The T-DOC® Air-Charged Method of Urodynamics

Step 1
Connecting cables to urodynamic equipment

A. Make sure the urodynamic equipment is turned off and unplugged before changing cables.

B. The cables included in this package will replace the cables that are currently in place on your equipment.

C. All cables are clearly labeled and color-coded as follows:

- **P1 Yellow** — PVES cable — Bladder cable
- **P2 Blue** — PABD cable — Abdominal cable
- **P3 Green** — PURA cable — Urethral cable

Note: The cables most likely will connect to the back of your urodynamic equipment, but could also connect to a box alongside the equipment. The best way to determine this is to follow the existing cables to the location where they connect.

We suggest replacing one cable at a time. For convenience after disconnecting the current cables, put them to the side for easy reconnection, if necessary.

If more than one cable has been disconnected, follow this standard guideline to connect the cables:

- **P1 Yellow** — Bladder cable
- **P2 Blue** — Abdominal cable
- **P3 Green** — Urethral cable

D. Once all cables are connected, plug in the machine and turn the power on. Proceed to the set-up screen.

Step 2
Connecting and inserting the catheter

A. Before use, keep protective caps on both catheters so moisture cannot get into the connectors.

For proper pressure readings, do not charge catheters until they are inserted into the patient.

B. Each T-DOC® Air-Charged Catheter™ is clearly labeled on the outside of the package, and color-coded as follows:

- **Bladder Catheter**
  - Label reads: SINGLE SENSOR
  - Package includes: Clear catheter with one **Yellow** connector and one **White** cap (filling lumen)

- **Abdominal Catheter**
  - Label reads: ABDOMINAL SENSOR
  - Package includes: Clear catheter with one **Blue** connector

- **Bladder & Urethral Catheter**
  - Label reads: DUAL SENSOR
  - Package includes: Clear catheter with one **Yellow** connector, one **Green** connector and one **White** cap (filling lumen)
C. Connect and insert the catheter as follows:

1. Position patient in the supine or lithotomy position.
2. Leave protective end caps on catheters until attached to cable.
3. Coat catheter tip with a water-based lubricant, such as K-Y jelly or Surgilube, and insert catheter into the patient. Lidocaine or Xylocaine can also be used to minimize discomfort. Insert the catheter 8-10 cm for females, or 10-12 cm plus length of penis for males.
4. Tape the catheter well to the inner thigh on females or penis on males.
5. Coat the tip of the abdominal catheter. The abdominal catheter can be placed rectally or vaginally. For rectal placement, insert 10-15 cm past any stool that may be present in rectum.
6. Tape catheter well to the inner thigh.
7. Before attaching the catheters to the cables, verify the cable transducer switch is in the “open” position. Remove protective end caps and attach each cable. Tighten luer lock. When attaching the catheter to the cable, the connector color on the catheter should connect to the cable with the same color switch.
8. Sit patient up. (Don’t let cables dangle.)
9. Have the patient cough a few times. This will help to normalize/flatten catheter.
11. Charge each catheter. A pressure spike should be observed on each channel on the equipment screen.
12. Tape or clip cables to patient gown or drapes for convenience during the study.

Step 3
Zero or balance T-DOC™ Air-Charged Catheters™

There are two different ways to charge T-DOC Catheters, depending on the preferred method used to zero catheters. They are as follows:

A. Zero pressures to atmosphere
   1. After catheters have been inserted into the patient, cables are attached with each transducer switch in the “open” position.
   2. Zero pressures with equipment.
   3. Slide each transducer switch to the “charge” position. Physiologic pressures will appear on the screen. (This confirms pressure transmission.)
   4. After charging, abdominal pressures can be equalized (or balanced) to bladder pressures as usual.

B. Zero pressures in the body
   1. After catheters have been inserted into the patient, cables are attached with each transducer switch in the “open” position.
   2. Slide each transducer switch to the “charge” position. Pressures will appear on the screen. (This confirms pressure transmission.)
   3. After the catheters are charged, zero pressures as usual.

The catheter setup is complete and the study can be started.

Notes: If indicated, the catheter can be re-charged after insertion into the body as follows: 1) Slide the transducer switch to “open”; 2) Ask the patient to cough a couple times (to get air out of catheter); 3) Zero the channels; 4) Charge the catheter again by sliding transducer switch to “charge”; and 5) Balance or zero catheter.

If the catheter is charged outside of the patient’s body for whatever reason, follow this procedure: 1) Slide the switch on the transducer to the “open” position; 2) Gently roll the catheter balloon between gloved fingers to release the air; and 3) Insert the catheter into the patient. Charge and zero the catheter as usual.