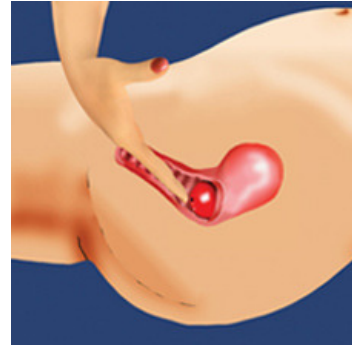


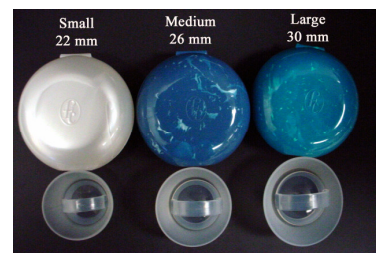
# *FemCap Protocol*

*Clinician should:*

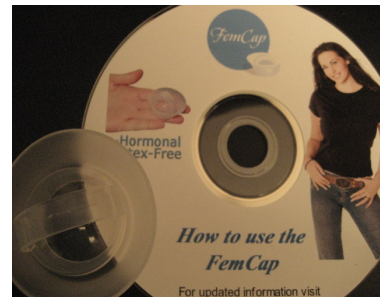
- A)** Perform pelvic exam to exclude any contraindication, and determine the size of the cervix.



- B)** Provide the woman with her *FemCap* size, according to her obstetrical history, and the pelvic exam.

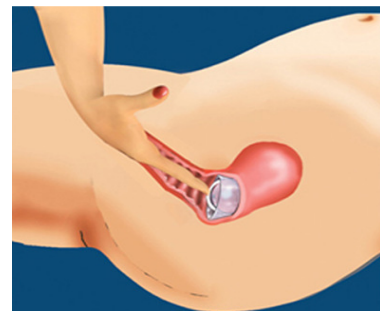


Then provide her with the package insert, and instructional DVD. Allow her ample time to learn how to insert and remove the *FemCap*.



**She should feel her cervix then practice insertion and removal of the *FemCap* ON HER OWN.**

- C)** Check the *FemCap* for correct placement by digital exam to ensure that the *FemCap* is covering her cervix completely.



Unlike the Diaphragm the bulk of the spermicide is stored in the groove between the dome and brim of the *FemCap*, **facing the vaginal opening**, to expose sperm to the spermicide upon deposition into the vagina. **In contrast to the Diaphragm the *FemCap* does NOT require measurement or custom fitting.** In fact the woman can insert and remove the *FemCap* in the squatting position **ON HER OWN** much easier and faster than any clinician can insert it for her, no matter how skillful.

The *FemCap* is held in place by the muscular walls of the vagina and **does not have to be snug around the cervix or hinge behind the pubic bone.**

*For update visit: [www.femcap.com](http://www.femcap.com)*