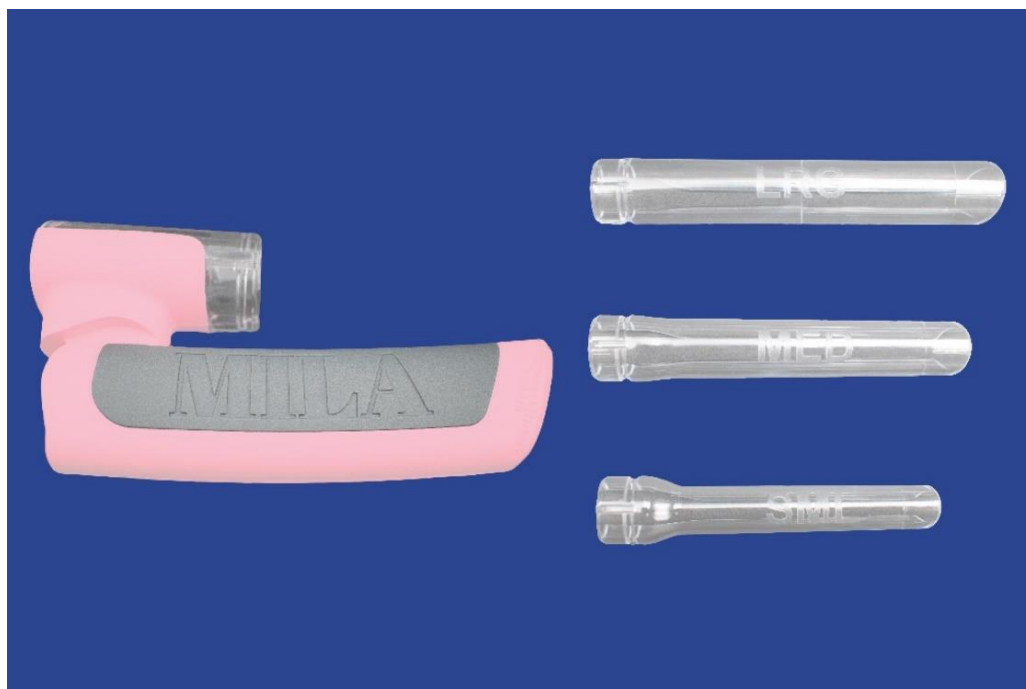


Instructions for Use

Rev. 10/29/2024

U-Light™ Urinary Access System

A reusable light-guided system for quick and easy urinary catheter placement in female dogs.



Indications for Use

The MILA U-Light™ is used for direct visualization of the urethral orifice (papilla) in female dogs to facilitate urinary catheterization.

Contraindications

Urinary tract infection
Urethral or vaginal trauma
Urethral stricture

Gross hematuria
Recent urologic surgery
Pyometra

Potential Complications

Urethral or vaginal trauma
Urethral stricture
Contamination

Bladder trauma
Retention balloon rupture
Catheter dislodgement

Supplies Needed

(not included)

Clean clippers with a size 40 blade

Sterile saline for irrigation

Sterile fenestrated drape
(such as a MILA PPD)

Foley urinary catheter*

Dilute antiseptic solution
(chlorhexidine* or povidone-iodine solution**)

Sterile water

Sterile gloves

Sterile water-based lubricant

Closed urine collection set
(MILA Items UC600K, UC1000K, UC2000K)

➤ MILA 30cm (12in) Foley catheter item codes:

4Fr	5Fr	6Fr	8Fr	10Fr
UC412	UC512	UC612	UC812	UC1012

Antiseptic Dilutions:

***0.05% chlorhexidine solution = 6.25mL 2% chlorhexidine QS 250mL sterile water**

⚠ Dilution of chlorhexidine with sterile saline will result in the formation of precipitates and can reduce its antiseptic efficacy.

****1% povidone-iodine solution = 25mL 10% povidone-iodine QS 250mL sterile water or saline**

Refer to this symbol, ⚠, for warnings and precautions throughout the instructions.

Instructions

Read through all steps before the procedure.

Foley Urinary Catheter Placement - Female Dog

Read through all steps before the procedure.

These instructions do not include steps for sedation or general anesthesia.

1. Choose a Foley catheter with an appropriate size and length for the patient.

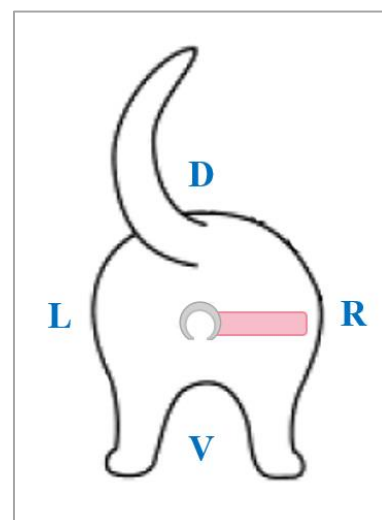
⚠ Use indwelling urinary catheters only when medically necessary.

2. Position the patient in lateral or sternal recumbency.

⚠ Failure to properly immobilize the patient during the procedure may result in serious injury.

- NOTE: The U-Light handle should point toward the patient's **right** side. This should be taken into consideration when choosing the patient's position, based on which hand will be holding the U-Light and which hand will be placing the catheter (see examples below).

Patient Recumbency	U-Light Handle Position	Catheter placed with
LEFT LATERAL	UP ↑	RIGHT HAND
RIGHT LATERAL	DOWN ↓	LEFT HAND
STERNAL	RIGHT ➡	LEFT HAND



3. Perform hand hygiene, don exam gloves, and ensure that all supplies are ready.
4. Inspect the contents of the catheter package to ensure all components are included.
5. Clip the fur from the area around the vulva, taking care to avoid skin irritation.

6. Wash off visible debris and then perform a surgical scrub of the skin around the vulva. Rinse with sterile water or saline. Flush the vulva and vestibule several times with dilute antiseptic.
- ⚠️ Ensure that the periurethral area is thoroughly antiseptically prepped and all precautions are taken to minimize the risk of iatrogenic catheter-related urinary tract infections.

7. Optional: If the patient is not anesthetized, apply viscous lidocaine to the vulva and into the vestibule. Allow 3-5 minutes of contact time for the lidocaine to take effect.
8. Don sterile gloves and position a fenestrated drape to provide a sterile field.
9. Remove the catheter from the package and test the retention balloon by inflating it with sterile water (not saline). The required volume is printed on the port hub. Deflate the balloon completely. Do not use the catheter if the balloon does not inflate or deflate, or if it leaks.
10. For MILA Foley urinary catheters: Flush the lumen of the catheter with 5-7mL of sterile saline to activate the lubricant lining the inner lumen. If the wire stylet is not already in place, apply a small amount of sterile water-based lubricant to the tip and insert it into the catheter.

⚠️ Ensure that the stylet can move freely within the lumen and has not inadvertently exited one of the distal side holes. If the stylet is protruding from a side hole, retract it a few inches and reinsert so that the tip fits well into the tip of the catheter.

11. Maintaining aseptic technique, attach the appropriate size U-Light™ introducer to the handle.

U-Light Introducer Size	Foley Size
Small	4-8Fr
Medium	8-10Fr
Large	≥10Fr

- NOTE: The handle should be disinfected per hospital protocol before the procedure.

⚠️ **ONLY USE COLD STERILIZATION METHODS. Due to the encased battery, the U-Light™ handle must NEVER be sterilized with any other method (autoclave, ethylene oxide gas, steam, etc.).**

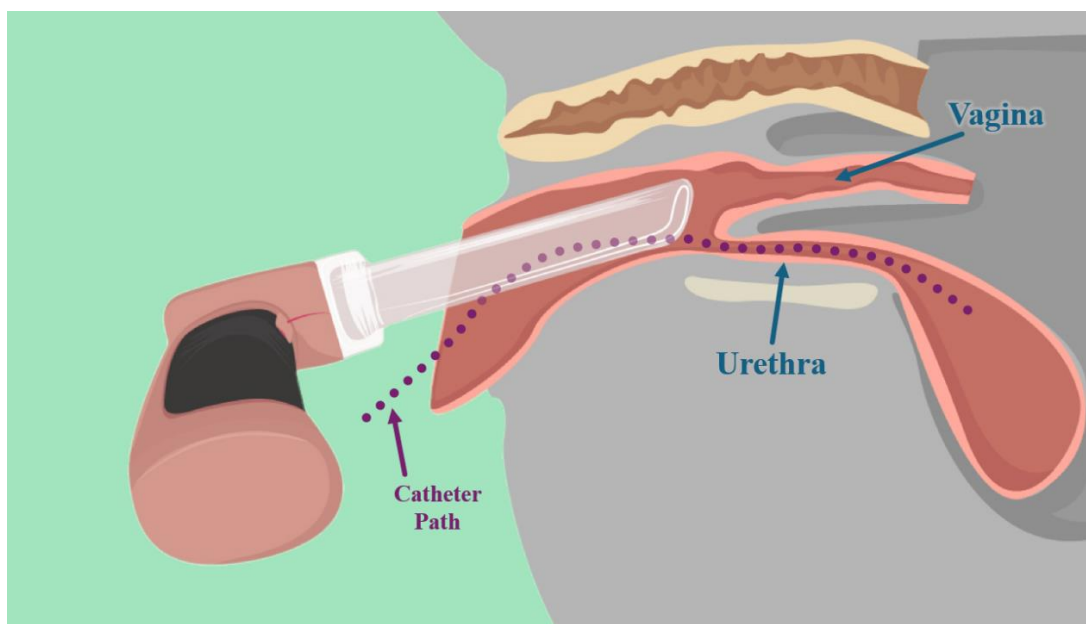
12. Extend the introducer to turn on the light.

Apply sterile water-based lubricant to the exterior of the U-Light™ introducer.

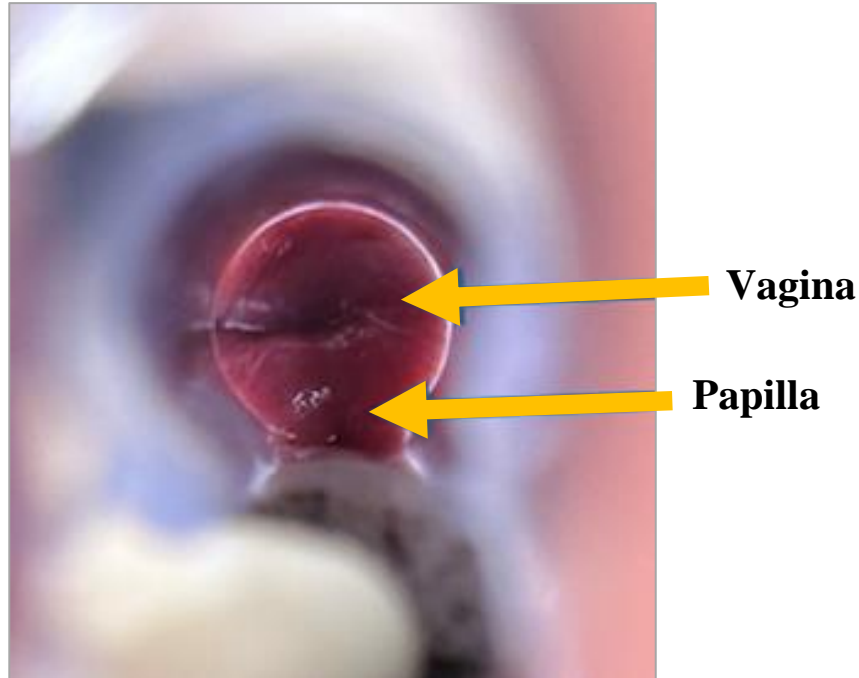
Gently insert the tip of the U-Light™ between the labia. When approximately half of the introducer is inserted, redirect the U-Light™ so it is parallel to the spine.

The long edge of the introducer should face dorsally, and the slot should face ventrally.

- TIP: Have an assistant flex the tail dorsally.



13. Visualize the papilla (urethral orifice) on the ventral aspect of the vestibule and block the vaginal opening with the top edge of the introducer tip bevel.



- **TIP:** Apply pressure directly over the papilla to gently dilate the urethral orifice.
- 14. Holding the U-Light™ stationary, insert the catheter tip through the introducer's channel and advance it into the urethra.
- 15. When the tip of the catheter has reached the bladder (indicated by the pre-measured depth of placement or presence of urine in the catheter), inflate the retention balloon with the volume of sterile water indicated on the catheter hub. Gently remove the U-Light™.
- ⚠ **Do not use excessive force to connect the syringe to the pilot hub, as this can damage the valve.**
- 16. Remove the wire stylet and connect a closed urinary collection system.
- ⚠ **WARNING:** The stylet must **never** be reinserted or re-advanced into the catheter while it is indwelling. Reinsertion or re-advancement of the stylet may result in patient injury or damage to the catheter.
- 17. Record catheter placement in the patient's medical record (see page 6).

U-Light™ Care

- Remove the U-Light™ introducer from the handle and wash it thoroughly with soap and warm water. Sterilize per hospital protocol.
 - o Ethylene oxide sterilization is recommended.
- Wipe the U-Light™ handle with disinfectant before and after use.
- ⚠ **ONLY USE COLD DISINFECTION METHODS. Due to the encased battery, the U-Light™ handle must NEVER be disinfected or sterilized with any other method (autoclave, ethylene oxide gas, steam, etc.).**

Urinary Catheter Care and Maintenance

Urinary catheter care should be performed every 4 to 6 hours or whenever the catheter and/or collection system appear visibly soiled.

Supplies Needed: exam gloves, dilute antiseptic (e.g., 0.05% chlorhexidine or 1% povidone-iodine solution), sterile gauze

1. Perform hand hygiene, don exam gloves, and ensure all supplies are ready.

2. Inspect all parts of the catheter and closed collection system for any leaks, kinks, occlusions, contaminations, or patient discomfort. Ensure that the collection system is placed below the level of the bladder and do not let the port touch the floor to minimize the risk of contamination of the catheter, collection system, and periurethral area.
3. Soak several sterile gauze pads in a dilute antiseptic solution.
4. Urinary catheter care procedure:
 - 1) Flush the vestibule with dilute antiseptic. Wipe the perivulvar area with dilute antiseptic.
 - 2) Swab the vulva with an antiseptic-soaked gauze, taking care to wipe down and away from the patient.
 - 3) Take a new antiseptic-soaked gauze and wipe the external portion of the catheter from the urethral opening, all the way down to the hub. Repeat as necessary to remove any visible debris or biofilm.

Catheter Removal

1. Perform hand hygiene and don exam gloves. Gently insert a luer lock or slip tip syringe into the inflation port.
⚠ Do not use excessive force to connect the syringe, as this can damage the valve.
2. Allow the pressure within the balloon to fill the syringe. If deflation is slow, remove the syringe and gently reseal it. Deflate the retention balloon completely using gentle negative pressure. Excessive pull force on the syringe plunger may cause the inflation lumen to collapse.
⚠ Although very unlikely to occur, if the balloon will not deflate, do NOT cut the balloon port proximal to the inflation valve. Urological consultation is recommended if non-deflation persists.
3. When the full inflation volume has been aspirated, pull the catheter gently to remove.
⚠ If resistance is felt, attach a catheter-tip syringe filled with sterile saline +/- sterile water-based lubricant and flush through the catheter to assist in removal. Urological consultation is recommended if resistance recurs.
⚠ Should the balloon rupture, ensure that all fragments have been removed from the patient.
4. Dispose of catheter and urine collection set per hospital protocol. Document catheter removal in the patient's medical record.

DISCLAIMER: These instructions are for supplemental education and guidance only and do not substitute professional veterinary medical advice.

Questions or comments?

Call us at 859-957-1722 or 888-645-2468
(Monday-Friday 9am-5pm EST)

or email us at ProductSupport@milaint.com

Urinary Catheter Placement Record

Place or transcribe into patient's medical record.

Date: ____/____/____ Time: ____:____ am pm

Patient Name: _____ ID Number: _____

Owner: _____ Veterinarian: _____

Indication or reason for placement: _____

Placed by: _____ Assistant/Restrainer: _____

Comments: _____

U-Light Introducer size: ☐ Small ☐ Medium ☐ Large

Catheter Size: ____ Fr Length: ____ in/cm MILA Lot number: _____

Depth of placement: ____ cm

Urine specimen submitted for ☐ Urinalysis ☐ Culture and Sensitivity

Bladder emptied? ☐ Yes ☐ No Collection set attached @ ____:____ am/pm

E-Collar on? ☐ Yes ☐ No

Orders to quantify urine in the treatment plan: ☐ Yes (q ____ h) ☐ No

Urinary catheter care orders in the treatment plan: ☐ Yes (q ____ h) ☐ No









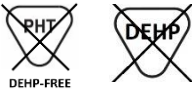













Infectious? YES NO

Zoonotic risk? YES NO

Chemotherapy hazard? YES NO

Removed by: _____ Date & time: _____

SYMBOL GLOSSARY

	Batch code/ Lot number
	Caution
	Consult instructions for use
	Contains or presence of phthalate DEHP
	Date of Manufacture
	Does not contain natural rubber latex
	Does not contain phthalate DEHP
	Do not re-sterilize
	Do not reuse
	Do not use if package is damaged
	Keep away from sunlight
	Keep dry
	Non-pyrogenic
	Non-sterile
	Not MRI safe
	Prescription only
	Temperature limits
	Sterilized using ethylene oxide
	Sterilized using steam or dry heat
	Use-by Date