

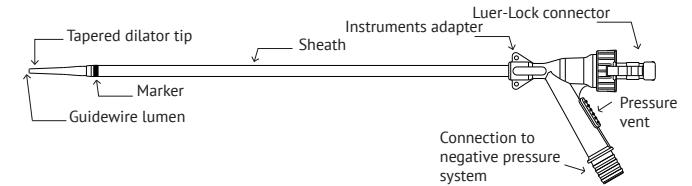
Manawa

URETERAL ACCESS SHEATH WITH SUCTION

INSTRUCTIONS FOR USE

CAREFULLY READ ALL INSTRUCTIONS PRIOR TO USE. FAILURE TO OBSERVE ALL WARNINGS AND PRECAUTIONS MAY RESULT IN COMPLICATIONS.

CONTENTS: One (1) Access Sheath with Suction sterilized with ethylene oxide gas. Non-pyrogenic.



These instructions apply to all sheath diameters and lengths.

PRODUCT INFORMATION

Maximum guidewire diameter: 0.038" (0.96 mm). Maximum sheath internal diameter: 8.0Fr, 9.5Fr, 10.7Fr and 12.0Fr. Please refer to label information.

DISPOSAL

After use, dispose of product and packaging in accordance with hospital, administrative and/or local government policy. For one time use only. Do not reuse. Do not re-sterilize. Read instructions prior to use.

Instructions for use ref: 0910015 - Rev 01, 19 May 2025 ; CE marking date: XX-XXX-XXX

- To perform a retrograde pyelogram, reinsert the dilator into the sheath until the luer-lock connector snaps into the instrument adapter. Inject contrast through the fitting of the luer-lock adapter. Remove dilator as desired.
- Upon completion of the access procedure, gently withdraw the device.
- Discard device upon completion of procedure in accordance with hospital procedures.

XII. DISCLAIMER OF WARRANTY AND LIMITATION OF REMEDY

The manufacturer has exercised reasonable care in the manufacture of this device. Both manufacturer and distributor excludes all warranties, whether express or implied by operation of law or otherwise, including but not limited to, any implied warranties of merchantability or fitness, since handling and storage of this device as well as factor relating to the patient, the diagnosis, treatment, surgical procedures, and other matters beyond our control directly affecting this device and the results obtained from its use. Both manufacturer and distributor shall not be liable for any incidental or consequential loss, damage, or expense, directly or indirectly arising from the use of this device. The manufacturer neither assumes, nor authorizes any other person to assume for it, any other or additional liability or responsibility in connection with this device.

PACKAGING

Medical device delivered in a peelable pouch as inner packaging within a cardboard packaging box. One (1) unit per box (one (1) access sheath with suction including a dilator tubing). Do not use if the packaging is open or damaged. Use before the expiry date clearly indicated on the label.

STORAGE AND HANDLING

Store in a dry place at room temperature. Keep away from light.

PERFORMANCE FEATURES

Hydrophilic coating present for improved procedural efficiency.

CLINICAL BENEFITS

Facilitation of ureteral access with continuous working channel and for injection of fluids into urinary tract.

LABELING SYMBOLS DEFINITION

	Manufactured by
	Device reference
	Device Lot number
	Expiry date, Use before date, Use by
	Single Sterile barrier system with protective packaging outside Sterilized by Ethylene Oxide Device Intended for Single Use only Do Not reuse
	Caution, consult instructions for use
	Do not resterilize
	Sheath diameter
	Usable sheath length
	Medical device
	Unique Device Identifier
	Do not use if package has been opened or damaged
	Keep dry
	Keep away from sunlight
	Non pyrogenic
	Country of manufacture
	Date of manufacture
	European Representative



Manufactured by:
Envaste
Medical Instruments
Envaste Ltd.
4th Floor, Maeva Tower Building,
Ebene Business Park,
Reduit 72201, Mauritius
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Distributed by:
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I. DEVICE DESCRIPTION

The MANAWA Vacuum Access Sheath is composed of a reinforced proximal shaft surrounding an inner tapered dilator tubing. The shaft has a rounded distal end and a plastic bifurcated molded hub with a locking mechanism at its proximal end. The bifurcated molded hub has a longitudinal pressure control vent. A radiopaque marker band on the distal end of the shaft allows accurate placement of the vacuum access sheath under fluoroscopy. The proximal end of the dilator tubing bears a molded Luer-Lock connector that latches onto the shaft bifurcated hub. The tapered distal end of the dilator tubing permits gentle atraumatic insertion and dilation. The bifurcated molded hub is connected directly to a negative pressure suction system (or to a collector bottle) using a clear tubing. The sheath is designed to create a conduit allowing the insertion of ureteroscopes and other urological instruments into the urinary tract.

The Access Sheath with Vacuum is available in lengths of 20, 28, 35 and 45 cm with internal diameter of 8.0Fr, 9.5Fr, 10.7Fr and 12.0Fr. Maximum guidewire size is 0.038" (0.96mm).

	Sheath Internal Diameter	Sheath External Diameter	Sheath Length
Ref #	F	F	cm
UAS-0408020S	8.0	10	20
UAS-0408028S	8.0	10	28
UAS-0408035S	8.0	10	35
UAS-0408045S	8.0	10	45
UAS-0409520S	9.5	11.5	20
UAS-0409528S	9.5	11.5	28
UAS-0409535S	9.5	11.5	35
UAS-0409545S	9.5	11.5	45
UAS-0410720S	10.7	12.7	20
UAS-0410728S	10.7	12.7	28
UAS-0410735S	10.7	12.7	35
UAS-0410745S	10.7	12.7	45
UAS-0412020S	12	14	20
UAS-0412028S	12	14	28
UAS-0412035S	12	14	35
UAS-0412045S	12	14	45

II. INDICATIONS

The Manawa Vacuum access sheath is indicated for use during ureteral access procedures to provide ureteral dilatation with continuous working channel for the introduction of urological instruments such as ureteroscopes and for the injection of fluids into the urinary tract.

III. INTENDED PURPOSE

To provide working channel for instruments and fluid delivery during urological procedures.

IV. INTENDED USER

This device should only be used in healthcare setting by physicians who are professionally experienced in the clinical and technical aspects of flexible ureteroscopy.

V. PATIENT GROUP

Manawa Access Sheath with Vacuum is intended to be used in adults who do not meet contraindications and regardless of gender.

VI. CONTRAINDICATIONS

- Patients who are contraindicated for retrograde urologic procedures.
- Patients who are contraindicated for antegrade urologic procedures, including, but not limited to patients with blood clotting abnormalities due to coagulopathies or pharmacological anticoagulations.
- Patients who have the presence of tight strictures which would limit the device.
- Patients who have the presence of large obstructing distal ureteral calculi.

PHYSICIAN SHOULD BRIEF THE PATIENT ON CONTRAINDICATIONS AND UNDESIRABLE SIDE-EFFECTS.

VII. WARNINGS

• The device is designed and intended for single use only. DO NOT RESTERILIZE AND/OR REUSE. Reuse or resterilisation may create a risk of contamination of the device and/or cause patient infection or cross-infection, including, but not limited to the transmission of infectious disease(s) from one patient to another. Contamination of the device may lead to injury, illness or death of the patient. Reuse or resterilisation may compromise the structural integrity of the device and or lead to device failure which, in turn, may result in patient injury, illness or death. The manufacturer will not be responsible for any direct, incidental or consequential damages resulting from resterilisation or reuse.

• Inspect the device prior to procedure, verify functionality and damages. Do not use the device if the outer or the inner package is damaged or opened.

• To minimize resistance during advancement, ensure the hydrophilic coating on the dilator and sheath is activated with saline or sterile water prior to placement.

• When the ureteral access sheath is in the body, it should be manipulated while under sufficient and/or high quality fluoroscopy. If resistance is met during manipulation, determine the cause of the resistance before proceeding.

• Product and packaging should be disposed of in accordance with hospital, administrative and/or local government policy.

• Do not expose device to organic solvents, e.g. alcohol.

• Product should be used prior to 'use before' date (see label).

VIII. PRECAUTIONS FOR USE

- Do not use the flexible ureteroscopy access sheath if the packaging is damaged.
- Do not use the flexible ureteroscopy access sheath after its expiry date.
- Do not use the device if damaged or kinked either before or during use.

- The access sheath and dilator tubing should be handled with the utmost precaution and care to avoid excessive or unnecessary handling especially when inserting the access sheath over the guidewire.
- Activate the hydrophilic coating of the access sheath by immersing in a recipient containing saline solution.
- Do not advance the access sheath without dilator in place.

• If resistance is encountered, suspend progression of the access sheath or guidewire until the cause has been determined and corrective actions have been performed.

• In the event of a tight stenosis, consider ureteral balloon dilatation prior to insertion of the access sheath.

IX. UNDESIRABLE SIDE EFFECTS/RESIDUAL RISKS

Complications that may result from this procedure include, but not limited to:

- Mucosal irritation, inflammation and edema

- Ureteral strictures

- Acute bleeding or hemorrhage

- Urethral, bladder, or ureteral perforation

- Other injury to the urinary tract

X. SELECTION, DEVICE PREPARATION & DEVICE COMPATIBILITY WITH ACCESSORIES

- Place a 0.035" (0.89mm) or 0.038" (0.96mm) guidewire of the desired length into the ureter to establish a working tract.

- Activate the hydrophilic coating by immersing the dilator/access sheath assembly in a container of saline solution or sterile water.

XI. INTRODUCTION

- Grasp the sheath just below the instrument adapter and advance the dilator/sheath assembly over the guidewire to the desired location. Note: Ensure the dilator is securely locked onto the instrument adapter, such that the dilator/sheath assembly can be placed as a single unit, allowing one-hand placement.

- Confirm the dilator/sheath assembly is properly placed via fluoroscopy.

- While holding the access sheath in position, pinch to detach the luer-lock connector and remove the dilator. Do not advance the sheath without the dilator in place.

Note: Suture may be utilized to secure the adapter externally. Suture holes are conveniently located on the instrument adapter.

- Connect the bifurcated molded hub to a negative pressure suction system or to the stone collection bottle with the clear tubing. Activate the suction continuously and maintain negative pressure to 150 - 200 mm Hg (20-27kPa).

- Introduce the desired ureteroscope or instruments as needed and activate the pressurized irrigation at flow between 50 to 100cc per minute. **Note:** The negative pressure can be adjusted using the pressure vent.

- After use, turn off the irrigation system and then the negative pressure suction, gently withdraw the access sheath and discard as per hospital procedures.