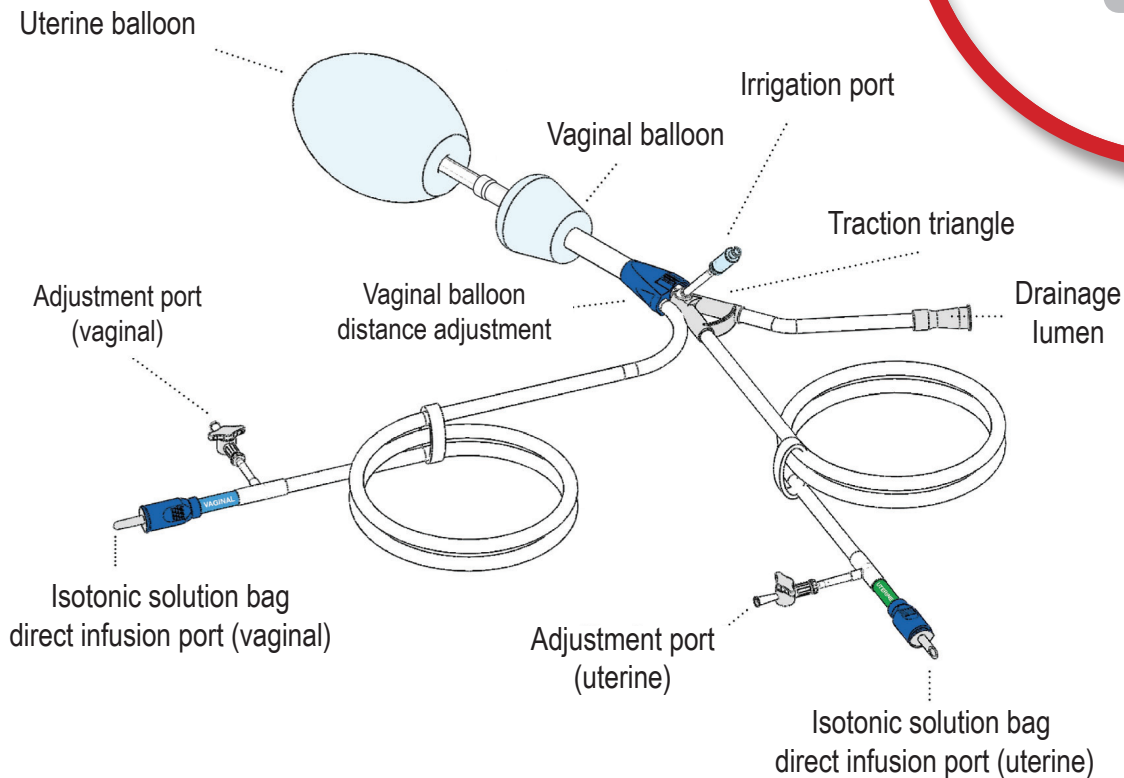


Quick Reference Guide



Description:

Made from a strong, malleable polyurethane that conforms to the uterine anatomy, the ebb Complete Tamponade System by Belfort and Dildy is the only tamponade system that has dual balloons to control both vaginal and uterine bleeding and can be rapidly filled directly from a saline bag.

Indication:

The Belfort-Dildy Obstetric Tamponade System (OTS) is indicated for use in providing temporary control or reduction of postpartum uterine bleeding. Inflation of the vaginal balloon anchors the uterine balloon and provides vaginal tamponade if vaginal bleeding is present. The OTS should only be used in the setting of post-partum uterine bleeding when conservative management is warranted.

For help, please call (866) 438-9450.

See Package Insert for full instructions, warnings, contraindications, and precautions.

This quick reference guide is not intended and should not be used as a substitute for the Package Insert / Instructions For Use.



401 Chestnut Street, Suite 230
Chattanooga, TN 37402
Tel 423-933-3939
www.Glenveigh.com



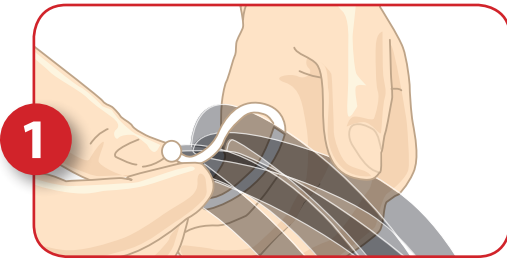
101 West Saint John Street, Suite 307
Spartanburg, SC 29306
Tel 877-320-5174
www.NorgenixPharma.com

10 easy steps for treatment of postpartum hemorrhage



Open Packaging

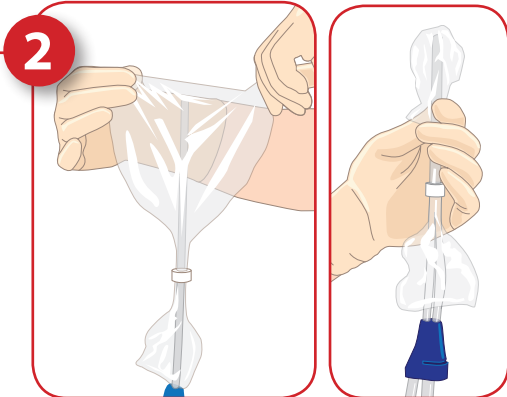
- Remove catheter ties



Collapse Balloon

- Collapse uterine balloon loosely around and over tip
- Collapse vaginal balloon

NOTE: Stopcocks are open in package, and should remain open to let air out

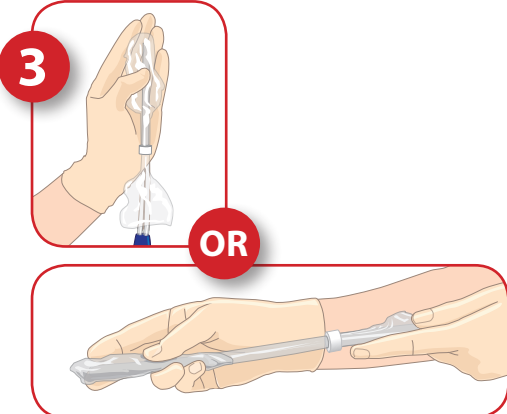


Insert

- Insert by cupping uterine balloon end of catheter and inserting through dilated cervix to fundus using fingertips

- Or insert by threading through cervix to fundus

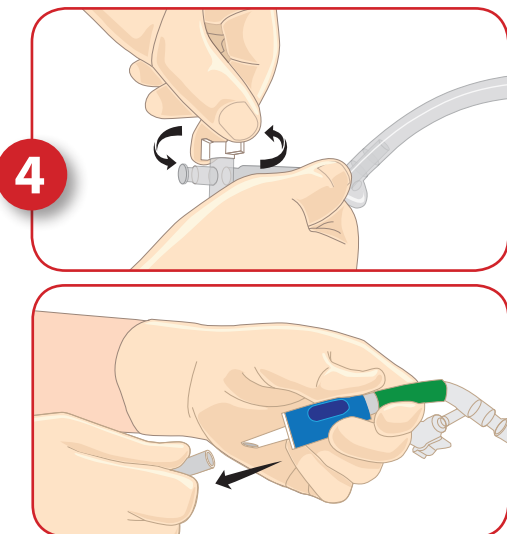
NOTE: Use ultrasound during placement, fill, and confirmation of placement



Close Stopcocks

- Close stopcocks
- Remove cap from spike valve

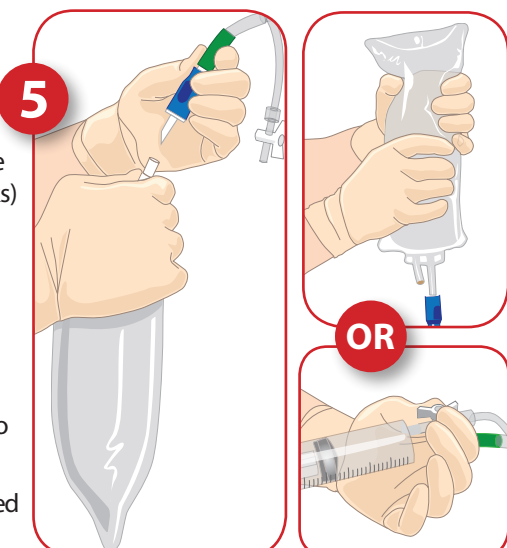
NOTE: Stopcocks are closed when perpendicular to tube and open when parallel



Inflate Uterine Balloon

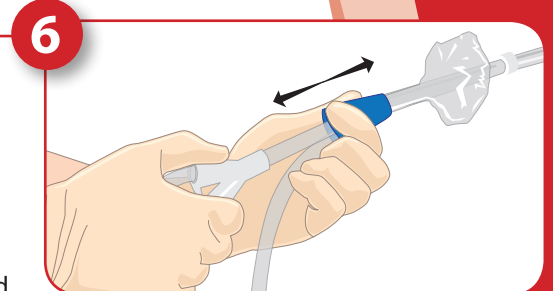
- Spike isotonic solution bag and gently squeeze to inflate (or use syringe and stopcocks)
- Begin by titrating with initial 250 mL
- Fill incrementally until tamponade is achieved
- Place one hand in vagina and one on uterine fundus to confirm correct placement

NOTE: Maximum recommended fill volume is 750 mL



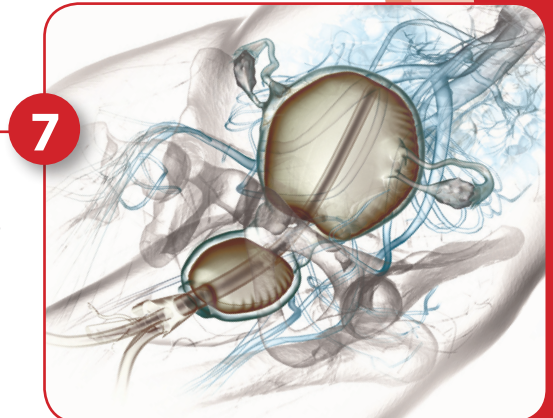
Place Vaginal Balloon (optional)

- Squeeze slider to adjust/ place vaginal balloon
- Hold catheter firmly while adjusting slider to prevent catheter from moving
- Fill vaginal balloon to 300 mL max using isotonic fluid in a manner similar to filling uterine balloon



Confirm Placement

- Confirm balloons are arranged neatly within vaginal and uterine cavities



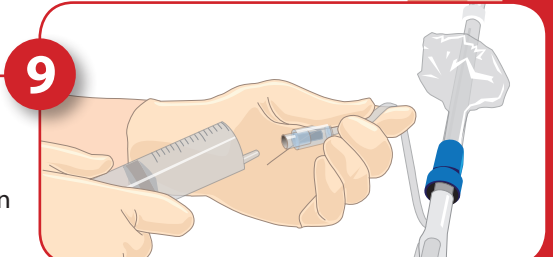
Monitor Drainage

- Attach graduated container to drainage lumen to measure continued bleeding if present



Irrigate

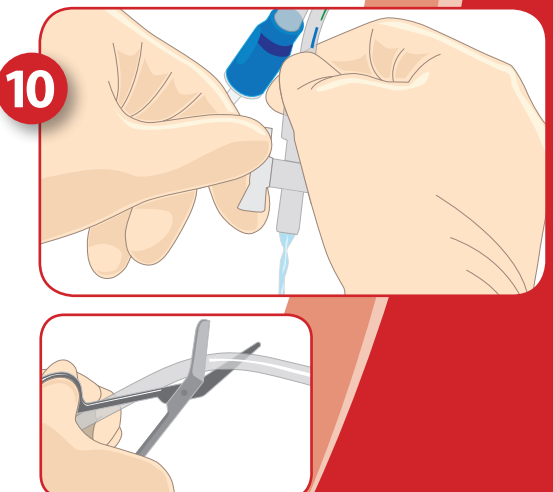
- **If needed**, check drainage lumen patency by irrigating with small amount of isotonic solution through irrigation port



Deflate / Remove

- Open stopcocks to remove fluid slowly
- Titrate according to hospital protocol
- Cut tube prior to removal to ensure no fluid remains in catheter

NOTE: If rapid fluid removal is needed, cut catheter



See Package Insert for full instructions, warnings, contraindications, and precautions.