Connecting Tube used with
Flexima™ Biliary Catheter System Kit
VTC™ Nephrostomy Catheter System Kit
Flexima™ APD™ Drainage Catheter System Kit
Flexima™ APDL Drainage Catheter System Kit
Flexima™ Nephrostomy Catheter System Kit

Contents
APD or APDL Catheter System Kit
(1) Dressing
(1) Flexima Catheter
(1) Metal Stiffening Cannula
(1) Flexible Stiffening Cannula
(1) Percufix™ Catheter Cuff
(1) Connecting Tube with Stopcock
(1) Introducer Needle with Stylet
(1) Dilators
(1) Stainless Steel Guidewire with J-Tip
(1) Accustick II Introducer Set
(1) Stainless Steel Guidewire with Floppy Tip
(2) Cable Ties

Biliary and Nephrostomy Catheter System Kits
(1) Percuflex™ or Flexima Catheter
(1) Metal Stiffening Cannula
(1) Flexible Stiffening Cannula
(1) Accustick II Introducer Set
(1) Introducer Needle with Stylet
(1) Stainless Steel Guidewire with Floppy Tip
(1) Stainless Steel Guidewire with J-Tip or Straight Tip
(1) Percufix Catheter Cuff
(1) Dressing
(1) Connecting Tube with Stopcock
(1) Fascial Dilators
(2) Cable Ties

Note: Contents vary depending upon device model.

INTENDED USE/INDICATIONS FOR USE

<table>
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<tr>
<th>Device Type</th>
<th>Intended Use/Indications For Use</th>
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<tbody>
<tr>
<td>Drainage Catheter System Kit</td>
<td>To provide percutaneous drainage of abscess fluid, biliary, nephrostomy, urinary, pleural empyemas, lung abscesses, and mediastinal collection.</td>
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<tr>
<td>Biliary Catheter System Kit</td>
<td>To provide external and internal percutaneous drainage of the biliary system</td>
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<tr>
<td>Nephrostomy Catheter System Kit</td>
<td>To provide external drainage of the urinary tract.</td>
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CONTRAINDICATIONS
Where percutaneous drainage catheterization is unacceptable.

WARNINGS
Do not use catheter for feeding tube/gastrostomy procedures. Exposure to gastric juices may damage the catheter.

PRECAUTIONS
These recommendations are meant to serve only as a basic guide to the utilization of this catheter. The performance of percutaneous drainage of abscess fluid, biliary, nephrostomy, urinary, pleural empyemas, lung abscesses, and mediastinal collections should not be undertaken without comprehensive knowledge of the indications, techniques, and risks of the procedure.

Do not allow alcohol to contact the catheter. Exposing the catheter to alcohol may damage the coating and catheter.

For units with Glidex Hydrogel Coating:
- Use a wet gauze pad to handle the catheter during placement, if necessary.
- Do not wipe catheter with dry gauze or any solvents as it may damage coating.
- Keep the catheter wet during placement.

Where long-term use is indicated, it is recommended that indwelling time not exceed 90 days. This catheter should be evaluated by the physician on or before 90 days post-placement.

Catheters attached to suction should follow normal clinical practices in selecting a static vacuum level. Testing has demonstrated the catheters can withstand a negative pressure of 200 mm Hg (26.7 kPa).

ADVERSE EVENTS
- Catheter Occlusion and/or Dislodgment
- Dysuria and Frequency/Urgency
- Encrustation
- Fistula
- Hemorrhage/Hematoma
- Infection/Sepsis
- Jaundice
- Pain
- Pancreatitis
- Perforation
- Peritonitis
- Pneumothorax

HOW SUPPLIED
Contents are supplied in a sterile pouch.

Do not use if package is opened or damaged.

Do not use if labeling is incomplete or illegible.

Do not expose to organic solvents, ionizing radiation or ultraviolet light.

Store in a cool, dry, dark place.

OPERATIONAL INSTRUCTIONS
Prior to Placement
Prior to use, all devices to be used for the procedure should be carefully examined to verify the sterile barrier, proper function, and integrity.

For units with TempTip Hydrophilic Dissolving Tip and Glidex Hydrogel Coating:
- To activate the coating, soak the catheter in sterile water or saline for at least 30 seconds.
- Keep the TempTip Dissolving Tip protector in place while activating coating.
Handling, storage, and use:

• Immediately prior to insertion, wet catheter with sterile saline by spraying with a syringe or wiping with a wet gauze. Do not soak tip as it may start to dissolve, and may compromise the catheter's ease of insertion.
• Remove TempTip™ Dissolving Tip protector prior to placement.
• Use a wet gauze pad to handle the catheter during placement.
• Do not wipe catheter with dry gauze or any solvents as it may damage coating.
• Keep the catheter wet during placement.

Caution: DO NOT ALLOW ALCOHOL TO COME IN CONTACT WITH THE CATHER. Exposing the catheter to alcohol may damage the coating and the catheter.

Placement Techniques

The Drainage catheter is prepared for two introduction techniques.

Option I: Guidewire Exchange (Using Stiffening Cannula)

1. Use conventional methods of opacifying and visualizing the collecting system. Using local anesthesia and Seldinger Techniques, place a guide wire within the collecting system. It is recommended that a 0.038 in (0.97 mm) diameter guidewire be used.

Note: When placing a 6F catheter, refer to product label for recommended guidewire size.

2. If dilation is necessary, dilate tract to one French size larger than catheter. This will ease introduction of the catheter.

3. Straighten the distal tip before advancing stiffening cannula into the catheter. Advance the stiffening cannula, fully straightening distal tip, and lock cannula in place.

4. Wet the Hydrogel coated catheter to activate the coating (see “Prior To Placement”).

5. The catheter/cannula (without trocar stylet) is advanced over the guide wire into the superficial part of the cavity, at which point the cannula is unlocked and held stationary while the catheter is fully advanced ensuring all holes are within the cavity.

6. Remove the cannula. Verify drainage hole position using contrast.

7. For those catheters with locking pigtails, follow the instructions below “To Lock the Pigtail Catheter Tip.”

8. Fix the catheter in place with adhesive pads. Be careful not to kink the shaft when securing the catheter. If using the catheter cuff, see note in “Perufix™ Catheter Cuff” section below.

9. Fluid is drained by syringe, gentle suction, or gravity.

To Lock the Pigtail Catheter Tip

Note: Use caution when removing guidewire to prevent pigtails from being repositioned.

1. To form the locking pigtail, slowly remove the guide wire while rotating the catheter counterclockwise under fluoroscopy. This movement will cause the catheter to reform the pigtail.

2. To lock the pigtail in its position, gently pull the suture until resistance is felt. Holding the suture, insert the “key” into the slot of the locking hub and rotate the locking hub clockwise 180 degrees. The arrow will point to the “Locked” position. This position locks the pigtail in place but leaves the lumen open for flushing and draining. See Figure 1.

3. Cut suture flush with hub.

4. Connect drainage tube to the hub.

Two Methods For Pigtail Catheter Removal

Caution: Do not attempt to remove catheter prior to unlocking pigtails as outlined in methods below:

Note: Method 1 should be attempted in all cases. Only use Method 2 when Method 1 cannot be applied.

Method 1

1. Disconnect drainage tube from the hub.

2. Using the “key,” or alternate items that fit in the slot of the locking hub, rotate the locking hub counterclockwise 180 degrees to the “unlocked” position.

Note: After rotating the locking hub clockwise 180 degrees to lock the pigtail during placement, you must rotate the locking hub counterclockwise 180 degrees to unlock the pigtail prior to catheter removal.

3. If access to the cavity is to be maintained, advance a 0.038 in (0.97 mm) floppy tip guide wire through the catheter and past the distal tip using fluoroscopic guidance.

Note: When removing a 6F catheter, refer to product label for recommended guidewire size.

4. Gently withdraw the catheter.

Method 2

1. Disconnect drainage tube from the hub.

2. If access to the cavity is to be maintained, advance a 0.038 in (0.97 mm) floppy tip guide wire through the catheter and past the distal tip using fluoroscopic guidance.

Note: When removing a 6F catheter, refer to product label for recommended guidewire size.

3. Carefully cut the full circumference of the catheter immediately distal of the locking hub and strain relief, being sure to sever the suture without damaging the guide wire.

Note: When removing a 6F catheter, Failure to do so could result in the suture being left behind in the patient. The suture is non-absorbable monofilament nylon.

WARRANTY

Boston Scientific Corporation (BSC) warrants that reasonable care has been used in the design and manufacture of this instrument. This warranty is in lieu of and excludes all other warranties not expressly set forth herein, whether express or implied by operation of law or otherwise, including, but not limited to, any implied warranties of merchantability or fitness for a particular purpose. Handling, storage, cleaning and sterilization of this instrument as well as other factors relating to the patient, diagnosis, treatment, surgical procedures and other matters beyond BSC’s control directly affect the instrument and the results obtained from its use. BSC’s obligation under this warranty is limited to the repair or replacement of this instrument and BSC shall not be liable for any incidental or consequential loss, damage or expense directly or indirectly arising from the use of this instrument. BSC neither assumes, nor authorizes any other person to assume for it, any other or additional liability or responsibility in connection with this instrument. BSC assumes no liability with respect to instruments reused, reprocessed or resterilized and makes no warranties, express or implied, including but not limited to merchantability or fitness for a particular purpose, with respect to such instruments.