

EN
Transurethral Balloon Catheter
Instructions for use

ZH經尿道導管
使用說明書**JA**經尿道バルーンカテーテル
使用説明書**RU**Трансуретральный
баллонный катетер
Инструкция по использованию**AR**القسطرة البالونية عن طريق الإحليل
إرشادات الاستعمال**TR**Transürethral Balon Kateter
Kullanma talimatları**IFU Nr. 24-D****EN****Instructions for use
Transurethral Balloon Catheter**

IFU Nr 24-D Ballonkatheter EN_07/21.06.2017

Please note: These medical products may only be obtained and used by trained medical personnel.

1. Description

Two-way and three-way transurethral balloon catheters made from medical grade silicone or latex with silicone elastomer coating.

2. Contents and packaging

- Two-way or three-way catheter
- Catheter stopper (only for 2-way catheters)
- Instructions for use

3. Intended use

Temporary urinary diversion, tamponade and possibility of bladder irrigation with 3-way balloon catheters.

4. Indications

- Diagnostics of the lower urinary tract
- Intra-operative and post-operative urine drainage
- Bladder emptying disorders
- For transurethral bladder catheterization
- For tamponade and/or lavage following resections in the lower urinary tract

5. Contraindications

The contraindications known for the respective procedure must be observed. The balloon catheter may not be used in the case of known allergies to the respective catheter material (silicone or latex).

6. Possible side effects

- Pressure ulceration or inflammation of the urethral mucosa
- Infections (bacteriuria)
- Catheter encrustation and obstruction
- Urethral injury
- Hematuria

7. Instructions

When using this product, the general hygiene rules applicable to catheterization must be complied with.

Insertion technique (men)

The size of the balloon catheter is selected on an individual patient basis in accordance with medical standards.

Conventional medical lubricant is drizzled onto the urethral opening using a disposable syringe. The outer urethral meatus is then widened manually, the cone positioned and the lubricant instilled by extending the head. To ensure that the lubricant does not leak out, the urethra should be held compressed for a moment or closed off with a penis clamp.

The penis is then held lateral to the glans penis. The catheter is then inserted with the sterile sheathing or sterile forceps. Its free end is grasped between the pinkie and ring finger and secured in this way. On catheters with curved tips, the tip must point upwards. The catheter is then advanced smoothly past the sphincter with constant checks until it is inside the bladder and urine is draining out.

The catheter is then advanced a further 5 cm and, using the valve and the Luer attachment on a syringe, blocked through the second lumen and adjusted in the bladder by pulling it backwards.

Once the catheter has been inserted, it is connected via the valve to a one-way connection on a urine bag and firmly pressed.

Insertion technique (women)

The size of the balloon catheter is selected in accordance with medical standards.

The labia majora are disinfected using one swab each from the pubic bone towards the anus and then spread using the thumb and index finger. The labia minora are disinfected in the same manner. Throughout the entire catheterization procedure, one hand spreads the labia while catheterization is carried out using only the other hand. Once the lubricant has been instilled, the catheter is introduced into the urethral opening and slowly advanced until it reaches the bladder and urine drains out.

The catheter is then advanced a further 5 cm and, using the valve and the Luer attachment on a syringe, blocked through the second lumen and adjusted in the bladder by pulling it backwards.

Once the catheter has been inserted, it is connected via the valve to a one-way connection on a urine bag and firmly pressed.

Insertion technique (child)

When selecting the catheter it must be ensured that the catheter is not too tight a fit in the urethra!

Removal of the catheter

- The balloon must be completely drained before removal. To do this, place an empty syringe on the valve and aspirate the fluid. The catheter is then carefully removed.

8. Possible complications and/or risks

- Long-term catheterization can cause shrinkage of the bladder.
- Infections
- Encrustation
- Catheter dislocation
- Lack of proper care when advancing the catheter may damage the bladder wall.

9. Instructions for use / precautions

- This product is only sterile if the packaging is undamaged and unopened.
- For single use only! Do not re-use, recycle, or re-sterilize. Re-using, recycling, or re-sterilizing can impair the structural integrity of the instrument and/or lead to malfunctioning of the instrument, which can in turn lead to illness, injury, or death of the patient.

- Do not use catheter after the date of expiry has passed.

- Do not treat the product with alcohol/disinfectant agents/lubricants. This may damage the surface.

- All components must be carefully checked for compatibility and integrity before use.

- Do not over-block the balloon! Only block to the maximum volume specified! (Details can be found on the catheter attachment and/or on the label)

- Regularly check the patency and position of the catheter. The fill volume of the balloon should be checked at intervals of 1-2 weeks.

- To reduce the risk of urinary tract infections, the connection between the catheter and the urine bag should not be released. Closed drainage systems are recommended.

- To refill the balloon, drain it completely first. Fill the balloon with slight pressure. To reduce the risk of loss of volume in the balloon, distilled water + 10% glycerin should be used.

- In exceptional cases, it may be impossible to unblock the balloon. In this case, the balloon can be emptied through special measures (e.g. by cutting off the valve, piercing the balloon by suprapubic incision, etc.).

The user must decide on the most appropriate measure based on the individual situation.

Following one of these measures, the balloon must be checked for completeness.

- Do not clamp the catheter; use a sealing plug if necessary.

- Silicone balloon catheters must be changed after no more than 30 days.

- Check that the patient does not have an allergy to latex before using catheters that contain latex. The duration of use is limited to 4 days, and repeated use to 30 days. If long-term urinary catheterization is required, silicone balloon catheters should be used.

10. Interaction with other drugs

It is possible that the stent may discolor due to the concomitant use of medications or even as a result of contact with urine.

11. Transport and storage conditions

The products may be transported and stored only in the packaging intended for this. There are no further specific requirements for transport. Products must be stored dry and protected from direct sunlight, in the temperature range of 5 - 30 degrees Celsius.

12. Disposal

After use, this product may pose a biological hazard. Handling and disposal must be carried out in accordance with recognized medical procedures and be completed pursuant to applicable legal regulations and guidelines.

ZH**使用说明
经尿道导球囊导管**

IFU Nr 24-D Ballonkatheter ZH_07/21.06.2017

请注意：这些医疗产品仅允许由经过培训的医务人员获取和使用。

1. 描述

双腔和三腔经尿道导球囊导管采用医疗级硅胶或乳胶制成，带硅橡胶涂层。

2. 内容和包装

- 双腔或三腔导管
- 导管塞（仅适用于双腔导管）
- 使用说明

3. 预期用途

临时尿路引流、填塞并可使用三通气囊导管膀胱灌注。

4. 适应症

下尿路诊断

术中和术后尿液引流

膀胱排空障碍

经尿道膀胱导管

用于下泌尿道切除术后的填塞和/或灌洗

5. 禁忌症

必须遵守相应程序已知的禁忌症规定。此球囊导管不可用于对相应导管材料（硅胶或乳胶）过敏的已知情况。

6. 可能的副作用

尿道黏膜的压迫溃疡或炎症

感染（细菌尿）

导管阻塞和阻塞

尿道损伤

尿血

7. 说明

使用本产品时，必须遵守适用于导尿操作的一般卫生规则。

插入技术（男性）

根据医疗标准按照个别患者选择球囊导管的尺寸。

使用一次性注射器向尿道口注入常规医疗润滑剂。然后手动扩张外尿道口。置于针锥，推入注射头，缓慢注入润滑剂。要确保润滑剂不会泄漏，应按时按住尿道或使用阴茎夹住。

将阴茎保持在阴茎头侧边。然后使用无菌套或无菌镊子插入导管。

用小手指和无名指夹住它的开放端，以此方式固定。如果导管的尖端是弯曲的，尖端必须向上指。将导管平稳推过括约肌，并不断检查，直到它位于膀胱中并能引出尿液。

使用注射器的瓣膜和鲁尔附件，将导管再向前推 5 厘米，封锁第二个腔，将导管往后拉以便调整其在膀胱中的位置。

一旦插入导管后，它通过活瓣连接到造口袋上的单向连接，然后牢牢按在上面。

插入技术（儿童）

在选择导管时，必须确保导管对于尿道不会太紧！

取出导管

- 取出前必须完全排空球囊。为此，在活瓣上放置一个空的注射器，抽吸液体。然后可以小心取出导管。

8. 可能出现的并发症和/或风险

- 导管长时间插入可能会导致膀胱收缩。

- 感染

- 积垢

- 导管错位

- 推进导管时缺乏适当的护理可能损伤膀胱壁。

9. 使用说明/注意事项

- 此产品仅在包装未损坏和未开封条件下才为无菌状态。

- 只可使用一次！勿重复使用、回收或重新消毒。重复使用、回收或再消毒可能会损害仪器的结构完整性和/或导致仪器发生故障，从而导致患者发生疾病、伤害或死亡。

- 请勿使用已过有效期的导管。

- 不要用酒精/消毒剂/润滑剂擦拭产品。这可能会损坏表面。

- 使用前，必须仔细检查所有部件的相容性和完整性。

- 请勿过度堵塞气囊！仅堵塞至指定的最大容积。（参见导管附件和/或标签了解详细说明）

- 定期检查导管的通畅和位置。应间隔 1-2 周检查球囊的加注量。

- 为减少尿路感染危险，导管和尿路造口袋之间的连接不可松开。

- 建议使用闭合排尿系统。

- 要重新充填球囊，先将它完全排空。低压充填球囊。为减少球囊中的容积损失风险，应使用蒸馏水 + 10% 甘油。

- 特殊情况下，可能无法开启该球囊。在此情况下，必须通过特殊措施清空球囊（例如，切断活瓣，在耻骨弓上切开然后刺穿球囊等）。

- 使用这些措施之一后，必须检查球囊是否完好。

- 请勿夹住导管，如有需要请使用密封塞。

- 硅胶球囊导管必须在 30 天内更换。

- 使用含乳胶的导管前，请确认患者不会对乳胶过敏。使用期限为 4 天，重复使用可延至 30 天。如果需要长期导尿，应使用硅胶球囊导管。

10. 其他药物的相互作用

支架在与不同药物同时使用，甚或与尿液接触后可能出現褪色現象。

11. 运输和储存条件

只能使用专用包装运输和储存产品。没有进一步具体运输要求。

产品必须储存于干燥处，避免阳光直射，储存温度范围为 5 - 30 摄氏度。

12. 处理方式

使用后，该产品可能会造成生物危害。产品的处理和处置操作必须按照认可的医疗程序进行，并遵守适用的法律法规和指导方针完成。

一旦注入润滑剂后，将导管引入尿道口，缓慢向前推进，直到它到达膀胱并引出尿液。

使用注射器的瓣膜和鲁尔附件，将导管再向前推 5 厘米，封锁第二个腔，将导管往后拉以便调整其在膀胱中的位置。

一旦插入导管后，它通过活瓣连接到造口袋上的单向连接，然后牢牢按在上面。

JA**使用方法
經尿道バルーンカテーテル**

IFU Nr 24-D Ballonkatheter JA_07/21.06.2017

插入テクニック（小兒）

カテーテルを選択する際は、カテーテルが尿道内できつくなりすぎないようにしてください。

カテーテルの除去

- バルーンは取り外す前に完全に排出する必要があります。これを行うには、空の注射器をバルブ上に配置して、液体を吸引します。その後、カテーテルを慎重に取り外します。

8. 問題およびまたはリスクの可能性

- 長期的なカテーテル留置を行うと、膀胱が収縮する可能性があります。

- 感染

- 痢疾形成

- カテーテルの位置ずれ

- カテーテルの挿入により適切なケアが行われないことがある場合に膀胱壁が損傷する可能性があります。