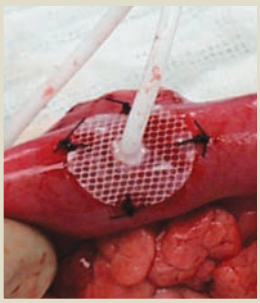
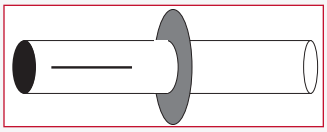
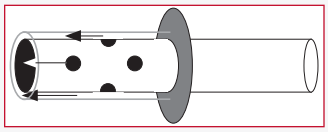
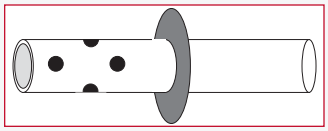
SITE SPECIFIC CATHETERS

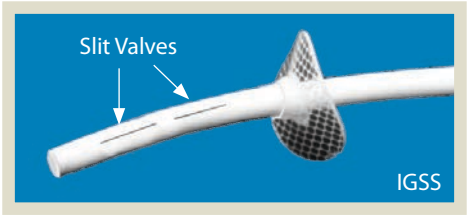
gastro-intestinal & bladder catheters

As part of our speciality catheter range, we offer three varieties of gastro-intestinal catheters, all of which can be modified to suit your application.

	Closed End Slit Valve	"Burp" Valve	Side Holes/Open End
Material	Silicone/Dacron® Mesh	Silicone/Dacron® Mesh	Silicone/Dacron® Mesh
Cath. length	24"/60cm	24"/60cm	24"/60cm
Cath. size	5 or 7 French	5 or 7 French	5 or 7 French
Position of disc	5cm from tip	2cm from tip on 7 French 5mm from tip on 5 French	5cm from tip
Dacron® disc size	7mm on 5 French 15mm on 7 French	7mm on 5 French 15mm on 7 French	7mm on 5 French 15mm on 7 French
Cat. No.	5 French - 5IGSS 7 French - 7IGSS 9 French - 9IGSS	5 French - 5IGBS 7 French - 7IGBS 9 French - 9IGBS	5 French - 5IGOS 7 French - 7IGOS 9 French - 9IGOS
				
		Slit valve allows for infusion but not aspiration. Reduces occlusions - slits remain closed until positive infusion pressure applied. Closed end prevents ingestion of intestinal contents.	Unique one way valve prevents occlusion of tip. Valve remains in the closed position until positive infusion pressure is applied on either the vascular access port or external luer connection.	Increased area is able to be perfused at one time due to numerous perfusion holes. This design is also available with a closed end.

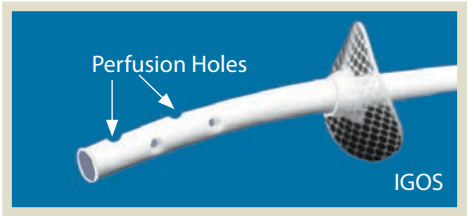
GASTRO-INTESTINAL *catheters*

can be attached to an access port or can be externalized.



The IGSS, closed end with slit valves, is suitable for blader infusion.

The IGOS, open end with perfusion holes, is suitable for bladder infusion and aspiration.



HYDROCOAT Catheters

Hydromer coated polyurethane

Hydromer, a highly lubricious, non-eluting surface coating for the reduction of biofilm adhesion and bacterial colonzation is available on our polyurethane catheters.

This biocompatible, hydrophilic medical coatings swells instantaneously upon contact with water-containing fluids to form a waxy surface texture that is highly lubricious. This allows the catheter to slide easily through the vessel improving the ease of delivery of catheters through the difficult vascular pathways.

The slippery surface of the Hydrocoated catheter exhibits significant antithrombogenic behaviour in the vascular environment by reducing biofilm adhesion & bacterial colonization.

Hydromer coated catheter in the right femoral artery of a dog, showing no vessel thickening, and no clot formation

SilTip™ Catheter

silicone with attached female luer

This 60cm Silicone catheter with a preattached luer and rounded intravascular tip is provided with moveable beads and an injection cap.
Available in 5 and 7 French.

WhiteTip™ Catheter

polyurethane with a white tip

This radiopaque catheter is made from a special soft polyurethane and has a rounded tip. Soft round tips likely are more thromboresistant than other catheter designs. Available in 3 French.

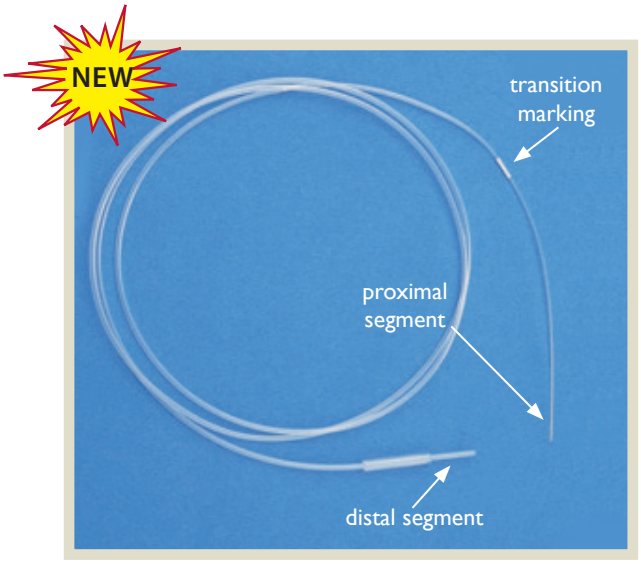
FUNNEL Catheters

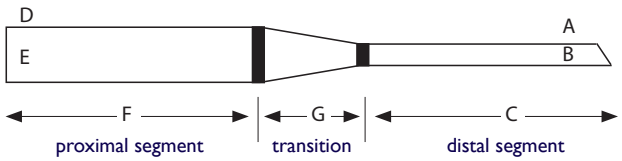
Tapered polyurethane catheter

The FunnelCath™ offers a very small distal catheter tip for intravascular placement in rodents while providing a way to connect these catheters to an infusion source requiring a large ID - an access port, luer stub adaptor or pump.

FunnelCaths are tapered during the extrusion process for a smooth transition from a 2 or 3 French proximal end (connecting to a 25 or 22 gauge connector) to a 1.2 French intravascular tip.

Transition points are marked for easy identification.





	PUFC C30-10	PUFC C20-10	PUFC C30-20
proximal end connect to	22ga	25ga	22ga
distal outer diameter (A)	1.2F/0.41mm	1.2F/0.41mm	2F/0.51mm
distal inner diameter (B)	0.23mm	0.23mm	0.33mm
distal segment length (c)	6cm	6cm	
proximal outer diameter (D)	1.07mm	0.89mm	
proximal inner diameter (E)	0.66mm	0.46mm	
proximal segment length (F)	50cm	50cm	
transition zone length (G)	4ccm	4cm	
overall length (H)	60cm	60cm	60cm

Nylon INFUSION Catheter

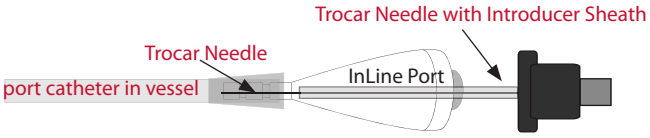
use with the In-Line Port

The Infusion Catheter is a flexible 21G nylon catheter that can be passed straight through the septum, port chamber and catheter of the **In-Line Port** to reside within the vessel. A luer can be connected to the proximal end of the infusion catheter for dosing or sampling. This configuration may increase long-term patency as the infusion catheter can be replaced as necessary during a procedure no more complicated than inserting a Trocar needle and new infusion catheter through the septum of the In-Line port. *See page 9 for the InLine Port specifications.*

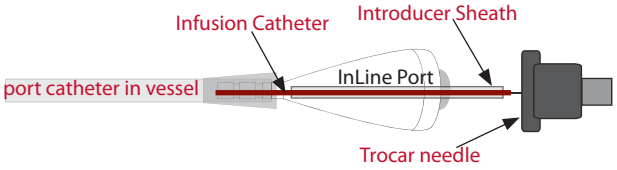

The InLine Port

using the INFUSION *catheter with the InLine Port*

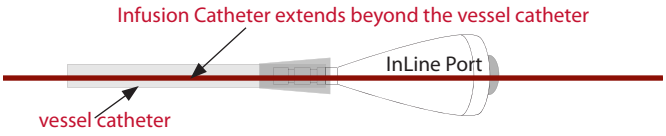
- avoids repeated surgeries to replace an occluded catheter
- improves longevity of patency
- eliminates the problem of "needle walk-out"



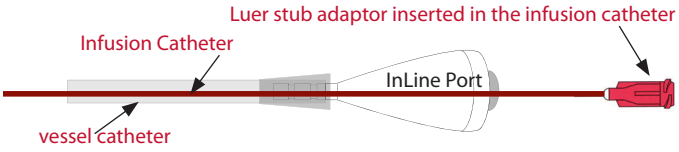
Insert the Trocar Needle Introducer (supplied with the infusion catheter) into the port septum making sure it is in far enough so that it lies in the outlet connector pin.



Remove only the needle and slide the infusion catheter through the introducer sheath that remains in position in the septum.



Slide the infusion catheter through the sheath and vessel catheter and into the vessel. The infusion catheter must be a longer length than the vessel catheter. Remove the sheath.



For needleless access of the InLine port, insert a Luer Stub Adaptor into the infusion catheter and infuse or withdraw.

Nylon INFUSION Catheter

use with the TuBo Port

The Infusion Catheter is a flexible 19G or 20G nylon catheter that can be attached to the TuBo Port for epidural/intrathecal access.

The TuBo Port specifications can be found on page 19.


TuBo Port attached to a nylon catheter

THIS SECTION LEFT BLANK FOR NOTES