

### 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 5cc** into the balloon during catheter prep.

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

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.

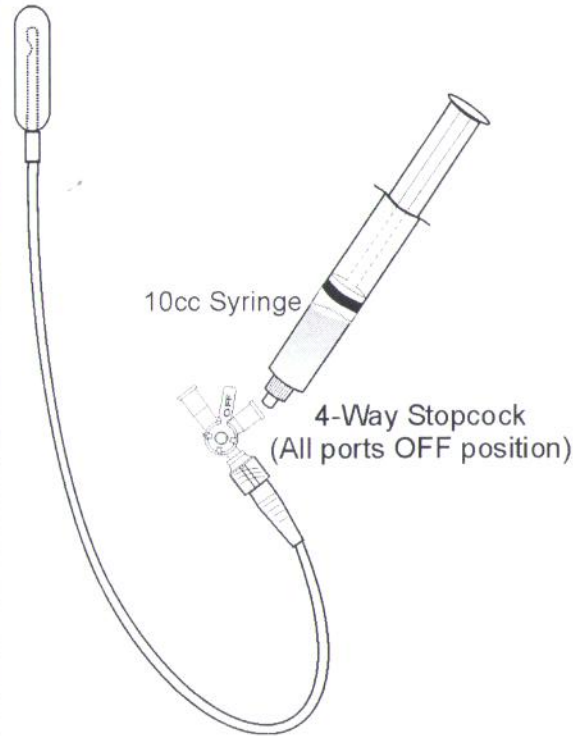
### CATHETER PREP (≤ 24 hours before use):

1. Remove the catheter from the package and place a four-way stopcock (e.g. a Laborie **4-SC**) on the catheter luer connector as illustrated.
2. Fill a 10cc syringe with 5 - 7cc of water or saline, place it on the stopcock, and open the stopcock between the syringe and catheter.
3. Holding the assembly as illustrated, with the balloon pointing up and the syringe luer-down, aspirate all air from the balloon into the syringe. The air will ascend above the water in the syringe barrel, creating a vacuum in the catheter.
4. Inject 4 - 5cc of fluid into the balloon, until the fluid ascends above the tip of the catheter. This slightly distends the balloon.
5. Aspirate until the balloon has completely collapsed, evacuating the fluid and most of the air into the syringe.
6. Repeat steps 4 & 5 until no air remains in the balloon. Finish the preparation with the balloon collapsed and the stopcock in the OFF position as illustrated. The abdominal catheter is ready for insertion in the patient.
7. If desired, disconnect the syringe, eject the air that was aspirated and reattach, being careful to not introduce an air bubble into the luer connector.

## ERPC-9 Abdominal Pressure Catheter SETUP & TECHNIQUE

### SUPPLIES:

- 1 - ERPC-9
- 1 - Four-Way Stopcock (4-SC)
- 1 - Syringe (min. 10cc)
- Saline or Water
- Lubricant (water-based only)



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### PATIENT SETUP:

1. Apply a light film of water-based lubricant to the balloon and place the catheter 12-14 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. 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 (take care that you do not lose much fluid from the balloon).
5. 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 H<sub>2</sub>O. 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 H<sub>2</sub>O. 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.