

SUPPLIES:

- 1-RPC-9/RPC-9P Saline or Water
- 1-Four-Way Stopcock (4-SC) Lubricant (water-based only)
- 1-Syringe (minimum 10cc)

CAUTIONS:

Do **not** prep the balloon more than 24 hours prior to use.

Instill **only** saline or water into the lumens and balloon.

Do **not** over-inflate balloon. Instill **no more than** 1.5 cc into the balloon when the *Purge Only* cap is closed.

Do **not** pull a vacuum on the balloon until immediately prior to insertion or extraction.

Do **not** expose the catheter or balloon to petroleum-based lubricants, alcohol, tinctures, disinfecting solutions or any other harsh chemicals.

Deflate the balloon completely **prior** to removal.

Do **not** remove the catheter while the patient is sitting on a commode chair. Withdraw **only** by pulling the catheter straight out of the rectum.

Federal (USA) law restricts this device to sale by or on the order of a physician.

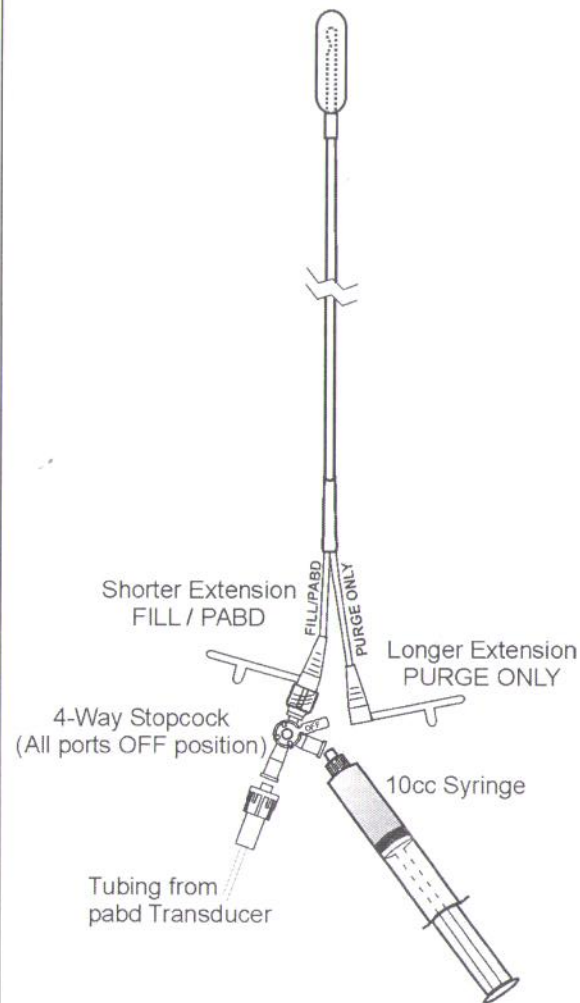
CATHETER PREP (≤ 24 hours before use):

1. Remove the catheter from the package and uncap *both* lumen extensions.
2. Place a four-way stopcock (e.g. a Laborie 4-SC) on the *shorter* lumen extension labeled **FILL/PABD**.
3. Fill a syringe with water or saline and place it on the stopcock as illustrated.
4. Holding the catheter so that the balloon is pointed upward, infuse solution from the syringe into the catheter.

*This action forces the air inside the catheter and balloon to ascend and then discharge out of the lumen extension labeled **PURGE ONLY** as it is replaced by solution.*

5. After all the air has been flushed through the balloon and catheter, close the cap on the lumen extension labeled **PURGE ONLY**.
6. Collapse the balloon by withdrawing the fluid from the catheter with the syringe.
7. Turn the stopcock to the OFF position as shown in the figure to the right. The abdominal catheter is ready for the patient.

RPC-9/RPC-9P SETUP & TECHNIQUE



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DISIFURPC9-9P Rev 1.0

PATIENT SETUP:

1. Apply a light film of water-based lubricant to the balloon and place the catheter 8-14 cm into the patient's rectum (or vagina if preferred).
2. Open the stopcock between the syringe and catheter and infuse approximately 1-1.5cc of water into the balloon with the syringe. Then, turn the stopcock to the OFF position, as illustrated. The syringe can be removed if desired.
3. Tape the catheter securely in place, using about a 36cm length of 10mm wide paper tape (downsize appropriately for pedi). Fashion a sling by taping from the sacrum, between the buttocks, across the rectum (trapping the catheter), then forward along the groin crease. This technique works best if the catheter is placed rectally.
4. Slowly, open the stopcock between the catheter and the luer to be used for pressure tubing connection. As fluid fills the luer and forms a meniscus, quickly connect the tubing and stopcock as shown (take care that you do not lose much fluid from the balloon).
5. Turn the stopcock OFF to the syringe (i.e. open between the pressure transducer tubing and catheter). Next, observe the pressure waveforms on the channels recording *pves*, *pabd* and *pdet*.
6. At the beginning of a CMG, when the bladder is (presumably) empty, it is recommended that the detrusor pressure (*pdet*) be 0 cm H₂O. To achieve this value, abdominal pressure must equal vesical pressure (*pdet*=*pves*-*pabd*).
If *pabd* is higher than *pves*, slowly open the stopcock to the free luer connector and allow a drop of fluid to escape. Repeat until *pabd* equals *pves*.
If *pabd* is lower than *pves*, use the syringe as illustrated, with all stopcock ports open, to add a few drops of water until *pabd* equals *pves*.
7. When *pves* and *pabd* are equal, *pdet* will be 0 cm H₂O. Turn the stopcock OFF to the syringe and have the patient cough to verify continuity and good pressure transmission.
8. Remove the syringe, if desired, and begin the study.

REMOVAL:

1. Disconnect catheter from pressure tubing and deflate the balloon completely using a syringe.
2. While holding a vacuum on the balloon with the syringe, instruct the patient to relax as you withdraw the catheter straight out of the rectum.
3. Discard the catheter using appropriate biohazard precautions.