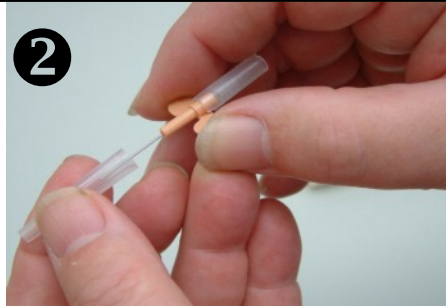


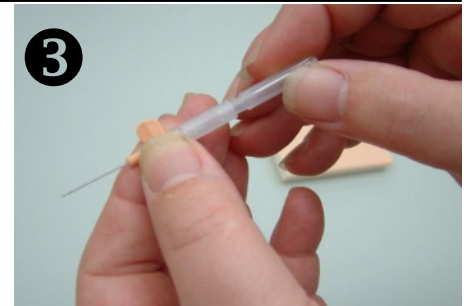
Inserting and Using the Insuflon™



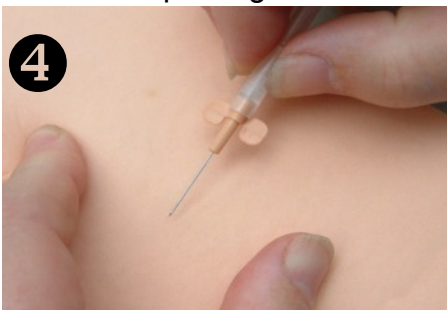
1 In a clean area, remove the contents from the Insuflon™ package.



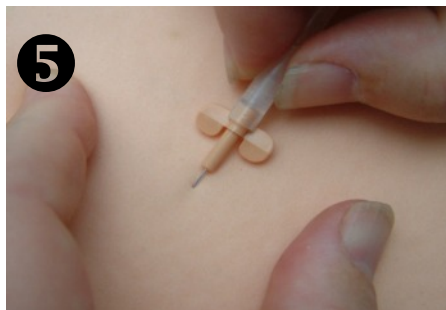
2 Carefully remove the introducer needle guard.



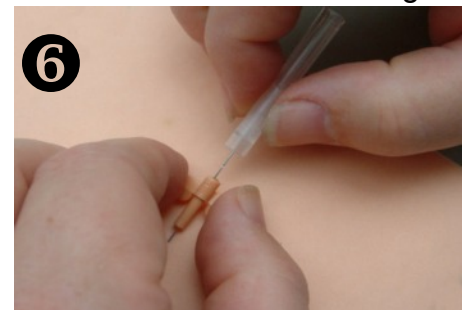
3 The needle guard may be inserted into the rear of the introducer to aid handling.



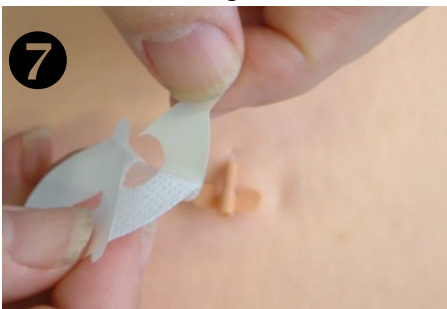
4 Pinch up the skin and insert the Insuflon™ at approx 30 to 45 degrees.



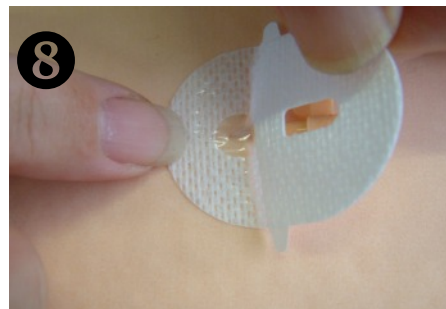
5 Advance the Insuflon™ until only a few millimetres of catheter remain visible.



6 Carefully remove the introducer needle without disturbing the catheter.



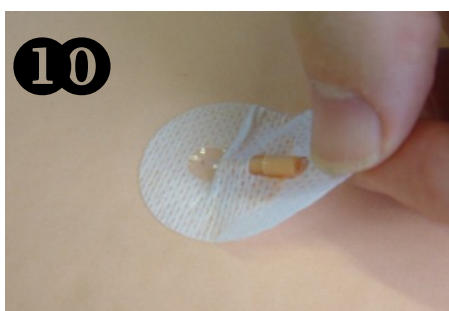
7 Remove the smaller tape cover from the front of the tape.



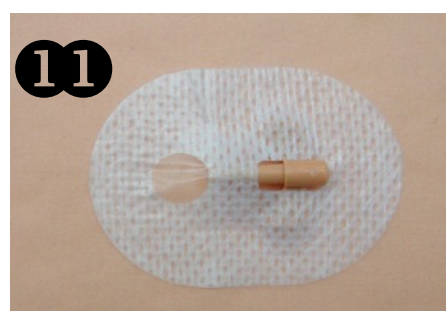
8 Place this over the cannula so that the entry point into the skin is visible in the clear area.



9 Remove the final piece of the tape protector.



10 Secure the remaining tape over the injection port, keeping it clear of the membrane.

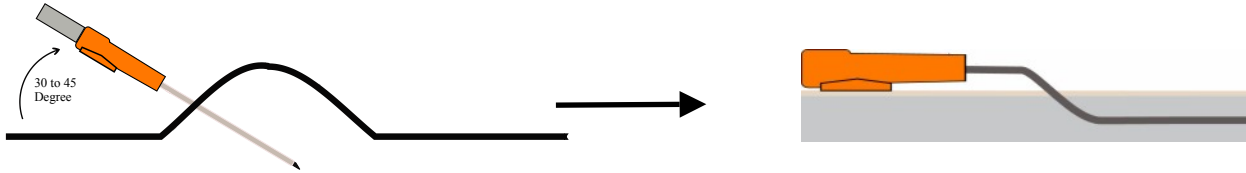


11 Smooth the tape to ensure it is fully secure and examine the site.

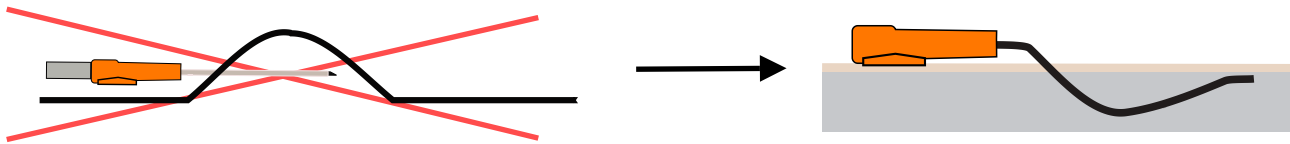
General Handling

Insertion

It is better to insert the Insuflon™ with a single rapid movement into a 'pinched up' area of the tissue. You should aim to set the angle approximately as illustrated (30 to 45 degrees) to ensure that the catheter lies comfortably in the tissue when it becomes relaxed.



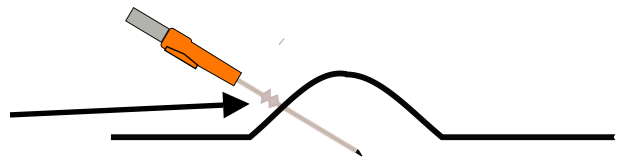
If the insertion angle is too shallow this may result in superficial introduction of the catheter which would hinder proper drug absorption, as illustrated below.



In the event of difficulties, if you examine the catheter on removal you may see that it has adopted the shape illustrated above, which will help to indicate the cause of the problem.

Peelback

Peelback occurs when the catheter peels back along the introducer needle during insertion. It is generally a 'beginner' problem and most often occurs if the needle is advanced slowly into the tissue rather than with a rapid motion. This can lead to administration difficulties if not observed.



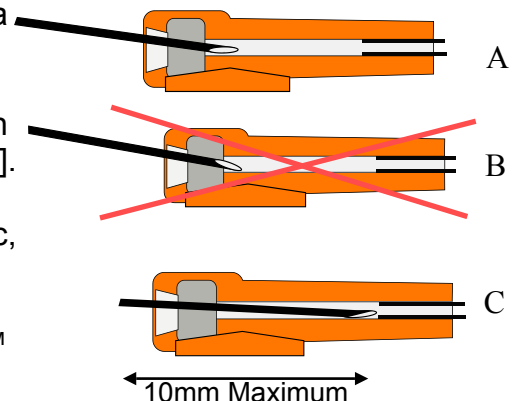
Inserting Needle

The manufacturers do not recommend cleaning of the injection port prior to injection. If required by local practice, however, a mild disinfectant should be used with low alcohol content.

The syringe needle should be inserted into the Insuflon™ with the bevel, or opening of the needle, towards the skin surface [A].

If inserted the other way [B] the needle may catch on the plastic, and you should rotate it to position [A].

Do not insert the needle further than 10mm into the Insuflon™ or you may damage the catheter and cause leakage. [C]



Adhesive Tape

The adhesive tape provided with the Insuflon™ has been found acceptable by the vast majority of patients. If there are adhesion problems then make sure the skin has been cleaned and dried, and that no 'oily' cleansing or disinfectant agents have been used. The use of a skin barrier such as Cavalon can help with adhesion in difficult cases. It is possible to place a layer of tape on the skin prior to inserting the Insuflon to act as a barrier against the Insuflon adhesive. It is possible to swim, bath or shower with the Insuflon™ in place. However very hot or salty water may cause the adhesive to soften. If this is felt to be a risk, a secondary dressing may be placed over the Insuflon™ for the duration of immersion.