COOK® MEDICAL

CENTESIS & DRAINAGE

Discover a comprehensive solution to meet your drainage needs.

Simple, accurate insertion. Enhanced patient comfort.

Cook offers an extensive line of drainage catheters for removing both air and fluid from the pleural and pericardial space. Available in a variety of sizes and design configurations, these products provide treatment options that are significantly less invasive than traditional drainage techniques.

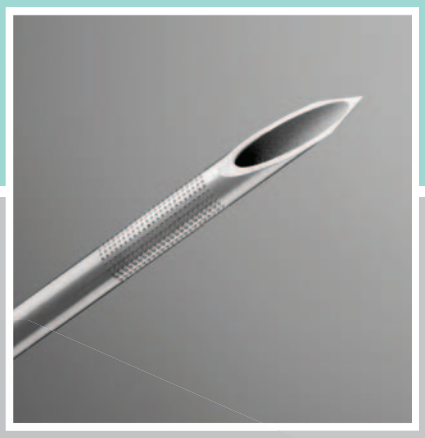
Advantages of Seldinger Placement

- Allows for a smaller incision and therefore a tighter seal around the drain, which helps prevent tube dislodgement.[1]
- Facilitates controlled, minimally invasive catheter introduction.
- Reduces patient discomfort during and after the procedure.[2]
- Minimizes the risk of hemorrhage when unknown coagulopathy may exist.[3]
- Reduces the risk of contamination since physician does not have to insert a finger to feel for adhesions.

Wayne Pneumothorax Catheter

Intended Use: relief of simple, spontaneous, iatrogenic and tension pneumothorax

Usage Locations: OR, ER, ICU, Prehospital



EchoTip® echogenic introducer needle included with select sets and trays improves needle tip visibility during insertion and maximizes the benefits of ultrasound.

Enlarged sideports improve catheter's ability to drain greater quantities of air.

Radiopaque Ultrathane® material enhances x-ray visualization and is kink resistant, allowing catheter to conform back to its original shape after manipulation.

Pigtail design helps prevent trauma to internal structures.

"Narrow bore chest drains that are quick, safe, and easy to insert by a Seldinger technique. . .are now widely available and are very effective."[4]

Thal-Quick Chest Tube

Intended Use: percutaneous introduction of a chest tube for pleural fluid drainage

Usage Locations: OR, ER, ICU

EchoTip® echogenic introducer needle included with sets and trays improves needle tip visibility during insertion and maximizes the benefits of ultrasound.

Radiopaque to enhance x-ray visualization.

Enlarged sideports help prevent the tube from clogging.

Distance markings on dilator included with sets facilitate controlled insertion of chest tube into the pleural cavity

Available in double-lumen configurations.

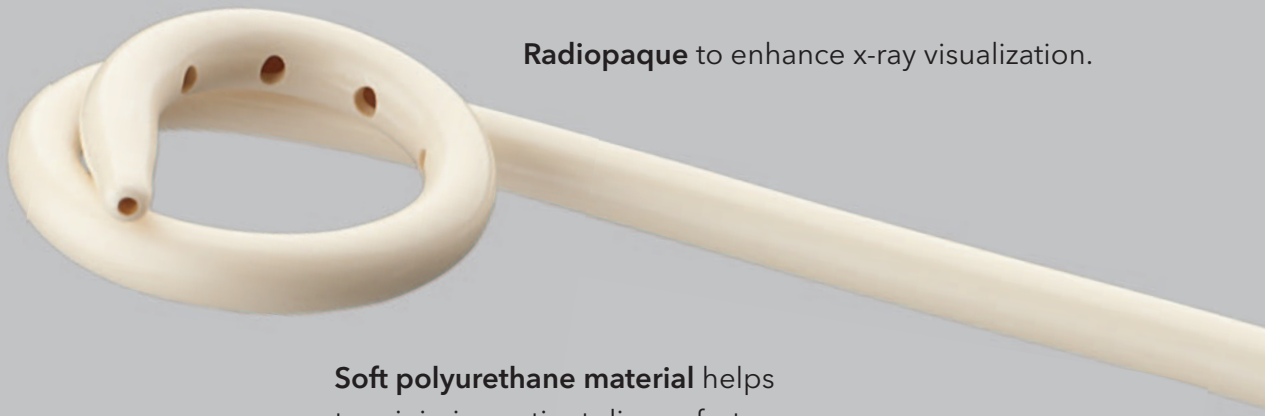
"Our experience with this tube. . .has been very gratifying. Discomfort of the patients has been reduced to a minimum, and the chest tubes have been uniformly and safely placed in the desired position."[2]

Fuhrman Pleural/Pneumopericardial Drainage Catheter

Intended Use: evacuation of air from the pericardial sac or to drain air or fluid from the pleural space

Usage Locations: OR, ICU

Sideports positioned within catheter pigtail to prevent them from becoming occluded when pressed against the pleura.



Radiopaque to enhance x-ray visualization.

Soft polyurethane material helps to minimize patient discomfort.

"[The Fuhrman catheter] was safe and had high short- and long-term success rates. It also preserved patients' comfort and mobility, allowing early discharge."[5]

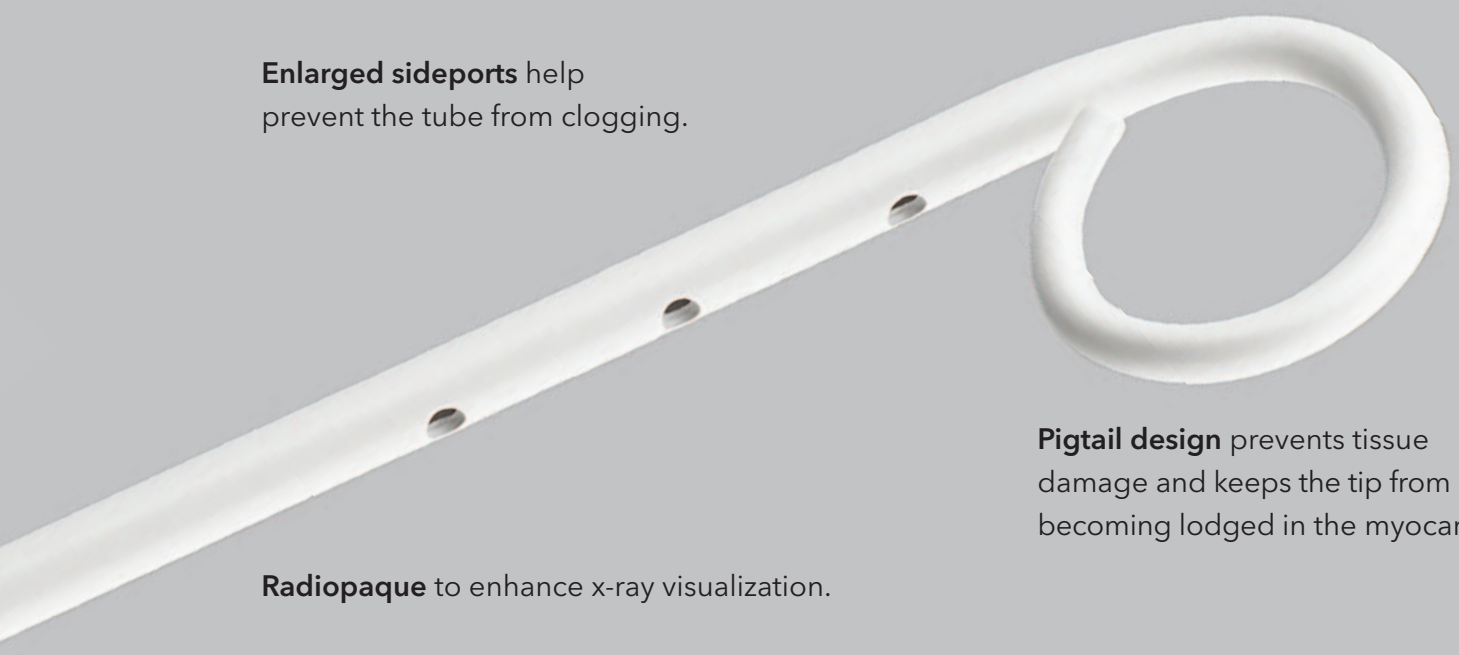
Lock Pericardiocentesis Set

Intended Use: drainage of fluid from the pericardial sac

Usage Locations: OR, ICU

Tapered tip allows percutaneous placement of a large (8.3 Fr) catheter.

Enlarged sideports help prevent the tube from clogging.



Pigtail design prevents tissue damage and keeps the tip from becoming lodged in the myocardium.

Radiopaque to enhance x-ray visualization.

References

1. Parslow PM, Sandell JM. Paediatric chest drains: past, present and percutaneous. *Trauma.* 2005;7:163-170.

2. Thal AP, Quick KL. A guided chest tube for safe thoracostomy. *Surg Gynecol Obster.* 1998;167(6):517.

3. Ahmed MY, Silver P, Nimkoff L, et al. The needle-wire-dilator technique for the insertion of chest tubes in pediatric patients. *Pediatr Emerg Care.*1995;11(4):252-254.

4. Hart SP. Management of spontaneous pneumothorax. *Postgrad Med J.* 2001;77(905):215.

5. Marquette CH, Marx A, Leroy S, et al. Simplified stepwise management of primary spontaneous pneumothorax: a pilot study. *Eur Respir J.* 2006;27(3):470-476.

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