

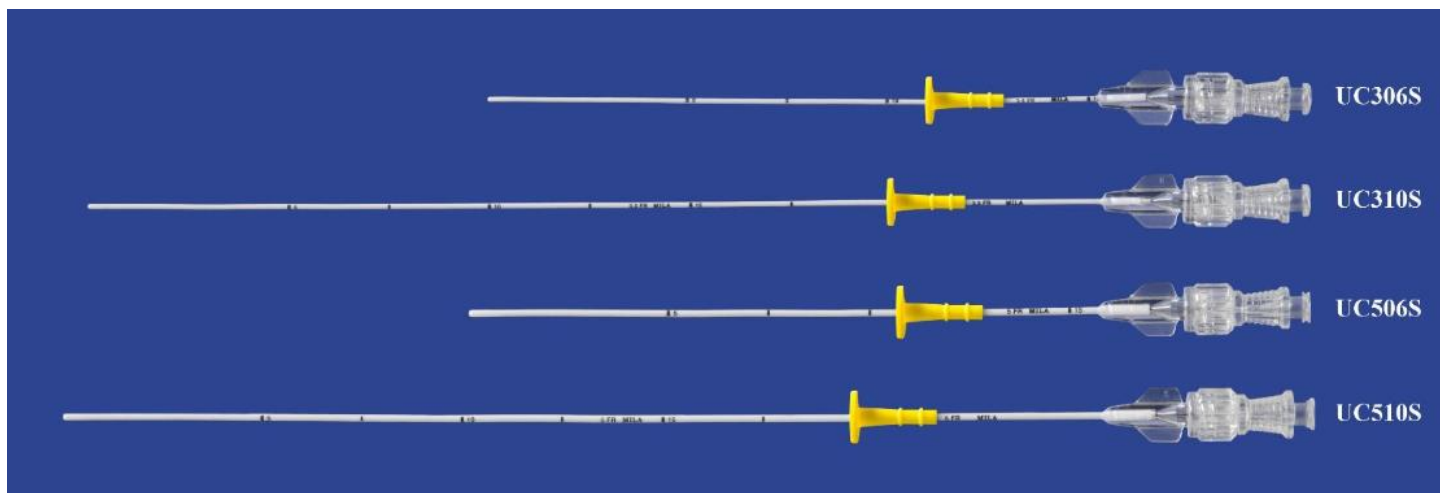


Instructions for Use

Rev. 1/3/2025

Tomcat / Small Animal Urinary Catheter

Depth-adjustable urinary catheter with optional flushing stylet and suture device.



Indications for Use

The MILA Tomcat Catheters are indicated to irrigate the urethra to alleviate urethral obstructions and facilitate bladder drainage in male cats.

Contraindications

Urethral injury or stricture
Urinary tract infection
Recent urethral or bladder surgery
Penile trauma

Potential Complications

Urethral tear or trauma	Bladder injury
Urethral stricture	Bladder and/or urethral spasms
Urinary tract infection	Catheter dislodgement

Supplies Needed

(not included)

Clean clippers with size 40 blade	Sterile gauze	Dilute antiseptic solution
Sterile saline*	3-5 syringes ($\geq 10\text{mL}$)	Porous medical tape
Sterile water-based lubricant**	Closed urine collection system	Waterproof tape
2-0 or 3-0 nylon suture	Elizabeth ("E") collar	Sterile drape


Optional: extension set primed with sterile saline

**For rinsing off scrub and for flushing. Warm saline for flushing may be more comfortable for the patient.*


*** 2% lidocaine lubricant may also ease catheter placement. Allow for sufficient contact time for the lidocaine to take effect.*

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 will deactivate the antiseptic.

****2% povidone-iodine solution = 25mL 10% povidone-iodine QS 250mL sterile water**


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

Instructions

Read through all steps before the procedure.

These instructions do not include procedures or guidelines for establishing cardiovascular stability, analgesia, or sedation before urinary catheter placement.

Preparation

1. Prior to use, inspect all catheter parts. Do not use if damaged.
2. Place the patient in dorsal recumbency and position the hind limbs cranially.
 Failure to properly immobilize the patient during the procedure may result in serious injury.
3. Shave and antiseptically prep the prepuce and the surrounding skin. If using 2% lidocaine lubricant, apply to the prepuce and penis prior to scrubbing and allow a few minutes for it to take effect. Irrigate within the prepuce with a dilute antiseptic solution.
4. Perform hand hygiene and don sterile gloves. Place a sterile fenestrated drape to create a sterile field. If a sterile drape is not available, the paper wrap from your sterile gloves can be used as a makeshift sterile field.

Urethral Unblocking and Catheter Placement

5. Using your non-dominant hand, extrude the penis by firmly grasping the prepuce with your fingertips and pushing craniodorsally. Once the penis is extruded, pinch the prepuce, and stretch the penis caudally to straighten the urethra parallel to the spine. The use of dry gauze may aid in this process. Dislodge any debris that may be present at the distal tip of the urethra.

6. With your dominant hand, lubricate the catheter and grasp it close to the tip.

⚠ Use only water-based lubricant.

7. Introduce the catheter into the urethra. Once the catheter tip is well-seated into the urethra opening (approximately 0.5cm), simultaneously advance the catheter and pull the prepuce over the catheter, positioning the penis caudally to straighten the sigmoid flexure. Advance the catheter with the stylet to the point of obstruction.

8. While holding the catheter in place, attach a syringe of sterile saline to the stylet hub and flush using gentle pulsatile pressure on the syringe plunger to help dislodge the obstruction. Advance the catheter with stylet gently while flushing to move the obstruction into the bladder.

⚠ Due to syringe barrel-to-luer size ratio, smaller syringes will generate MORE pressure. Use larger syringes to avoid the risk of pressure-related trauma.

TIP: Add an extension set to the syringe to allow an assistant to flush the catheter without crowding the sterile field.

9. Once the obstruction has been cleared, remove the stylet and advance the catheter to the desired depth.

⚠ The stylet should only be used to the point of the obstruction. DO NOT advance the catheter with the stylet into the bladder.

⚠ Advancing the stylet through the full length of the urethra can increase the risk of urethral tear or trauma.

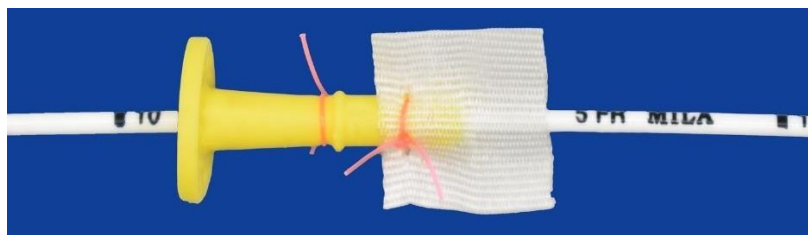
10. Confirm desired depth of placement by radiograph or ultrasound. Note the depth of placement indicated by the measurement marker on the catheter.

Securement

11. Wipe off any residual lubricant. Slide the yellow suture device to sit close to the prepuce. Tie two sutures tightly to the collar of the suture device.

NOTE: 2-0 Nylon suture material is recommended. Knot the sutures tightly - they will not occlude the catheter.

TIP: Residual lubricant can cause the suture device to slip – For extra security, place a waterproof tape butterfly at the distal end of the suture device as shown below:



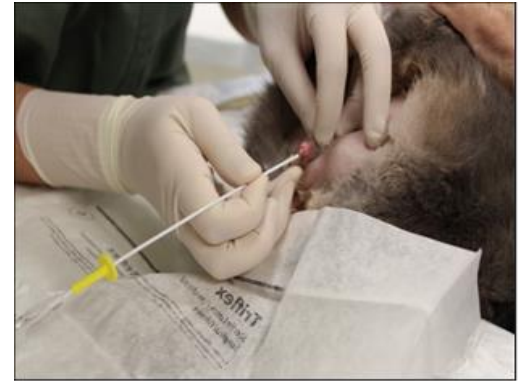
12. Empty the bladder. Collect urine samples if desired.

13. Suture the yellow disc of the suture device to the prepuce in 3-4 places, through the holes in the disc. 3-0 nylon suture is recommended.

TIP: To reduce drag on the catheter, place stay sutures bilaterally to the prepuce and tie additional sutures to the tape butterfly.

14. Attach a closed collection system to the hub of the catheter. Note the time when the line and bag are connected to later calculate urine output over time.

⚠ A sterile closed collection set is highly recommended to avoid nosocomial urinary tract infections.



15. To determine the location to secure the catheter and collection line to the patient's tail, flex the tail dorsally and tape the line at a point that provides enough slack as to not pull on the catheter.



16. Place E-collar on the patient. Record catheter placement in the patient's medical record (see page 5).

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 the patient's medical record.

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

Patient Name: _____ ID Number: _____

Owner: _____ Veterinarian: _____

Placed by: _____ Assistant: _____

Comments: _____

Catheter Size: ☐ 3.5Fr ☐ 5Fr Length: ☐ 15cm/6in ☐ 25cm/10in

MILA Lot number: _____

Depth of placement: _____ cm Placement confirm by radiograph? ☐ Y ☐ N







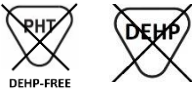








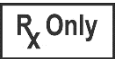




Urine specimen submitted for ☐ Urinalysis ☐ Culture and Sensitivity

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

E-Collar on? ☐ Yes ☐ No Orders to quantify urine in treatment plan: ☐ q ____ h

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