



Comprehensive Bladder Evaluation Guidelines - One Approach

<i>Patient Presentation</i>	<i>Office Evaluation & Workup</i>		
	Functional Simple CMG Only	Anatomic Cystoscopy Only	Both Simple CMG & Cystoscopy
Recurrent UTI	✓		
Hematuria		✓	
Overactive Bladder	✓		
Overactive Bladder and Age > 65	✓	✓	✓
Previous Incontinence Surgery	✓	✓	✓ *
Urinary Incontinence	✓	✓	✓

* Plus complex urodynamics

Additional Benefits for both Physician and Patient

Provides patient with a complete workup on her first visit.

Provides patient comfort, a result of a technology designed specifically for female patients.

Provides patient with a single visit and copay vs. multiple visits and copays.

Provides physician with the clinical information to offer the appropriate treatment options quickly.

Provides physician with the ability to treat more patients efficiently and effectively.

DISCLAIMER: The protocol is presented as one algorithm currently used as a guideline from the medical practice of Neeraj Kohli, MD MBA Harvard Medical School, Boston Urogyn. As with all patient care, each patient and case must be considered on an individual basis, and this is not intended as a recommendation for treatment, but rather as an EXAMPLE of common factors contributing to treatment choices for one urogynecology practice. The care and treatment of each patient is dependent on the individual patient circumstances and physician judgment and discretion.

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

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.



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

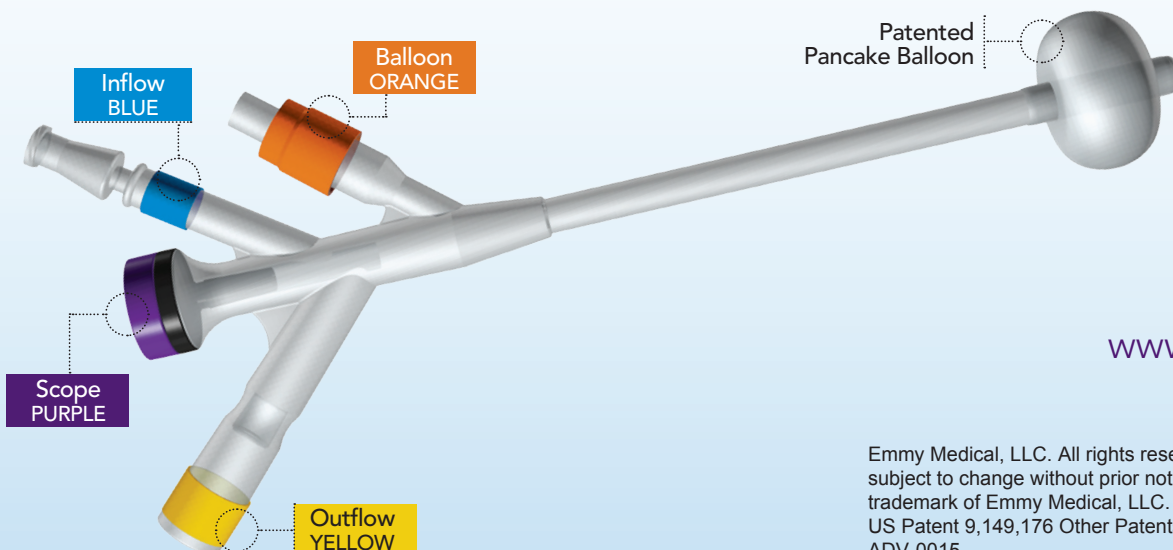
- 5 Introduce CystoSure® cystoscope through the **PURPLE** port into the bladder.

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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