INSTRUCTIONS FOR USE

Medline's Reusable Cervical Dilators may be reused after sterilizing. They are made of medical-grade Teflon.

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

PRECAUTION
• Visually inspect the dilators for any surface damage.
• Reusable Cervical Dilator Set is provided non-sterile.
• Dilators must be sterilized prior to use.

INDICATIONS
These Cervical Dilators are especially useful in locating and dilating the external OS, the cervical canal and the internal OS. They are particularly valuable instruments to be used on postmenopausal patients with cervical stenosis.

CONTRAINDICATIONS
Cervical Dilators should not be used under the following conditions:
• Acute genital track or pelvic infections.
• A pregnancy or the suspicion of a pregnancy.
• Any invasive cancer that is visible upon examination.
• Any non-compliant patient.

THE OS LOCATOR
A single molded band above the tactile handle and opposite the distal end of the device identifies the reusable OS Locator. The OS Locator may be used to find and gently dilate the external OS. Gradual dilation in combination with its tip flexibility and smooth surface will ensure maximum patient comfort. The sound of the OS Locator is tapered 23 mm to an intermediate diameter of 3.8 mm.

THE CANAL DILATOR
Two molded bands above the tactile handle identify the Canal Dilator. Its sound or longer tapered tip is 45 mm and extends to an intermediate diameter of 3.8 mm. The Canal Dilator may be used to slowly dilate the length of the cervical canal. Its flexible and smooth surface will provide maximum patient comfort.

THE FUNDUS SOUND
The Fundus Sound has three molded bands opposite the distal tip. The sound or tapered length from the distal tip is 85 mm. The smooth and flexible Fundus Sound is designed to pass through the entire length of the cervix to dilate the internal OS and sound the fundus to determine uterine depth.
**WARNINGS**
This procedure should only be performed by a trained medical professional. The use of excessive force should be avoided. Cervical Dilators should not be used for prolonged periods of time.

**INSTRUCTIONS**
Dilation of the cervix may be required for many diagnostic and treatment procedures. This procedure should always be performed by a medical professional who is trained in the procedure and aware of all possible complications and risks that may be present.

1. A pelvic examination of the patient should be performed prior to dilation to determine conditions present and risks of dilation.
2. The insertion of a weighted speculum may assist with visualization of the cervix.
3. Uterine tenaculum forceps should be used to grasp the cervix. Stabilization of the tenaculum should be maintained during the dilation procedure to absorb resistance and avoid trauma to surrounding anatomical structures.
4. The OS Locator is used to gently dilate the external OS to allow access to the cervical canal. Holding the dilator like a pen, gently insert the dilator into the external OS. Slight, slow movements can be used to break up connective tissues that may exist. Proceeding slowly allows the OS to gently stretch to accommodate the dilator.
5. The Canal Dilator is often needed next to continue the dilation of the cervical canal to gain access to the internal OS. The canal may become atrophic and rigid in post-menopausal patients. Proceeding slowly using the technique referenced above, allows the canal to gently stretch over the dilator.
6. The Fundus Sound is utilized to complete the dilation of the internal OS and palpate the depth of the uterus. Dilation of the internal OS should also proceed slowly to allow the tissues to gently stretch over the dilator. Continuing to hold the dilator like a pen, care should be exercised to minimize the risk of perforation of the uterus or tearing of the internal OS.
7. If additional dilation is required, the use of progressively larger diameter dilators can be utilized following the same process allowing for slow dilation of the cervix to accommodate instrumentation needed for the procedure.
8. If resistance is met to any size dilator it is advisable to leave it in the internal OS for several seconds to allow the tissues to expand around it.

**SUGGESTED DISINFECTING PROCEDURE FOR THE PHYSICIAN**

1. **Cleaning:** submerge in enzymatic cleaner for 20 minutes. Remove from enzymatic cleaner and rinse thoroughly with water. Demineralized water is recommended for rinsing. Allow to dry completely prior to sterilization.
2. **Disinfecting:** use disinfecting solution like OPA for 12 minutes and rinse with water thoroughly (be sure to follow manufacturer’s instructions). Remove from disinfecting solution and rinse thoroughly with demineralized water. Allow to dry completely prior to sterilization.
3. **Sterilizing:** (Recommended Sterilization Parameters)

<table>
<thead>
<tr>
<th>Sterilizer</th>
<th>Exposure Temperature</th>
<th>Exposure Time</th>
<th>Minimum Dry Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Vacuum (Wrapped)</td>
<td>132 °C (270 °F)</td>
<td>4 Mins</td>
<td>20 Mins</td>
</tr>
<tr>
<td>Pre-Vacuum (Unwrapped)</td>
<td>132 °C (270 °F)</td>
<td>4 Mins</td>
<td>-</td>
</tr>
<tr>
<td>Gravity Steam</td>
<td>121 °C (250 °F)</td>
<td>30 Mins</td>
<td>30 Mins</td>
</tr>
<tr>
<td></td>
<td>132 °C - 135 °C (270 °F - 275 °F)</td>
<td>10 Mins</td>
<td>30 Mins</td>
</tr>
</tbody>
</table>

www.medline.com Manufactured for: Medline Industries, Inc., Northfield, IL 60093 USA Made in Taiwan 1-800-MEDLINE RJ16BTQ