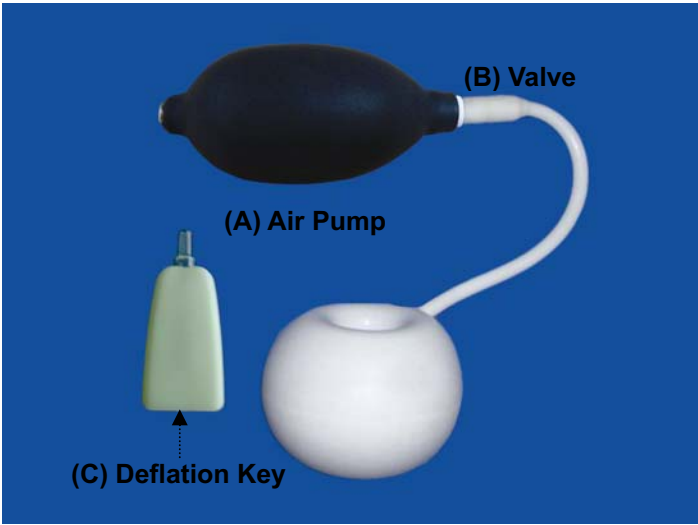


Silicone Inflatable Donut Pessary

Visit our website:
www.bioteque.com
 or call 1-800-889-9008
 fax 1-408-526-9399

**LATEX
FREE**



Available Sizes:

SKU	ID2	ID3	ID4	ID5
Dimension	2.00"	2.25"	2.50"	2.75"

Indications:

This pessary can be used to relieve the symptoms of a mild second-degree, third-degree cystocele or a rectocele in combination with procidentia/prolapse.

Contraindications:

Pessaries are contraindicated in acute genital tract infections, pelvic infections, endometriosis, or non-compliant patients.

The physician must advise a pregnant patient if this product may be used.

Procedures:

Fitting usually requires a trial of various sizes to determine the proper Inflatable Donut size. A vaginal lubricant may be required for the patient's comfort before insertion of a pessary.

The physician may suggest K-Y® Jelly, or Replens®.

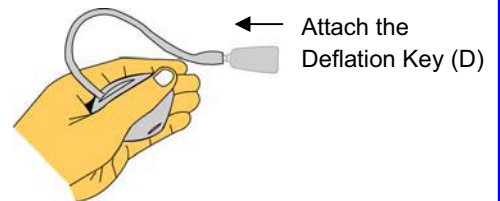
The physician should determine if the patient requires estrogen therapy before prescribing a pessary.

1. Perform a normal pelvic examination prior to the fitting and introduction of a pessary. The pelvic exam helps to determine the appropriate pessary size.

Note: The inflatable donut pessary can be compressed to make it easy to remove and insert.

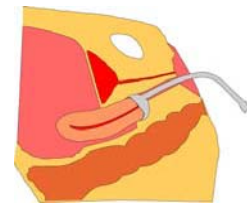
2. Test the Inflatable Donut Pessary before insertion to be sure it inflates and deflates properly.
3. Empty the air inside the pessary completely for easier insertion. (Figure 1)

Figure 1



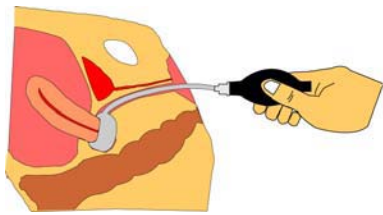
4. Gently insert it past the cervix and into the posterior fornix. The stem should protrude outside the vagina. (Figure 2)

Figure 2



- Attach the air pump (A) to the valve (B) to inflate the pessary. (Figure 3)

Figure 3



DO NOT over-inflate the pessary, it may break and cause trauma to the patient.

- Remove the air pump (A) from the valve (B). Tuck the stem into the vaginal vault.
- The physician should be able to insert an examining finger between the outer edge of the pessary and the vaginal wall. This spacing will ensure patient's comfort and reduce the risk of pressure necrosis. If there is not enough space to do so, try next smaller size. If too much space between the vaginal wall, the pessary may be too small and may be expelled, a larger size is recommended
- Once in place, the pessary should not dislodge when standing, sitting, squatting or bearing down. It should not be uncomfortable for the patient during any of these routine activities.

Removal, Cleaning and Suggested Follow-Up:

- To remove the Inflatable Donut Pessary, first attach the deflation key (C) to the valve (B) for deflation. The air in pessary will start releasing. Leave the deflation key attached on valve (B) to keep air channel open when removing the pessary from patient. (Figure 4) Use thumb and middle finger to grab the pessary, and then gently pull the pessary through the introitus.

Figure 4



Caution: DO NOT pull from the stem when removing the pessary. Doing so may break the pessary.

- For personal hygiene, the pessary should be removed for cleaning every day or two. The pessary can be cleaned with mild soap and warm water then soak in 75% ethanol alcohol for 20 minutes. Rinse with water thoroughly.

Inflatable Donut Pessary **CAN NOT** be autoclaved.

- Regularly inspect Inflatable Donut Pessary to see if there are any deep cracks or scratches on the surface.
- Sexual intercourse would be contraindicated with pessary in place.
- Discuss with the patient the importance of following instructions and the expected length of time for pessary usage.
- Within the first 24 to 48 hours, be sure the patient is not allergic to the pessary. Examine the vagina and ask the patient if there has been any discomfort, irritation, pressure, sensitivity, or unusual vaginal discharge. Also determine if there has been any improvement in her personal symptoms.
- Schedule follow-up visits to fit the needs of the patient.

Caution:

- Federal law requires that a physician prescribe this device.
- This Pessary is designed for single patient use.

Note: DO NOT immerse air pump in water or any kind of solutions to avoid malfunction.



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