



CystoSure® was designed for all phases of female urinary catheter care including back fill voiding trials after catheter removal.

What is a “back fill” voiding trial?

Post-operative voiding dysfunction often complicates pelvic surgeries with as high as 47% of transvaginal surgery patients experiencing this problem. One safe and efficient method for ensuring that a patient is emptying her bladder adequately after the removal of a urinary catheter is a “back fill” voiding trial. Step by step instructions for a hands-free “back fill” voiding trial with Cystosure® are provided on the back.

What are some of the challenges of a “back fill” voiding trial using a traditional 2-way Foley?

- A traditional 2-way Foley catheter does not have an inflow port. A “back fill” voiding trial typically involves the messy and cumbersome task of instilling fluid with multiple fillings using a 60cc catheter-tipped syringe.
- Multiple fillings from bottle to syringe to the catheter increases the risk for breaks in sterility.

How can CystoSure® simplify a “back fill” voiding trial?

- With a built-in luer lock connector on its BLUE inflow port, CystoSure® allows IV tubing to be used to fill the bladder directly from a sterile bag of fluid rather than requiring multiple transfers through a syringe.
- Direct sterile connections reduce the risk of microbial contamination of the bladder.



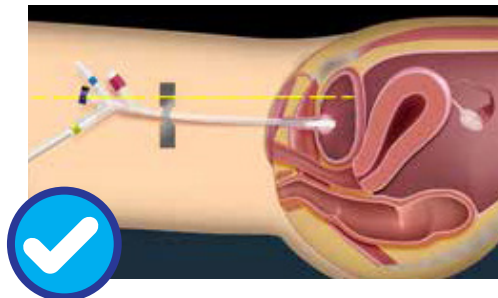
* 1 Foster RT Sr, et al. A randomized, controlled trial evaluating 2 techniques of postoperative bladder testing after transvaginal surgery. Am J Obstet Gynecol. 2007 Dec;197(6):627.e1-4.

Instructions for CystoSure® Post-op use*

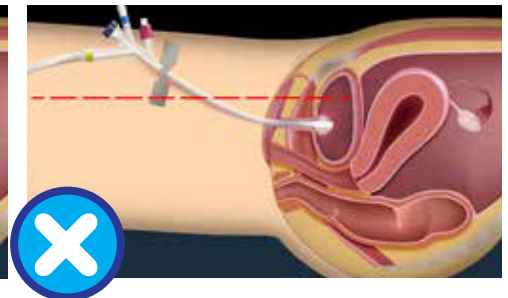
Helpful Hint: If the catheter is not draining or draining slowly:

- 1) Check for kinks in the outflow port.
- 2) Adjust the catheter, tubing and drainage bag so that all components are below the level of the bladder.

Correct Catheter Placement



Incorrect Catheter Placement

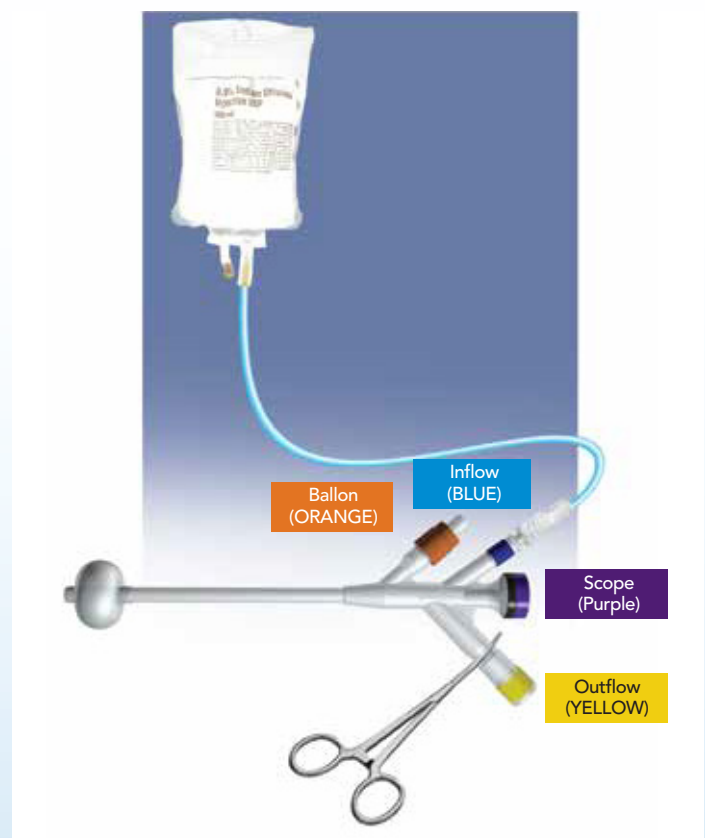


Voiding Trial

- 1) Clamp or plug the **YELLOW** port.
- 2) Connect distention fluid tubing to **BLUE** port and fill bladder with sterile normal saline until strong urge to void or 300 mL.
- 3) Deflate balloon through **ORANGE** port and remove catheter.
- 4) Have patient void into a urine collection hat within 30 minutes.

A successful voiding trial is defined as a voided volume of at least 200 mL or 2/3 of instilled volume.

If the patient is unable to void within 30 minutes or voids less than required amount, the catheter should be reinserted to avoid bladder over-distention.



* UpToDate "Postoperative urinary retention in women", Mueller, Elizabeth R, et al., March 8, 2016 update