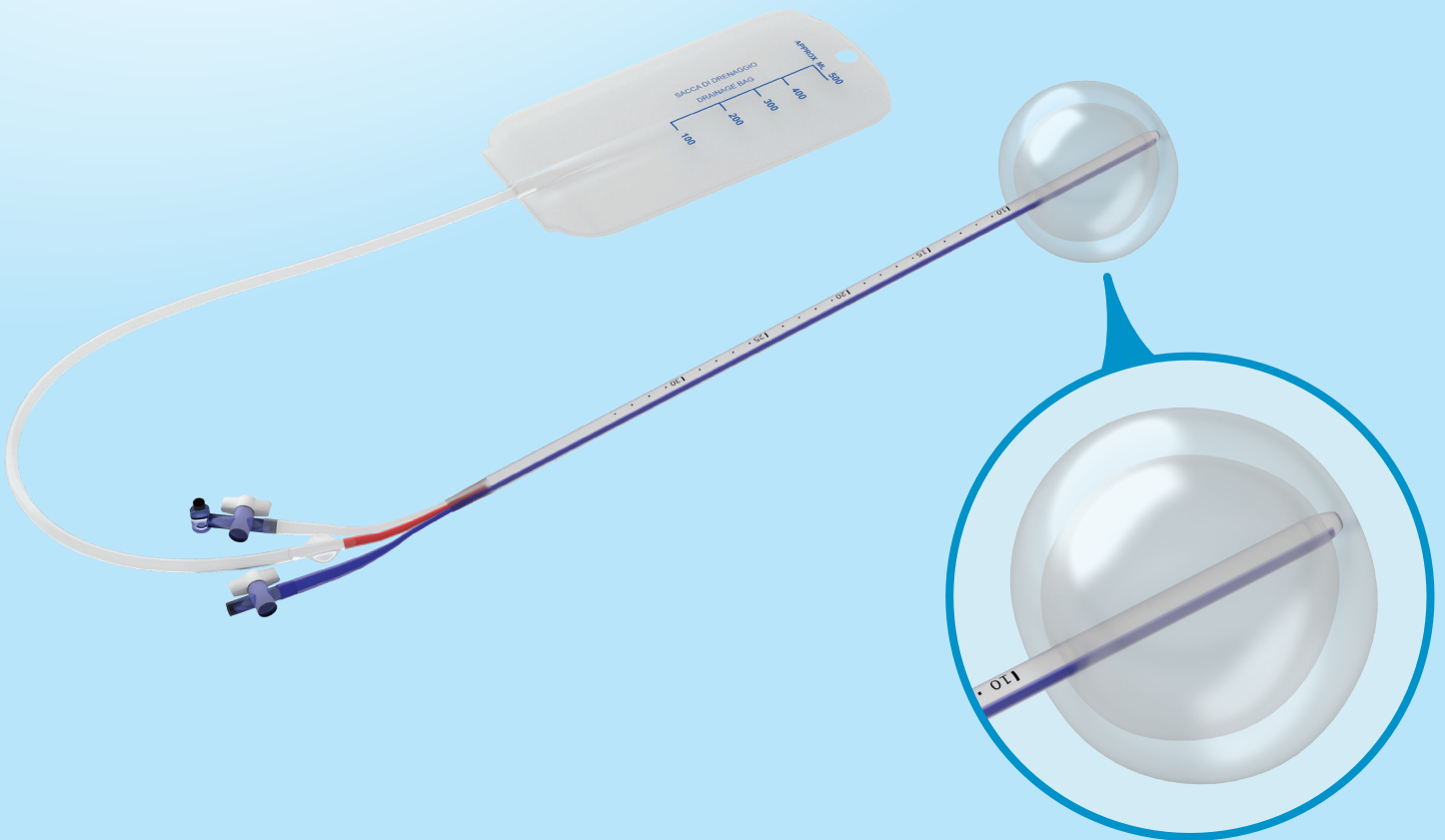




# METRASTOP

## Postpartum Balloon

A NEW SOLUTION  
FOR THE TREATMENT OF  
UTERINE BLEEDING (PPH)



**Dual lightweight balloon = comfort for the patient**

(liquid → external balloon / air → internal balloon).

The balloon remains in place, **avoiding the risk of slippage.**

Can be **rapidly inflated.**

Chance to **reposition the catheter** in case of misplacement.

# TAMPONADE TECHNIQUE FOR POSTPARTUM HEMORRHAGE IN 5 STEPS

**METRASTOP**  
Postpartum Balloon

Determine uterine volume by direct examination or ultrasound examination.

1

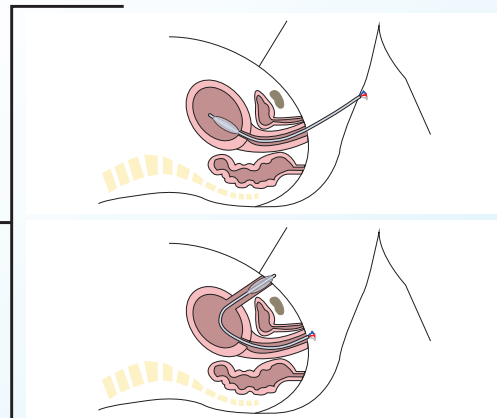
## **Transvaginal placement:**

Insert the distal part of the catheter into the uterus, making sure that the balloon is completely positioned beyond the cervical canal and the internal ostium.

## **Transabdominal Placement during C-Section:**

- Insert the catheter by hysterotomy, placing the part with inflation fittings into the vaginal canal through cervix, and the tip with balloon into the uterine cavity.
- Close the incision as standard practice.

2



## **BALLOONS INFLATION**

- Preload the 60 ml included syringe with sterile saline solution. Connect the syringe to the blue lumen "water" and inject the liquid. Close the stopcock.

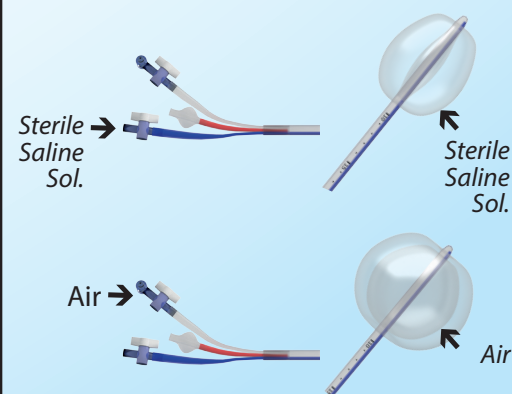
In this way the **outer balloon** is inflated.

- Connect the same 60 ml syringe (empty) to the inflation valve of the stopcock of the transparent lumen "air inflation" and inflate max 420cc of air (ca 7 pumps). Once the balloon has been inflated, close the stopcock.

The inflation valve of the transparent lumen allows to keep the syringe connected during inflation procedure.

In this way the **internal balloon** is inflated.

3



## **CONNECT THE DRAINAGE BAG**

Connect the drainage port (red colour) to the included fluid collection bag to monitor hemostasis.

4



## **BALLOON REMOVAL**

- Remove the inflation valve of the **transparent lumen** and open the stopcock in order to leak the air out.
- Open the **blue lumen** stopcock or use a suitable syringe to draw the contents of the external balloon until it totally deflates. The catheter shaft may be cut to facilitate more rapid deflation.
- Gently retract the balloon from the uterus and vaginal canal and discard.

5

