivery system is placed in your uterine cavity to deliver our blended polymer to both fallopian tubes, where it is ultimately replaced with your own tissue to block a small section of your tubes for permanent birth control.



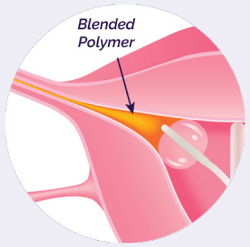
Step 1

Ultrasound is used to confirm there is no fluid/blood in your uterine cavity.



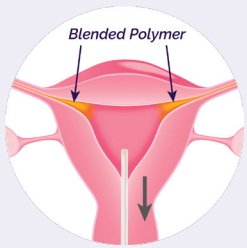
Step 2

FemBloc delivery system is placed in the uterine cavity and positioned towards both fallopian tubes.



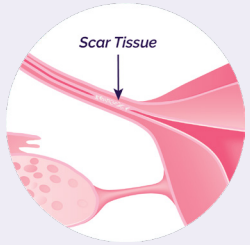
Step 3

Blended polymer is delivered into both fallopian tubes.



Step 4

FemBloc delivery system is removed, leaving the blended polymer behind for a short period of time.



Step 5

A small section of each tube is blocked with your own scar tissue to prevent pregnancy.

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Frequently Asked Questions

- **When is the procedure performed?**
  The procedure will be scheduled during the first half of the menstrual cycle, before ovulation to reduce the chance of performing the procedure when unknowingly pregnant.
- **Is the procedure uncomfortable?**
  Mild or moderate uterine cramping may be experienced during the procedure.
- **Will anything be given for possible discomfort?**
  Medications may be recommended for menstrual cramps to reduce discomfort.
- **Will I need to be confirmed blocked before I use FemBloc for birth control?**
  Yes, a confirmation test is needed approximately three months after the FemBloc procedure.
- **What happens if fallopian tubes are not blocked?**
  Other contraceptive options will be discussed.

Femasys sponsored clinical trials for FemBloc procedure through 5 years.
Pregnancy rate is shown in Table 1 and data demonstrating the safety events are shown in Table 2.

Table 1. Pregnancy Rate Reported in Clinical Trials with FemBloc

Statistic	Result (N=51)[a]
Overall, % (n/N)	0% (0/51)
Exact 95% upper confidence bound for p_1	0.057
One-sided p-value [b]	0.0426

[a] N=229 total patients who underwent the FemBloc procedure, N=101 were in the Cohort of Interest, and N=51 patients were determined bilaterally occluded by the investigator.
[b] P-values <.05 were considered indicative of significant difference from 6% performance goal based on reported pregnancy rate of 5.7% for female surgical sterilization. (Gariepy et.al, Fertility and Sterility, 2022)

Table 2. Adverse Events >5% Reported in Clinical Trials with FemBloc

Adverse Event (AE)	% (N=229)[a]
Serious AE (SAE)	0
Non-Serious AE, device-or procedure-related	
Spotting vaginal or uterine/vaginal bleeding	58.5
Pelvic or abdominal pain/uterine cramps	55.9
Time of AE reporting from procedure	
1 day	61.1
2 days	8.5
3 days	16.2
>4 days	13.7
Non-Serious AE, device- or procedure-related	% (N=101)[b]
Bilateral/unilateral tubal patency	49.5

[a] N=229 total patients who underwent the FemBloc procedure.
[b] N=101 total patients who met trial eligibility, including Confirmation Test result 90 days after FemBloc procedure and N=51 patients who were determined bilaterally occluded by the investigator.

- There is limited performance data (N=51) and that there is a lack of data for women with endometriosis, PCOS, or irregular menstrual cycles.
- There is a possibility of a second application of FemBloc in cases of unilateral occlusion or no occlusion (both tubes were not blocked after the first application).
- A N=229 total patients who underwent the FemBloc procedure. N=101 total patients who met trial eligibility, including Confirmation Test result 90 days after FemBloc procedure and N=51 patients who were determined bilaterally occluded by the investigator.

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