

USA



## WARNINGS

- Read the entire instructions for use before using the catheter.
- For use only by trained clinicians. Refer to standard medical textbooks for specific anesthesia procedures.
- Double check drug name and dose concentration. Improper dosage and unauthorized drugs are the most commonly USP reported errors.
- Intravenous or intra-arterial injection of local anesthesia drugs may cause toxicity and possible cardiac arrest.
- This catheter is not for epidural use.
- **Do not use for intra-articular infusion of local anesthetics.**

## CAUTIONS

- Do not over tighten the connectors.
- If you swap the connectors with alcohol, to prevent breakage, allow the luers enough time to dry out before connecting
- The physician is responsible for selecting patients suitable for regional anesthesia.
- Single use only. Do not re-use or re-sterilize.
- Do not cut the catheter. Keep catheter away from sharp objects.
- Do not pull the catheter out of the introducer as this may break the catheter and leave pieces in the insertion site.
- Do not use excessive force to remove the catheter.
- Consult standard textbooks for specific removal techniques.
- After removal, look for the black mark at the distal end to assure that the entire catheter has been removed.
- Make sure oxygen and resuscitation equipment area available and within reach.
- Observe your facility policies in handling blood and body-fluids.
- Use aseptic technique when preparing the FMS Catheter™ for use.



## INDICATION FOR USE

The FMS Catheter™ is intended for administering local anesthetic drugs into the surgical site for post-operative regional anesthesia. Administration routes may include intra-operative, subcutaneous or percutaneous. This catheter is not for epidural, intravenous, intramuscular, or intra-articular use.

## CONTRAINDICATIONS

The FMS Catheter™ is contraindicated for:

- Intra-articular infusion of local anesthetics.
- Epidural, intravenous, or intramuscular use
- Infusion of solutions incompatible with the catheter materials.
- Use by patients with limited mental, physical, or emotional capability and/or unable to self-administer their therapy
- Known textbook contraindications for continuous anesthesia, such as use in proximity of high-intensity magnetic fields.

CAUTION: Federal (USA) law restricts device to sale by or on the order of a physician.



## First Medical Source (FMS) Catheters



## Instructions for Use



Restricted to sale by or on the order of a physician (US Only)



Not made with natural rubber Latex or DEHP



Single Use



Expiration date



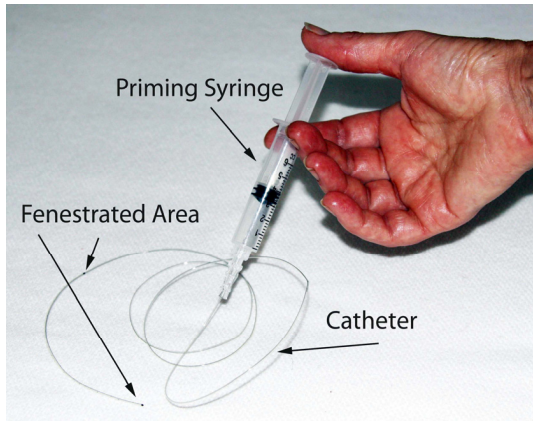
Fluid path and areas under undisturbed caps are sterile and non-pyrogenic



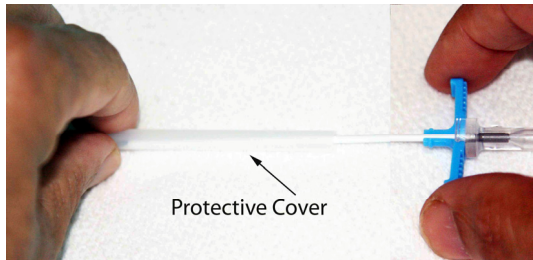
First Source Medical, LLC  
USA: Laguna Niguel, CA 92677

To report a problem or file a complaint, please contact your local Rep, send us an email to [Support@firstmedicalsourc.com](mailto:Support@firstmedicalsourc.com), or call us at (949) 637-5222.

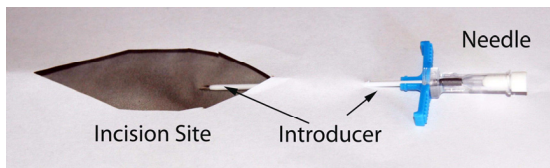
## Priming and Placing the FMS Conduction Catheter™



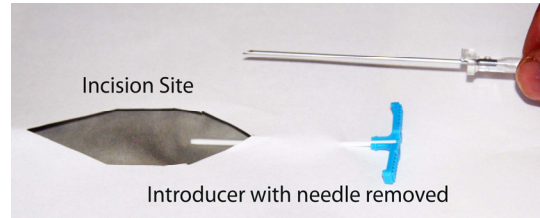
1. Use the small syringe to prime the catheter. Make sure fluid flows along the entire fenestrated area. Entrapped air bubbles may affect performance.



2. Firmly hold the protective cover and the blue handle and carefully remove cover, exposing the introducer needle.

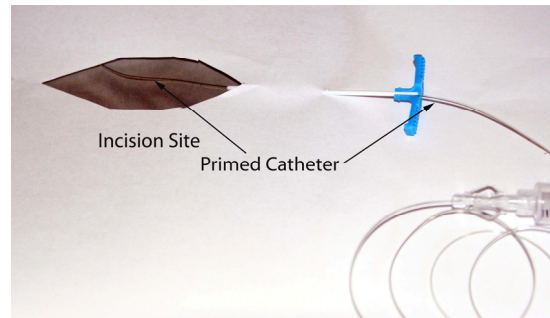


3. Insert the introducer needle 3-5 cm from the incision site. Push the needle into the incision site.



4. Hold the introducer's blue handle and cautiously remove the needle from the introducer.

**CAUTION:** To prevent needle injuries, follow your facility policies. Promptly seek medical attention if injury occurs. Discard needle in an approved Sharp collector.

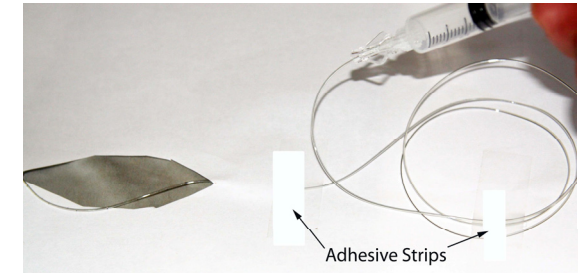


5. Insert the catheter through the introducer into the incision site. Position the catheter as desired in the wound site.

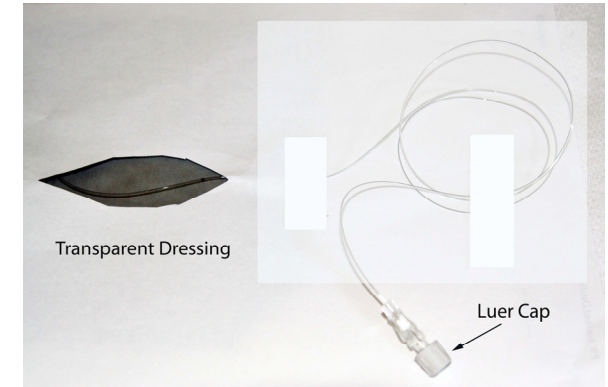
**CAUTION:** Do not place the catheter in a blood vessel. Do not pull the catheter out of the introducer as this may break the catheter leaving pieces in the insertion site. Do not cut the FMS Conduction Catheter™.



6. Tear away the introducer sheath while holding the catheter in place. Check the catheter for blood; if necessary, discontinue and restart the procedure.



7. Coil the catheter near the insertion site. Use the provided adhesive strips to secure it in a desired position. Check the catheter for blood clots. Use the small syringe to flush the catheter if necessary.



8. Use the transparent dressing to cover the insertion site and the coiled catheter. Attach the Luer cap to the catheter connector if you are not immediately starting the infusion.

**CAUTION:** Excessive force may break the catheter at time of withdrawal – use caution to remove. Consult standard textbooks for specific techniques. Do not reuse a used introducer.