



Emmy Medical was founded on the belief that comprehensive office based bladder testing should be safe, simple, and standardized. CystoSure[®] was designed to make complete bladder testing available to all clinicians.

Why office based testing?

- Over 50% of all women will experience bladder symptoms during their life time.
- The diagnosis of most bladder conditions is done based on office based testing. Proper diagnosis results in more effective and efficient care.¹
- Office based testing reduces delay in diagnosis, need for specialty referral, and patient inconvenience.
- Office testing can include urinalysis, simple cystometry, and cystoscopy.
- Testing is helpful in cases of overactive bladder, urinary incontinence, recurrent UTI, hematuria, and pelvic pain.
- Simple cystometry is often as accurate as complex urodynamic testing but takes 1/3 the time and 1/10 the cost.²

Why isn't traditional UDT/cystoscopy the answer?

Traditional testing is expensive, complicated, and time consuming. It can be associated with increased risk of infection and trauma and requires extensive training and experience.

Comprehensive Office Bladder Testing Material List

- CystoSure[®] catheter and cystoscope
- Urine specimen cup/Urine dipstick
- IV bag and tubing (macro drip type)
- Uroflowmeter (optional)
- Urine specimen hat

Possible ICD-10 Diagnosis Codes*

Prolapse.....	N81.4
Urine Retention.....	R33.9
Pelvic Pain	R10.2
Bladder Pain	N30.1
Recurrent UTI	N39.0

* Consult with your payers, reimbursement specialists and/or legal counsel regarding coding matters.

1. Harrison GL, Memel DS "Urinary incontinence in women: Its prevalence and its management in a health promotion clinic", *Br J Gen Pract.* 1994;44:149-152

2. Wall LL, Wiskind AK, Taylor PA, "simple bladder filling with a coughstress test compared with subtracted cystometry for the diagnosis of urinary incontinence", *Am J Obstet Gynecol*, 1994 Dec; 171(6):1472-7; discussion 1477-9.



Step-by-step Instructions for Use in the Office Simple Cystometry/Cystoscopy/Uroflow

Simple Cystometry

- 1 Have the patient void prior to evaluation. Cap the **BLUE** and **YELLOW** ports.
- 2 Lubricate and insert catheter. Inflate the balloon with 3 cc of saline through the **ORANGE** port.
- 3 Open **YELLOW** port and obtain urine specimen for Post Void Residual (PVR), U/A culture, and/or cytology if indicated. Cap **YELLOW** port.
- 4 Attach the IV tubing to the **BLUE** port. Open IV roller clamp to desired rate and begin bladder fill. Ask and record patient bladder sensations at: 1st bladder sensation, 1st desire to void, strong desire to void, and maximum bladder capacity (MBC). Stop bladder fill.

Cystoscopy/Cough Stress Test

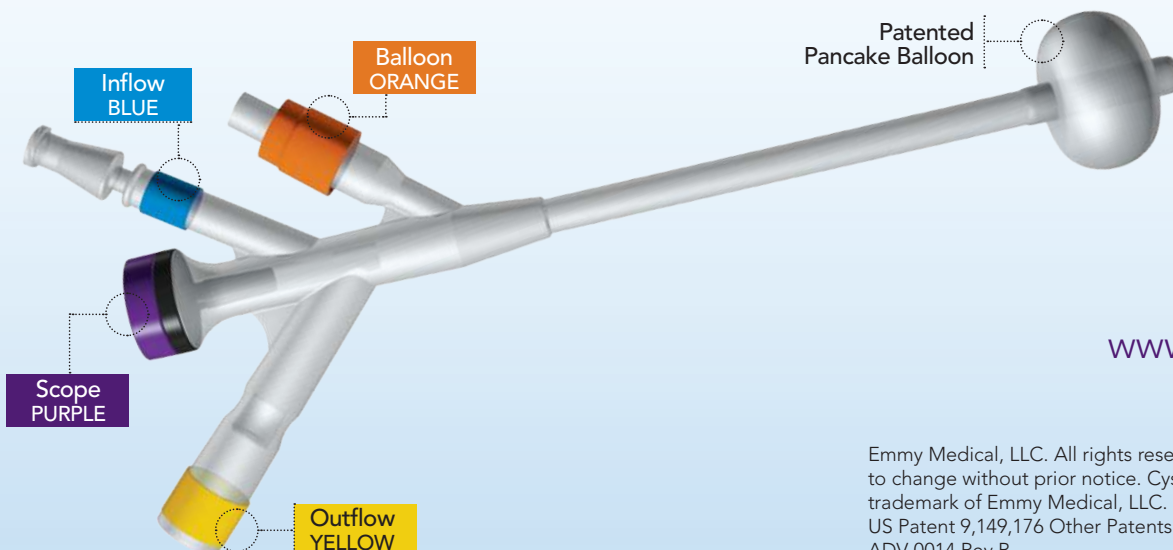
- 5 Introduce CystoSure® cystoscope through the **PURPLE** port into the bladder.

Helpful Tip: Apply a small amount of watersoluble lubricant to the cystoscope shaft prior to insertion to further reduce friction.
- 6 Inspect the bladder and both ureteral orifices with two 180° or one 360° rotation. Withdraw cystoscope.

Helpful Tip: If the balloon is visible in the field, gently pull back on the shaft of the catheter.
- 7 Remove CystoSure® catheter without draining bladder. Have patient cough in the lying and standing position to evaluate for GSUI. Note and document leakage if present.

Uroflow/PVR

- 8 Allow patient to void in uroflow to assess bladder emptying. If uroflow is not available, measure voided volume (Vv) in urine specimen hat and calculate PVR ($PVR = MBC - Vv$).



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