Best Practice Guidance
Balloon Insertion and Removal Techniques

⚠️ PRACTICE ALERT
No pretesting of balloon

- Pretesting causes microscopic cuffing of the balloon
- Insertion of a pretested catheter with cuffing can cause pain and urethra trauma
- All balloons are tested prior to release from the factory

Proper seating of sterile water syringe

- Gently press and twist syringe into inflation valve
- Use sterile water provided. Do not use saline, which can crystalize and make removal difficult

Use appropriate balloon fill

An underinflated balloon is asymmetrical and can result in the tip of the catheter irritating the bladder wall

<table>
<thead>
<tr>
<th>French size</th>
<th>Balloon size</th>
<th>Max fill volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 fr</td>
<td>1.5 ml</td>
<td>3 ml</td>
</tr>
<tr>
<td>8 &amp; 10 fr</td>
<td>3 ml</td>
<td>5 ml</td>
</tr>
<tr>
<td>12-24 fr</td>
<td>5/10 ml</td>
<td>10 ml</td>
</tr>
<tr>
<td>16-24 fr</td>
<td>30 ml</td>
<td>35 ml</td>
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</tbody>
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⚠️ PRACTICE ALERT
Use passive deflation for balloon deflation:

- Attach empty syringe and allow water to dispel from balloon on its own
- Active deflation, pulling back on the plunger, can cause microscopic cuffing of the balloon
- If passive deflation is unsuccessful, use gentle active deflation and return 0.5 ml of fluid into the balloon prior to removal

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