WOUND DRAINAGE

TYPENEX MEDICAL

CLOSED WOUND DRAIN SYSTEM

STERILE

- Do not re-use or re-sterilize. Re-use may cause a risk of infection and/or compromise functional reliability.

INSTRUCTIONS FOR USE

INITIAL TESTING OF BULB

1. Remove Bulb from packaging and test for efficiency as follows:
2. Fully compress Bulb (D).
3. Close Disposal Port (C).
4. Occlude Patient Port (B) and release Bulb (D).
5. Release occlusion from Patient Port (B). Bulb (D) should recover within 5 seconds.

INITIAL ACTIVATION OF SYSTEM

- Place drain in wound site, ensuring that all channels or holes are located within the wound site. (Correct placement will ensure an air-tight seal at the wound exit, maintaining vacuum after closed wound drainage begins. Air leakage will cause the system to be converted to open drainage and must be rectified accordingly.)

FOR SINGLE DRAIN CONNECTION

- Attach Drain or drain adapter to Patient Port (B).

FOR DUAL DRAIN CONNECTIONS (200CC AND 400CC ONLY):

- Remove the Patient Plug (F) from Inlet Port (E) and attach second drain or drain adapter to Inlet Port (E).

INSTRUCTIONS

1. Firmly compress Bulb (D) to evacuate air.
2. For 400cc, close Disposal Port (C) with Plug (A). For 100cc, close Disposal Port (C) with Screw Cap (A) and twist about 2-3 times or until it feels snug. Do not over twist the cap.
3. Release Bulb (D).
4. The Closed Wound Drain System has commenced.
5. Bulb should be located at patient level or below drain's exit for adequate suction to be maintained.
6. Drainage should be monitored such that Bulb is not filled to excess.

EMPTYING BULB CONTENTS

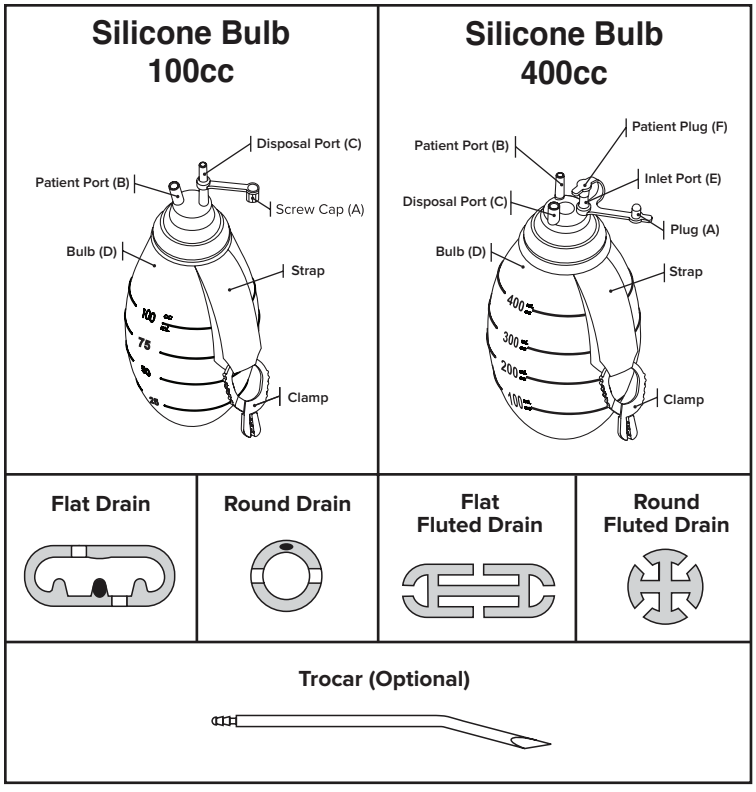
1. Raise Bulb above collection basin and tip.
2. Open Disposal Port (C) by releasing Plug (A) or Screw Cap (A).
3. Slowly compress Bulb (D).
4. Empty all exudate into collection basin.

   DO NOT RELEASE BULB!
5. Close Disposal Port (C) with Plug (A) or Screw Cap (A).
6. Renewed closed wound drainage will begin.

CAUTION

One drain may be indwelling for up to 30 days and may be replaced by another drain if long-term therapy is required.

Do not suture through these drains, or handle with any instruments! During placement and removal of drains, be careful not to nick, cut, scratch, tear or otherwise damage the drains, as this may lead to breakage. Drains should be placed and removed carefully, by applying a slow, steady pressure. Excessive force may cause the drains to break. During drain-implantation period, tissue in-growth may occur around the drain and into the holes. This could cause the drain to break up on removal. The patient's rate of healing should be monitored carefully by the surgeon. If tissue in-growth occurs, drain's removal may need to be accompanied by surgical intervention.



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Consult Instructions for Use · For single use only · Caution: This device is for sale by or on order of a physician · Sterilized using ethylene oxide · Caution, Attention, Important Note

Package recycling · Keep away from sunlight · Keep dry · Not made with phthalates plasticizers · Not made with natural rubber latex · Do not use if package is damaged · Do not resterilize · Not made with BPA