

HSG catheter set available in 5(fr) and 7(fr) sizes
NOT MADE WITH NATURAL RUBBER LATEX

HSG catheter sets can be used for sonohystero-graphy and hysterosalpingography procedures that greatly enhance the analysis of uterine pathology. Using HSG balloon catheters, the procedures are simple and non-traumatic for your patients. A placement sheath eliminates the need for a tenaculum. HSG catheters are designed for single patient use only.

PRODUCT No. HM6050 (5 french)
HM6070 (7 french)

CAUTION

Federal law requires that these devices be ordered by a physician.

Do not reuse for avoiding user may be infected by the microorganism.

INDICATIONS

HSG catheters may be used to evaluate the causes of abnormal uterine bleeding, menstrual disorders, recurrent pregnancy loss or unexplained infertility. These devices are also very useful for the assessment of uterine pathology and assessment of patients on tamoxifen therapy.


CONTRAINDICATIONS

HSG procedures are contraindicated in pregnancies, suspected pregnancies, active pelvic infections, or recent pelvic infections, severe uterine bleeding, gynecologic malignancies, or if the patient is allergic

HSG Catheter Set

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www.haydenmedical.com
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to the contrast media. This device should not be used for intrafallopian procedures.

PROCEDURE

Remove the HSG set from the sterile pouch and remove the balloon protective sleeve from the distal end of the catheter. Using the attached syringe, inflate the silicone balloon by opening the stopcock attached to the syringe luer. Then allow the silicone balloon to completely deflate. This procedure ensures the integrity of the HSG balloon. Attach the media source to the open luer and allow the contrast media to flow through the catheter removing air and clearing the media channel.

DIRECTIONS FOR USE

With the guiding sheath, position the HSG catheter so that the tip of the catheter is at the entrance of the cervix external OS. Gently push the HSG catheter, with balloon, through the cervical canal and into the uterine cavity. Inflate the balloon within the uterine cavity and close the balloon stopcock to prevent the balloon from deflating. Carefully withdraw the catheter until the balloon is resting against the internal OS. Now inject the contrast media into the uterus and proceed with the examination.

In cases where the access to the uterus is difficult, the balloon may be inflated within the cervical canal.