

# Rocket 6Fg Thoracentesis Catheter

## INSTRUCTIONS FOR USE

**Scope:** These instructions cover all Rocket 6Fg Thoracentesis Catheters and derivatives.

**Device Description:** The Rocket 6Fg Thoracentesis Catheter contains a 6Fr catheter with 6 fenestrations, 1 cm markings, stitch plate, tubing extension, 3-way tap and cap. 18G needle, easy aspiration syringe, 60ml syringe, protection sheath, scalpel and 2L drainage bag (accuracy +/-10%).

**Indications:**

This product has been designed for the percutaneous introduction of a catheter into the chest for the drainage of fluid.

**Contraindications: Not for the drainage of air.**

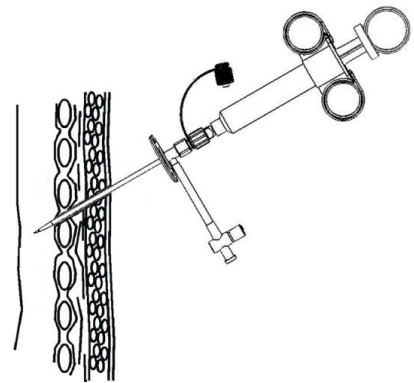
These products are intended for use by physicians trained and experienced in diagnostic and interventional techniques. It is recommended that British Thoracic Society Guidelines for the insertion of chest drainage tubes are followed.

Upon removal from package, inspect the product to ensure no damage has occurred.

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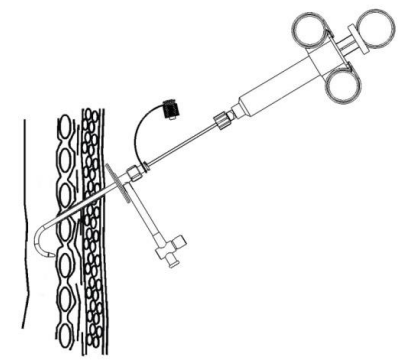
**Procedure:**

1. Ensure that adequate imaging has been performed to confirm the presence of pleural effusion prior to the use of this aspiration equipment. Pleural ultrasound is recommended prior to drainage of a pleural effusion to ensure the presence of fluid and to identify the optimal site for drainage.
2. Following local hospital policy, prepare the catheter insertion site with an approved solution and drape as required to maintain aseptic technique.
3. Administer appropriate and adequate local anaesthetic to the catheter insertion site and the underlying tissue.
4. Using the small scalpel make a small skin incision 4-5mm.
5. If required attach the 10ml syringe. Remove the protection sheath from the catheter and begin to slowly insert the needle through the skin incision over the superior border of the rib and into the pleural space.
6. The aspiration of fluid should be used to verify correct position.



**WARNING:** Do not over insert the needle into the chest.  
Only insert the needle sufficiently to be able to aspirate fluid.

7. When the placement of the needle and catheter has been correctly identified as being in the pleural cavity undo the luer lock connecting the needle and syringe to the catheter.
8. Slowly advance the catheter into the pleura whilst removing the needle from the catheter.
9. When needle is removed, and the catheter is in the pleura, ensure the stitch plate is against the patient's chest wall, then screw the cap on to luer lock on the back of the stitch plate to prevent leakage from catheter. At this point is required secure the stitch plate to the chest wall using a suture or tape.
10. Connect the 2L drainage bag to the 3 way tap.
11. Use the 60ml syringe connected to the 3 way tap to aspirate fluid from the chest, if the viscosity of the effusion permits, you can allow the fluid to drain into the collection bag.



**WARNING:** BTS Guidelines dictate that only 1L of fluid should be removed from the chest at any one time. Ensure that the amount of fluid being drained is observed.  
Observe the patient for any signs of distress whilst draining fluid.

12. When 1L of fluid has been drained or the drainage stops remove the catheter and dress the site appropriately.

**Disposal:** This device should be handled and disposed of in accordance with local hospital policy and with regard to all applicable regulations, including but without limitation to, those pertaining to human health & safety and care of the environment.



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**CONTINUOUS USE SHOULD NOT EXCEED 28 DAYS**