INSTRUCTIONS FOR USE

The Aspira® Drainage Bag accesses the Aspira Drainage Catheter to drain accumulated fluid in the pleural (chest) or peritoneal (abdominal) cavity to relieve symptoms associated with pleural effusions or malignant ascites. The drainage bag attaches to the implanted catheter and is activated using an in-line siphon pump.

INDICATIONS FOR USE

The Aspira Drainage Bag is indicated for use only with the Aspira Drainage Catheter for intermittent drainage.

CONTRAINDICATIONS

None known when used with the Aspira Drainage system.

WARNINGS

- For single patient use only. Do not re-use, reprocess or re-sterilize. Reuse, reprocessing or re-sterilization may compromise the structural integrity of the device and/or lead to device failure which, in turn, may result in patient injury, illness or death. Reuse, reprocessing or re-sterilization may also create a risk of contamination of the device and/or cause patient infection or cross-infection, including, but not limited to, the transmission of infectious disease(s) from one patient to another. Contamination of the device may lead to injury, illness or death of the patient.

- Do not use excessive force on the valve or catheter. Excessive force or incorrect usage may damage the device or cause accidental catheter dislodgement.

- Accessing the catheter valve with anything other than the Aspira Drainage Bag, Aspira Luer Adapter or Aspira Universal Tubing Adapter may damage the valve.

- Dispose of used product in accordance with accepted medical practice and applicable local, state and federal regulations. Used product may present a potential biohazard.

PRECAUTIONS

- Caution - Federal law (USA) restricts this device to sale by or on the order of a physician.

- Do not drain more than 1,000 mL from the chest or more than 2,000 mL from the abdomen in any one drainage session.

- Follow a clean procedure when accessing the catheter.

- Inspect kit to ensure all components are included.

- Make sure the drainage line is securely connected to the valve before initiating drainage.

- Do not drain fluid through a damaged catheter.

- Do not use scissors or any sharp instruments on the catheter as that may damage the catheter.

- If damage to the catheter does occur, place the supplied slide clamp between the catheter damage and exit site and contact the patient’s physician.

- Access the catheter valve using only the Aspira Drainage Bag, Aspira Luer Adapter or Aspira Universal Tubing Adapter.

- A kink or loop in the line can stop flow. If this occurs, remove the kink or loop and squeeze the siphon pump once again to restart flow.

- The patient should be instructed to contact their physician if:
  - Patient develops a fever (body temperature above 100.5°F [38°C], notice redness, swelling, oozing or has pain)
  - Shortness of breath isn’t relieved after draining 1,000 mL from the chest or 2,000 mL from the abdomen at one time.
  - The patient continues to experience symptoms, but little or no fluid drains from the catheter.

- Less than 25-50 mL drains in 3 drainage procedures in a row.

POTENTIAL COMPLICATIONS

- Pleural and peritoneal fluid drainage may result in any of the following complications:
  - Accidental catheter dislodgement, breakage or removal
  - Exposure to bodily fluids
  - Hypotension (low blood pressure) subsequent to drainage
  - Infection
  - Leakage
  - Low flow rate/prolonged drainage
  - Occlusion
  - Pain during fluid removal
  - Skin irritation or infection

PLEURAL (CHEST)

- Re-expansion pulmonary edema (swelling or fluid buildup in the lung due to rapid re-expansion of the lung) is an additional complication that may result from draining pleural fluid.

PERITONEAL (ABDOMEN)

- Electrolyte imbalance
- Loculation of peritoneal cavity
- Peritonitis
- Protein depletion

DRAINAGE INSTRUCTIONS

NOTE: Before beginning this procedure, read the “Contraindications”, “Warnings”, “Precautions” and “Potential Complications” sections of these instructions for use.

1. Remove and discard catheter valve cap from the catheter valve.
2. Gently tug on the valve with an alcohol pad.
3. Pick up the connecting end of the drainage line and push it onto the end of the catheter until you hear or feel a click. Gently tug on the drainage line to make sure the connection is secure.
4. Place the bag on a flat surface at least arm’s length below the patient’s chest or abdomen. Gently squeeze the pump one time. It will slowly re-expand as fluid fills the pump. Let fluid drain until the bag is full or the fluid stops flowing.

CAUTION: A kink or loop in the line can stop flow early. If this occurs, remove the kink or loop and gently squeeze the pump once again to restart flow.

CAUTION: Do not drain more than 1,000 mL from the chest or more than 2,000 mL from the abdomen in any one drainage session.

8. The patient should be instructed to contact their physician if:
  - Patient develops a fever (body temperature above 100.5°F [38°C], notice redness, swelling, oozing or has pain at the exit site. These may be signs of infection that may require treatment.
  - Shortness of breath isn’t relieved after draining 1,000 mL from the chest or 2,000 mL from the abdomen at one time. The patient continues to experience symptoms, but little or no fluid drains from the catheter.
  - Less than 25-50 mL drains in 3 drainage procedures in a row.
  - The appearance (color, thickness, etc.) of the fluid changes significantly between drainages.
  - Protein depletion
  - Loculation of peritoneal cavity
  - Peritonitis
  - Skin irritation or infection

CONTRAINDICATIONS: A kink or loop in the line can stop flow early. If this occurs, remove the kink or loop and gently squeeze the pump once again to restart flow.

CAUTION: Do not drain more than 1,000 mL from the chest or more than 2,000 mL from the abdomen in any one drainage session.

6. Wipe the catheter valve with a new alcohol pad. Place the new valve protector cap over the catheter valve.

NOTE: Before beginning this procedure, read the “Contraindications”, “Warnings”, “Precautions” and “Potential Complications” sections of these instructions for use.