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MAGNETIC BLACK STAR /
MAGNETIC BLACK STAR-XT
Instructions for use

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MANYETİK SİYAH YILDIZ /
MANYETİK SİYAH YILDIZ-XT
Instruções de utilização

IFU Nr. 32-D



Instructions for use

MAGNETIC BLACK STAR / MAGNETIC BLACK STAR-XT

IFU Nr. 32-D Magnetic Black Star EN 04/09.06.2017

Please note: This medical product may only be obtained and used by specialist physicians, physicians and trained personnel.

1. Description

- Urteral stent (double-J or single-J) with magnet and accessories
- Retrieval device (magnetic stent removal system)

2. Contents and packaging

2.1 Urteral stent set

- Pusher and urteral stent with bladder-side magnet
- Guide wire (in sets with guide wire)
- Patient ID and instructions for use

2.2 Retrieval Device

- Disposable catheter with magnetic Tiemann tip
- Instructions for use

3. Intended use

Urteral stents ensure a urinary diversion from the kidney to the bladder, prevent extravasation of urine, or splint the ureter.

4. Indications

- Stenting of the ureter pre- and postoperatively
- Prophylactic or postoperative urine drainage security after URS
- Counteracting of strictures, also scar slits after ureter slits or slits at the ostium
- Urteral stenoses of various etiology
- Urteral strictures, stenoses, kinks, or adhesion
- Postoperative, e.g. after Uteropelvic surgery or ureterotomy

5. Contraindications

- Serious infections
- Prolonged obstruction
- Contracted or spastic bladder
- Urinary bladder fistulas
- Urosepsis
- Urge incontinence
- Chronic urinary retention or extrinsic obstruction
- Cardiac pacemaker

6. Possible side effects

- Foreign body irritation in the bladder and renal regions
- Erosions and ulcerations of the ureter
- Dysuria
- Hematuria
- Elevated micturition frequency, nighttime urge to urinate
- Feeling of pressure in the flank, flank pain
- Vesicoureteral reflux
- Incrustation
- Ascending infections

7. Instructions

7.1 Pass the guide wire, flexible tip first, into the renal pelvis.

7.2 Inserting the double-J urteral stent with magnet

- a) Thread the urteral stent with the magnet and pusher onto the guide wire. Make sure that the magnet (bladder-side end) is also fed over the guide wire.
- b) Push the urteral stent into the renal pelvis via the guide wire using the pusher with x-ray guidance.

7.3 Inserting the single-J urteral stent with magnet

- a) Thread the urteral stent and the pusher, in which the magnet is pre-mounted through a sleeve, onto the guide wire.
- b) Remove the sleeve from the pusher!
- c) Push the urteral stent into the renal pelvis via the guide wire using the pusher with x-ray guidance. While doing so take care that the ostium is only intubated by the tapered part of the shaft of the pusher and that the magnet remains in the bladder.

7.4 Removing the guide wire / pusher

- a) As soon as the desired position of the urteral stent has been achieved in the renal pelvis, the guide wire can carefully be withdrawn (the pigtail of the urteral stent will hereby be formed). Hold the urteral stent in position using the pusher while the guide wire is being withdrawn.
- e) After the successful removal of the guide wire, carefully withdraw the pusher.

7.5 Removing the urteral stent with the retrieval device

- a) To remove the urteral stent, carefully insert the retrieval device into the bladder retrogradely (a retrieval device of size "L" must be used to remove a FR6 or FR7 urteral stent).
- b) Create the connection to the magnet on the urteral stent by rotating the Tiemann tip (in front of the respective ostium). Successful connection between the retrieval device and the stent magnet is indicated with an audible click.
- c) After both magnets are connected, remove the urteral stent by careful, steady pulling.

8. Possible complications and/or risks

- Dislocation of the urteral stent
- Fragmentation of the stent with subsequent surgical or endoscopic removal of the product
- Incrustation and blockage of the urteral stent, rendering it non-functional and potentially causing urinary calculi to form in the kidney
- Arterial urteral fistula in patients with vascular reconstruction and stents for chronic vascular disease
- Strictures of the urteral and ureter
- Impaired x-ray visibility as a result of air in the lower abdomen of the patient
- Prevention of guide wire insertion due to obstructions in the urter
- Injury to the urter as a result of improper manipulations of the guide wire
- Injury to the bladder wall as a result of the application of too much pressure when advancing the urteral stent with the pusher
- Injury to the urethra as a result of improper insertion of the magnet (magnet not led using the guide wire)
- Injury to the urinary tract as a result of the improper positioning of the magnet during insertion (bladder-side end of the urteral stent in front)
- Magnetic removal not possible. In this case standard cystoscopic removal must be performed.

9. Warnings / Precautions

- This product is only sterile if the packaging is undamaged or unopened!
- For single use only! Do not re-use, recycle, or sterilize multiple times. Re-using, recycling or re-sterilizing the instrument can impair its structural integrity and cause malfunctions that may lead to illness, injury or death of the patient.
- Do not use stents after the date of expiry has passed.
- Do not wipe the product and set components with alcohol/disinfectant agents. This may damage the surface
- All components must be carefully checked for compatibility and integrity before use.
- Do not damage the stent, pusher, guide wire, and retrieval device with sharp surgical instruments or excessively extend the urteral stent - this increases the risk of breakage.
- Carry out a percutaneous nephrostomy where there are extensive defects in the urter. There is a risk of lesion enlargement from retrograde advancement of the urteral stent.
- To ensure correct functioning, a urteral stent must be selected that corresponds with the length of the urter.
- To avoid injury to the bladder wall, ostium, urter, and parenchyma, advance the guide wire, pusher and urteral stent carefully and in a controlled manner using the magnet.

To prevent injury to the urethra, take care that the magnet is threaded onto the guide wire.
When using single-J urteral stents, also take care that the mounting sleeve is removed after threading is complete!

If obstructions are detected while inserting the wire, do not increase pressure as this may result in injury.

To prevent injuries in the urteral area, the guide wire must not be led in or out through the pre-positioned urteral stent (this can cause the wire tip to exit through the drainage holes).

The correct placement and complete formation of the pigtails must be ensured using radiological or contrast agent-based fluoroscopic techniques in order to minimize the risk of urteral stent migration.

This product is not a permanent implant.

In order to prevent loss of function due to encrustation, the max. service life of a magnetic urteral stent is limited to 30 days.

To detect infections, dislocation or closures early, it is recommended to regularly check urine status and the position and patency of the urteral stent.

In case of irregularities, it is necessary to exchange the urteral stent.

In the event of magnet migration into the urter, the urteral stent must be removed endoscopically.

MRT examinations are not permitted for patients with urteral stents.

Patients with cardiac pacemakers may not have the product implanted due to the magnet.

10. Interaction with other drugs

The urteral stent could potentially discolor due to the concomitant administration of medication, use of dye-based urine presentation methods, 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°C.

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.



使用方法

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ご注意: この医療機器は、専門医、医師、訓練を受けたスタッフのみが取得・使用できます。

1. 概要

- 尿管スチント (ダブル J シングル J)、磁石と周辺機器付き
- 回収装置 (磁石スチント除去システム)

2. 内容と包装

2.1 尿管スチント・セット

- ブッシャーおよび尿管スチント、膀胱側磁石付き
- ガイドワイヤー (ガイドワイヤーとのセット)
- 患者 ID と使用方法

2.2 回収装置

- 磁石ガイドマン先端がある使い捨て式カーテル
- 使用方法

3. 使用目的

尿管スチントは、腎臓から膀胱への尿路変更、尿の溢出防止、または尿管スプリントを確実に行います。

4. 適応症

術後、術後の尿管スチント留置

URS 後の予防的または術後の尿路ドレナージ

狭窄ならびに尿管スリットや小孔スリットによるスリット傷の緩和

様々な原因の尿管狭窄

尿管狭窄、狭窄、よじれ、または縮窄

尿管狭窄合併手術または尿管切開術などの術後

5. 禁忌

重篤な感染症

長期閉塞

萎縮または腎臓膀胱

膀胱収縮

尿路狭窄

慢性尿漏または外因性尿漏

心臓ベースメーカー

6. 起こり得る副作用

膀胱ならびに腎部における異物による炎症

尿管の弱化と潰瘍形成

排尿障害

血尿

排尿頻度の増加、夜間尿意切迫

脇腹への圧迫感、側腹痛

膀胱尿管反流

腎炎

上行性感染症

7. 説明

7.1 ガイドワイヤーをまず挿入します。

磁石付きダブル J 尿管スチントを挿入します。

- a) 磁石付きダブル J 尿管スチントを挿入する

磁石 (膀胱側の端) もガイドワイヤーに導かれています。

磁石ガイドマン先端のブッシャーを使用し、ガイドワイヤーを介して尿管スチントを腎孟に押し込みます。

7.2 磁石付きシングル J 尿管スチントを挿入する

スリーブを介して磁石があらかじめ取り付けられている尿管スチントとブッシャーを、ガイドワイヤーに通します。

ブッシャーからスリーブを取り外します!

X線ガイドマン先端のブッシャーを使用し、ガイドワイヤーを介して尿管スチントを腎孟に押し込みます。その間に、小孔はブッシャーのシャフトの先細部分だけに拘束され、磁石は膀胱内に留まるように注意してください。

7.3 ガイドワイヤー/ブッシャーを取り外す

尿管スチントを所定の位置に到達したら、すぐにガイドワイヤーを注意深く引き抜くことができます (尿管スチントのビグテールが形成されます)。ガイドワイヤーを引き抜きながら、ブッシャーを使用して尿管スチントを所定の位置に保持します。

7.4 ガイドワイヤー/ブッシャーを再び挿入します。

7.5 回収装置で尿管スチントを除去する

回収装置で尿管スチントを取り出すには、回収装置を膀胱に逆行して慎重に挿入します (FR6 または FR7 尿管スチントを取り出すには、サイズ「L」の回収装置を使用する必要があります)。

尿管スチント磁石への接続を、ティーメン先端 (各小孔の前) を回転させて行います。回収装置とスチント磁石の間ににおいて達成された接続は、クリック音で示されます。

7.6 両方の磁石を接続した後、慎重かつしっかりと引張って尿管スチントを取り除きます。

8. 問題およびまたはリスクの可能性

- 尿管スチントの位置ずれ
- スチントの破壊、統いて製品の手術または内視鏡による除去
- 尿管スチントの癒着と閉塞で、機能しなくなり腎臓に尿管カルシウムの形成を引き起こす可能性があります
- 他の疾患の症例における、血管再建およびスチントを有する患者の動脈狭窄

尿道と尿管の狭窄

患者の下腹部に空気が入ることによる X 線視認性の低下

尿管内閉塞によるガイドワイヤー挿入の防止

ガイドワイヤーの不適切な操作の結果である尿管への損傷

尿管スチントをブッシャーで前進させ際に過大な圧力を加えたことによる膀胱壁の損傷

磁石の不適切な挿入による尿道への損傷 (磁石はガイドワイヤーによる誘導ではない)

挿入中、磁石の位置決めが不適切なために尿道への損傷 (前部尿管スチントの膀胱側端部)

磁石除去は不可能です。この場合は、標準の膀胱鏡除去を行なう必要があります。

9. 告警