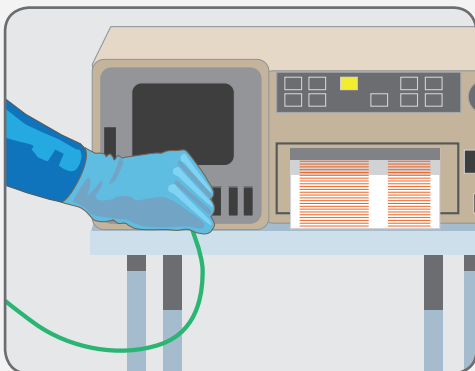


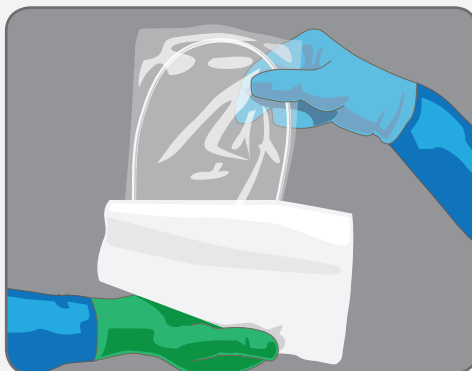


1 Connect Cable to Monitor



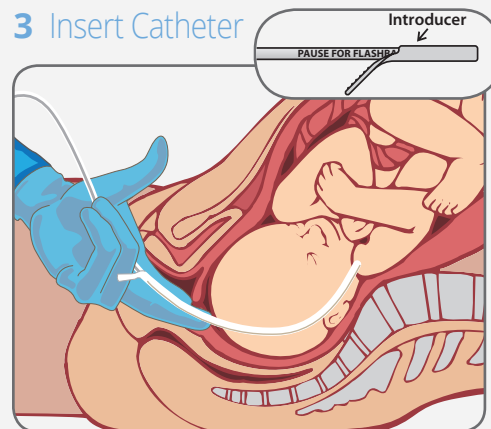
Connect reusable cable to monitor.

2 Remove Catheter from Package



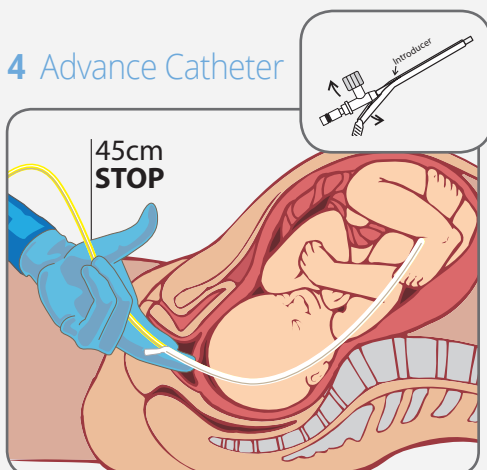
Remove catheter from package.
Use aseptic hand off as required.

3 Insert Catheter



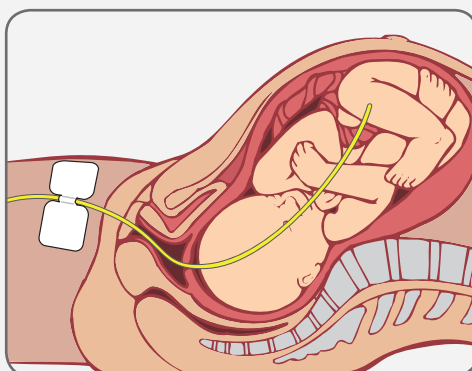
Insert catheter 10-14cm into the intra-amniotic space and pause when text **'PAUSE FOR FLASHBACK'** is visible and amniotic fluid is visualized in the catheter lumen.

4 Advance Catheter



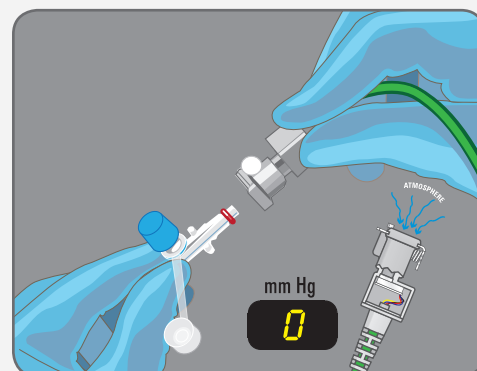
Advance catheter to **'45cm STOP'** mark.
Remove introducer from catheter.

5 Secure Catheter



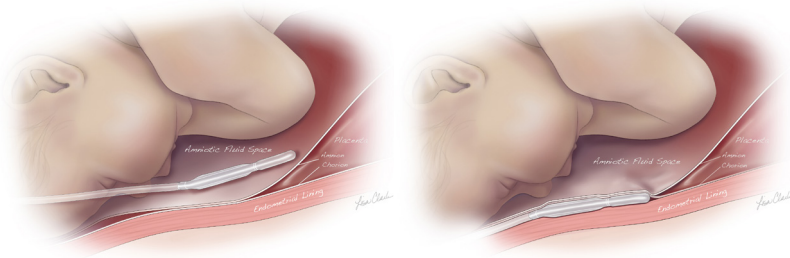
Pinch adhesive pad around catheter
before securing to patient's thigh
near introitus.

6 Zero Monitor & Connect Cable



Zero the monitor and then connect
the reusable cable to the catheter.





Proper Placement

Improper Placement

Good Baseline & Crisp Waveforms

Studies indicate that IUPCs are inadvertently placed outside the amniotic membranes (extraovular - between the chorion and the decidua-endometrial lining).

A catheter placed extraovular will still provide a reading, but not the reading of absolute intrauterine pressure. Deliberate and careful steps must be taken to ensure proper catheter placement in the intra-amniotic space with all IUPCs. Koala features a clear amniolumen to confirm proper placement in the amniotic space.

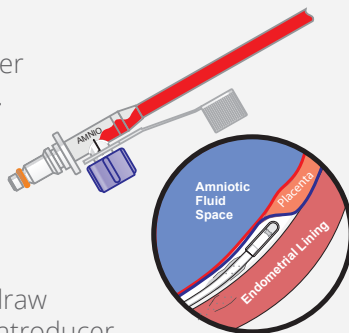
Proper placement is confirmed with flashback of amniotic fluid, crisp waveforms and a good baseline.

Troubleshooting

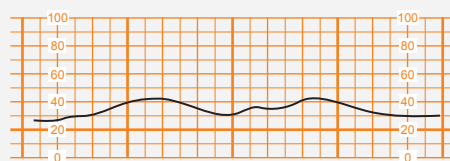
Extraovular Placement

If amniotic fluid is not present in catheter lumen, question placement of catheter. Presence of blood in catheter, high baseline and dampened waveforms, negative readings, or endometrial tissue on catheter tip are all suggestive of extraovular placement.

Action: Do not advance catheter; withdraw and redirect. Pull back catheter tip to introducer and alter catheter direction by changing angle of introducer, or determine alternate position for placement and proceed with insertion. Repeat insertion steps until proper placement can be confirmed.



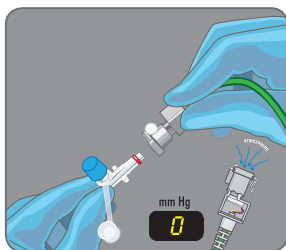
Dampened Waveforms/Oligohydramnios



Action: If proper catheter placement is confirmed with amniotic fluid flashback, disconnect catheter from cable and flush with 10 ml to 20 ml through Koala's amnioport. The catheter can also be rotated, advanced or retracted slightly. Replace blue vented cap with the clear tethered cap after flushing.

Re-Zeroing the Cable Throughout Labor (after initial insertion)

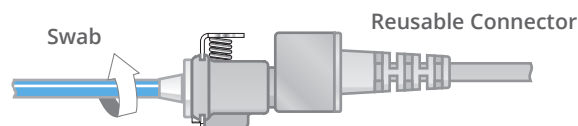
1. Disconnect cable from catheter
(Do not disconnect cable from monitor)
2. Zero UA monitor according to manufacturer's instructions
3. Wait 15 seconds
4. Reconnect cable to catheter and verify functionality



See Instructions for Use for full instructions, warnings, precautions & contraindication

Reusable Cable Cleaning Instructions

- Wipe the monitor plug and cable with water or alcohol
- Clean the outside of the catheter connector with soap and water
- Apply water or alcohol to the swab that is provided. If swabs other than those included are used, take care to avoid disturbing the transducer protecting gel inside the connector.
- Insert the swab inside the cable connector cone
- Rotate the swab and move it around the inside of the cone



The following chemicals are compatible with the Koala cable: Alcohol-free hand soap, Sodium hypochlorite (bleach) solution 10% in water, 70-80% Iso-propanol, Ethanol 70%, Dilution of formaldehyde 3-6%, Cidex and Cidex plus.

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