

**Caution:**

Federal law (U.S.A.) restricts sale of this device to or on the order of a physician.

**Warning:**

An issued or revision date for these instructions is included for the user's information. In the event two years have elapsed between this date and product use, the user should contact Davol Inc. to see if additional product information is available.

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# 100cc Silicone Closed Wound Suction Evacuator and Silicone Drains

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## Instructions for Use

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**Sterile/Single Use**



# 100cc Silicone Closed Wound Suction Evacuator and Silicone Drains

## Indications for Use:

Wound drains are used to remove exudates from wound sites.

### A. Drain Placement

1. Place wound drain(s) within critical fluid collection areas.
2. Draw non-perforated section of wound drain through skin until flat portion of drain is seated appropriately or drain indicator mark appears at the skin surface.
3. Attach non-perforated section of drain either to Davol® "Y"-connector or directly to evacuator inlet port.

#### NOTE:

(1) Since the 1/8" Silicone Round Drain cannot connect directly to the evacuator inlet port, **Davol #0070780** "Y"-connector must be used to connect to evacuator.

(2) When using two drains, the **Davol #0070790** "Y"-connector must also be used with 3/16", 1/4" Silicone Round Drains and 7, 10 and 12.7mm Silicone Flat Drains.

4. With two silicone drains; cut off plug from closed arm of "Y"-connector. Attach both drains to "Y"-connector and then attach "Y"-connector to inlet port.

**CAUTION:** Do not puncture or perforate drain.

### B. To Establish Suction in Evacuator

1. Open capped port.
2. Squeeze evacuator.
3. Close empty port. Orient plug strap so that plug tab does not contact inlet port.

### C. To Empty Container

1. Open capped port over collection basin.
2. Squeeze evacuator to empty.

### D. To Re-establish Suction

1. Repeat step "B" above.

**Note:** Reflux of fluid to the patient is minimized during reactivation by a built-in anti-reflux valve on inlet port.

### E. To Read Fluid Volume

1. Open capped port to release vacuum.
2. Read and record approximate volume.
3. Empty and reactivate evacuator.

## Important:

- A. Check for fluid entering closed wound suction evacuator. Lack of flow may indicate all exudate has been removed. Check all connections for air leaks and wound tube perforations for exposure above skin.
- B. Several activations of the closed wound suction evacuator may be required to establish suction because of:
  - Air entering partially closed wound.
  - An operative air pocket.
- C. The attached strap may be used to secure the evacuator to the patient.

## Precautions:

1. Avoid suturing through the drains to minimize the possibility of breakage.
2. Drains should lie flat and in line with the skin exit path.
3. Particular care should be taken to avoid any obstacles to the drain exit path.
4. Drains should be checked for free motion during closure to minimize the possibility of breakage during/after removal.
5. Drain removal should be done gently by hand. Drains should not be handled with pointed, toothed or blunt instruments which could cause cuts or nicks and lead to subsequent structural failure of the drain.

## Warning:

Drain breakage may require surgical removal.