

REF **A-4301-08**

ENGLISH



Teleflex
MEDICAL

PLEUR-EVAC®

PNEUMONECTOMY BALANCED DRAINAGE

SINGLE USE ONLY DO NOT RESTERILIZE

STERILE: Contents sterile unless package has been opened or damaged



+H196A4301081F

STERILE | EO



Rx ONLY

PRODUCT DESCRIPTION

The PLEUR-EVAC® A-4301-08 is a sterile, single-use, balanced drainage, pneumonectomy device intended for postoperative patient care. The PLEUR-EVAC A-4301-08 consists of three functional chambers: collection, negative pressure control, and positive pressure control. These instructions will address the set-up and operation of the PLEUR-EVAC A-4301-08 Pneumonectomy Balanced Drainage Unit.

INDICATIONS FOR USE

The PLEUR-EVAC A-4301-08 is indicated:

- ◆ To evacuate air and/or fluid from the chest cavity or mediastinum
- ◆ To help prevent air and/or fluid from reaccumulating in the chest cavity or mediastinum
- ◆ To help re-establish and maintain normal intrathoracic pressure gradients

WARNINGS

1. Do not connect this unit to suction.
2. The collected contents of the A-4301-08 should not be used for reinfusion.
3. The chest tube and/or the patient drainage tube should not be clamped except when changing the PLEUR-EVAC Unit. In the event of a patient air leak, clamping the chest tube and/or drainage tube could lead to a tension pneumothorax.
4. Do not block or cover the atmospheric vents on the negative pressure control chamber or the positive pressure control chamber.

CAUTIONS

1. Keep the PLEUR-EVAC unit below the patient's chest level at all times.
2. Avoid loops in the patient tubing.
3. Caution should be used when the possibility exists for exposure to blood or body fluids. Follow hospital policy regarding the use of protective wear.
4. Monitor the PLEUR-EVAC collection chamber to avoid overflow. Replace the unit before exceeding the fill capacity of 2350 ml indicated by the volume graduation printed on the collection chamber.

DISPOSAL

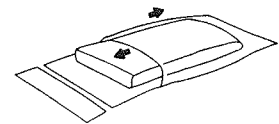
The PLEUR-EVAC Unit should be handled and disposed of in accordance with all applicable regulations including, without limitation, those pertaining to human health and safety and the environment.

TO OPEN PACKAGE

1. Grasp the bottom edge of flap and pull up toward sterile opening.



2. Pull flap back pushing the wrapped unit out of bag. OR... Completely remove the breather strip. Push the wrapped unit out of the bag using aseptic technique.



SET-UP INSTRUCTIONS

1. FILL THE NEGATIVE PRESSURE CONTROL CHAMBER THROUGH THE ATMOSPHERIC VENT (N-1) TO THE 13cm H₂O LEVEL, OR AS PRESCRIBED, WITH STERILE WATER.

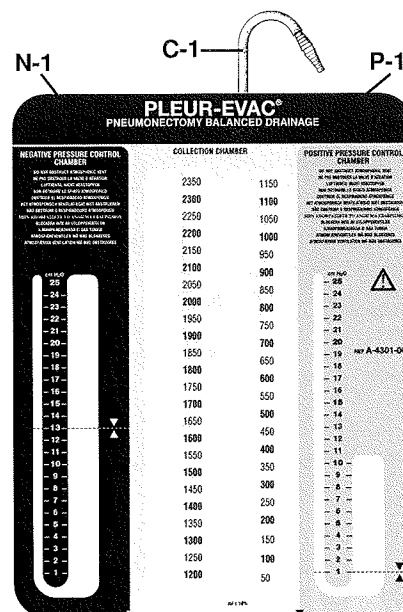
Approximate fill volumes:

Level Desired	ml of Water Required
5cm	135ml
10cm	245ml
13cm	312ml
15cm	355ml
20cm	468ml
25cm	581ml

2. FILL THE POSITIVE PRESSURE CONTROL CHAMBER THROUGH THE ATMOSPHERIC VENT (P-1) TO THE 1cm H₂O LEVEL, OR AS PRESCRIBED.

Approximate fill volumes:

Level Desired	ml of Water Required
1cm	45ml
2cm	65ml



3. CONNECT THE PATIENT DRAINAGE TUBE (C-1) TO THE PATIENT'S THORACIC CATHETER.

A connector is provided at the end of the patient tube for easy connection to the thoracic catheter. This connector is capped to maintain aseptic technique during set-up. DISCARD cap on patient tube after removing.

A-4301-08 PLEUR-EVAC®
PNEUMONECTOMY BALANCED DRAINAGE
OPERATIONAL FEATURES

NEGATIVE PRESSURE CONTROL CHAMBER

N-1 ATMOSPHERIC VENT

Use the Atmospheric Vent opening for filling the Negative Pressure Control Chamber. This is also the vent to the atmosphere.

WARNING: Do not block or cover this vent.

N-2 SMALL ARM of the Negative Pressure Control Chamber

The approximate negative pressure in the pleural space is calculated by subtracting the level of the water in the small arm from the level of the water in the large arm of the U-Tube Manometer.

N-3 LARGE ARM of the Negative Pressure Control Chamber

The approximate maximum negative pressure that can develop in the pleural space is the level of the water in the large arm of the U-Tube Manometer.

POSITIVE PRESSURE CONTROL CHAMBER

P-1 ATMOSPHERIC VENT

Use the Atmospheric Vent opening for filling the Positive Pressure Control Chamber. This is also the vent to the atmosphere.

WARNING: Do not block or cover this vent.

P-2 SMALL ARM of the Positive Pressure Control Chamber

The approximate positive pressure in the pleural space is calculated by subtracting the level of the water in the large arm from the level of the water in the small arm of the U-Tube Manometer.

P-3 LARGE ARM of the Positive Pressure Control Chamber

The approximate maximum positive pressure that can develop in the pleural space is the level of the water in the large arm of the U-Tube Manometer.

COLLECTION CHAMBER

C-1 Patient drainage tube for connection to the patient thoracic catheter.

C-2 COLLECTION CHAMBER has a total capacity of 2350ml (±10%). The Collection Chamber is divided into two compartments. Each compartment is calibrated in 10ml increments. When the first compartment is filled, fluids overflow into the second compartment.

When drainage reaches 2350ml, the unit is filled to capacity. Replace the unit. When changing the unit, maximum speed can be achieved by making ready a new unit and following the set-up and operating instructions.

CAUTION: Monitor the PLEUR-EVAC collection chamber to avoid overflow. Replace the unit before exceeding the fill capacity of 2350 ml indicated by the volume graduation printed on the collection chamber.

C-3 SAMPLING

A self-sealing diaphragm is provided in the back of the Collection Chamber for taking samples of patient drainage. Use an 18-gauge (1,24mm) or smaller needle, attached to a syringe, for withdrawing samples.

OTHER FEATURES

Two detachable floorstand supports are provided. At the location marked by the ▼ on the front of the unit, insert the PLEUR-EVAC Unit into the slot in the floorstand.

Two hangers are provided to hang the PLEUR-EVAC Unit from a bed, O.R. stand or stretcher.

Marking surfaces on the front of the unit are for making notations. Use pen or pencil.

