

SOLO™ BowelBathe™ On-Table Washout Kit

Order Code: P501RW (35mm hose), P502WR (46mm hose)
 Description: Disposable All-in-one ready to use kit for intra-operative colonic lavage
 Composition: Surgical grade plastic
 Dimensions: 35mm or 46mm hose diameter options
 Use: Washing out faecal and cacogenic matter in the context of colorectal surgery
 Packaging: Individually sterile packed
 Device Class: Class IIa

Important: This medical device is for single use only. After utilization, it must be destroyed.

The Retrowash is a quick easy, all-in-one device for on-table bowel washouts (intra-operative colonic lavage) in colorectal surgery. It effects a rapid, clean and odourless washout, facilitating primary anastomosis. It also enables on-table colonoscopy following lavage.

The device attaches to the bowel proximal to the lesion, and uses a very effective new retrograde irrigation technique (see below). Antegrade irrigation may also be used.

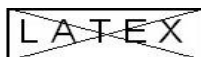
Advantages

- 10-15 minutes average washout time
- No second incision required at appendix
- No leakage or soiling
- Sealed collection unit
- Enables on-table colonoscopy
- Two sizes (35mm or 46mm diameter).

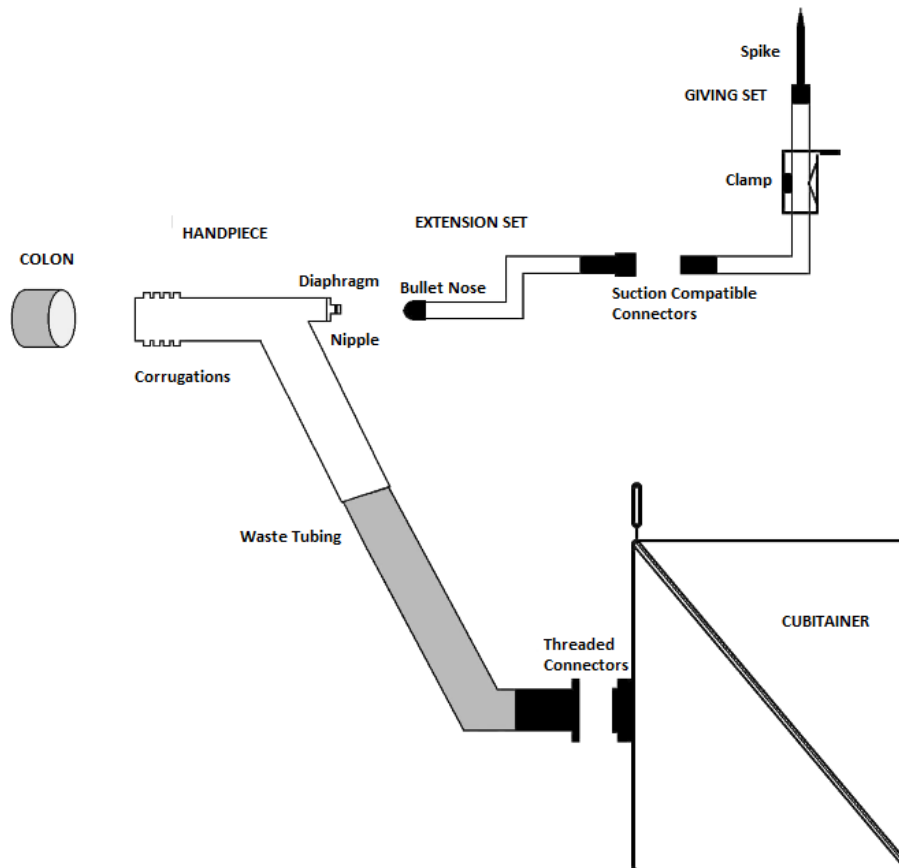


Retrograde Irrigation Technique

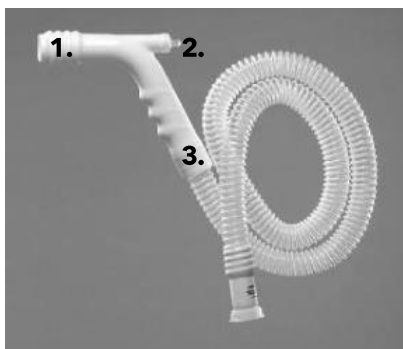
1. Following attachment, an extension catheter is passed through a seal and along the Retrowash handpiece into the colon.
2. A high flow rate fluid administration set is connected to the extension catheter, creating a jet of irrigation to direct against the bowel contents. Effluent is washed down through the handpiece into the sealed waste receptacle
3. As the faecal matter clears, the extension catheter is advanced further along the colon toward the caecum, irrigating in 200ml bursts.



Set-Up Illustration:



Components:



Flexible handpiece with three ports as follows:

1. Corrugated opening for attaching to the proximal colon.
2. Irrigation administration port sealed by a clear diaphragm with nipple.
3. Waste Outlet connected to a 1.6m clear flexible tube.



Waste Receptacle

Two detachable 10-litre containers with sealing caps for connecting to the Retrowash waste tubing.



Giving Set & Extension Set

2.0m Giving Set for connecting to irrigation solution, and 1.5m Extension Set with bullet nose for insertion through Retrowash and advancing along colon.

The clinical judgement and/or preference of the surgeon should determine the point in the procedure at which the colonic lavage should commence. These instructions take effect from that point. The connection use and disposal of the product are described.

Preparation

1. Non-crushing intestinal clamps should be placed across the distal terminal ileum to prevent reflux into the small bowel. If necessary, the small bowel can be manipulated to deposit contents into the large bowel prior to clamping.
2. A non-crushing intestinal clamp should be placed across the colon proximal to the lesion to facilitate attachment of the Retrowash.
3. Select the appropriate Retrowash size. The 46mm model should be used where the colon is noticeably distended, and the 35mm model should be used in all other cases.

Set Up and Attachment

4. Ensure transected end of descending/sigmoid colon is at least 10cm distal to intestinal clamp.
5. Insert Bowelbathe™ handpiece until all corrugations are at least 2cm inside the colon. If the colon is too small and the product cannot be easily inserted, it should not be used.
6. Secure colon to the handpiece with the ties provided. The first should be applied around the handpiece **behind** the corrugations then a further three between each of the four corrugations.
7. Remove one Cubitainer from packaging. Remove cap from entry port and attach Cubitainer to end of Bowel-bathe waste pipe on floor. **Do not discard the cap.**
8. Hang 3-litre bag of warmed urological irrigation solution on drip stand. Close clamp on Giving Set and pierce solution bag with spike.
9. Connect Extension Set to end of Giving Set. Apply sterile KY jelly to bullet nose.
10. Cut nipple of diaphragm **behind** marked line (i.e. distal to handpiece) and insert the bullet nose plus 1-2cm of the Extension Set. The Bowelbathe™ is now ready for use.

How to Use

1. Once satisfied that device and irrigation is securely attached, remove proximal intestinal clamp.
2. Irrigation should be in bursts of 250-500ml to avoid distension, with each burst followed by gentle manipulation of the colon. The free-flow irrigation rate is approximately 56 seconds per litre for 3-litre bags.
3. Release clamp on Giving Set and give first burst of irrigation. Gently manipulate the colon to assist breakdown of faecal material and enable drainage back through the Bowelbathe and down to the Cubitainer.
4. Advance Extension Set along the cleared colon (guide tubing externally by hand) to the next faecal compaction. Apply second burst of irrigation and manipulate as above.
5. Repeat steps 3 & 4 until the entire colon has been irrigated and the effluent runs clear through the waste tube. If necessary, suction may be connected to the Extension Set to remove residual effluent.
6. In the event of intussusception during irrigation, pressure may be released by disconnecting the Extension Set from the Giving Set.
7. Carefully withdraw Extension Set (now contaminated), and if desired insert a colonoscope through the same administration port and advance along the colon in the usual way.

Removal & Disposal

1. Apply crushing clamps across colon proximal to connection with handpiece and divide.
2. Discard the tissue still attached to the handpiece
3. Empty any residual irrigation fluid from waste pipe into Cubitainer, detach waste pipe and reseal Cubitainer with cap. Solidifying solution may be added
4. Dispose of all parts as clinical waste. The maximum weight of the Cubitainer when full is 10kg, so 2 yellow clinical waste bags should be 'doubled up' when disposing.

Note:

Should the Cubitainer fill up before end of irrigation procedure: cease irrigating, empty waste pipe into Cubitainer, detach waste pipe and reattach to second Cubitainer, reseal first Cubitainer with cap and discard.

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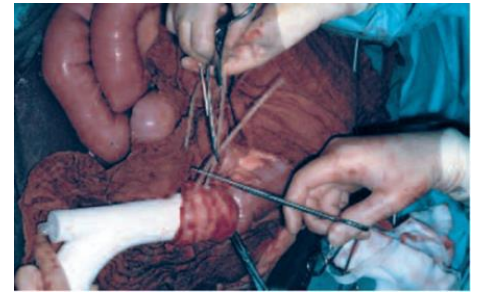
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When you care.



1. Obstructed large bowel, mobilised. As the colon is distended, the 46mm Bowelbathe™ is used.



2. Isolation of bowel for transection and attachment to Bowelbathe™ handpiece.



3. Attachment of bowel to Bowelbathe™ handpiece using ties provided.



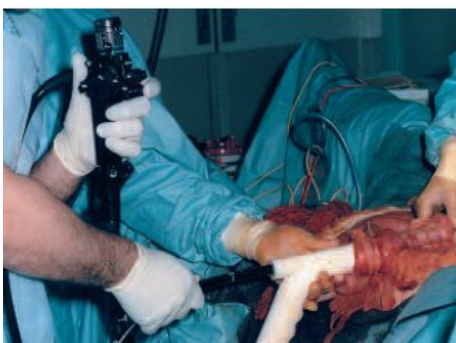
4. Cutting nipple of retrograde irrigation administration port. The port will re-seal when irrigation tubing is inserted. (Where antegrade irrigation is used, nipple is left intact).



5. Insertion of irrigation tubing, which is progressed through handpiece to bowel. Irrigation begins.



6. As bowel clears irrigation tubing is advanced along the bowel toward the caecum, progressively irrigating in 250ml bursts. Cubitainer fills as effluent flows out of the bowel and down waste tubing. Average irrigation procedure time is 10-15 mins.



7. Insertion of Colonoscope after irrigation. The seal expands to accommodate the scope. (When antegrade irrigation has been used, nipple should be cut at this point).



8. Removal of Bowelbathe™, permitting the fashioning of an end-to-end anastomosis.

View instruction video here:
<http://hallmarksurgical.com/index.php/videos>