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## Instructions for Use

Rev. 10/29/2024

### Locking Pigtail Catheter Kit

*Multi-purpose percutaneously inserted radiopaque polyurethane catheter with a locking retention loop system to provide emergency indwelling drainage.*



#### Kit Contents

- A. Direct puncture needle (trocar)
- B. Straightening cannula
- C. Coiling line clip
- D. Plastic tube casing
- E. Pigtail catheter

*Not Shown: Collection bag, 72" collection line, suture wing and clip*

#### Indications for Use

The MILA Locking Pigtail Catheter is a cannula-over-needle designed to be inserted percutaneously for emergency drainage of a body cavity or hollow organ. Uses include (but are not limited to) cystostomy, nephrostomy, pleural drainage, and cyst drainage.

#### Contraindications

Coagulopathy	Emphysematous cystitis
Bladder necrosis	Neoplasia
Adhesions of nearby tissues (e.g., intestinal adhesions)	Skin trauma or infection at the intended insertion site

#### Potential Complications


Bladder rupture	Hemorrhage	Peritonitis
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Uroabdomen	Urinary tract infection	Ascending infection
Tube malposition, dislodgment, or occlusion		Leaking around the insertion site
Inadvertent trauma or perforation of neighboring tissues or organs		

### **Supplies Needed**

(not included)

Clippers with size 40 blade	Surgical skin scrub supplies (e.g., chlorhexidine scrub, alcohol)	Sterile gloves
Sterile fenestrated drape (such as a MILA Item PPD)	#11 scalpel blade	Non-absorbable suture (2-0 or 3-0)
Needle driver	Thumb forceps	Suture scissors
	MILA Guardian Disc (Item DR7) or equivalent aseptic barrier protection	

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

### ***Instructions***

Read through all steps before the procedure.


*These instructions do not include procedures for establishing cardiovascular stability, analgesia, sedation, or general anesthesia before catheter placement.*

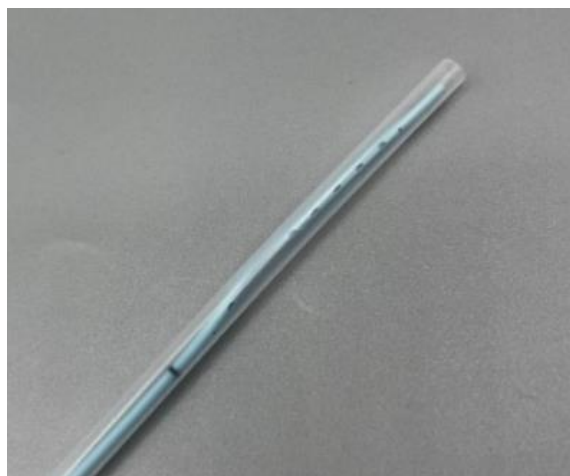
### ***Preparation***

Position the patient for easy access to the intended insertion site (e.g., lateral recumbency with the upper pelvic limb elevated for ventral access for cystostomy). Clip and prep the skin per hospital protocol. Ensure the margins are wide enough to apply a sterile dressing after the catheter is placed.

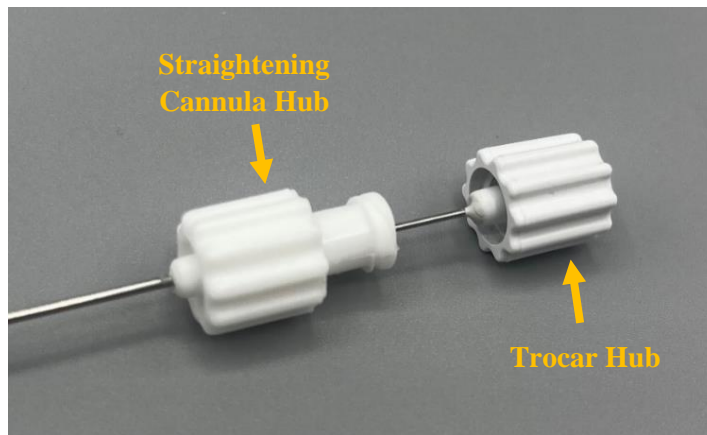
### ***Catheter Assembly***

1. Unclip the red coiling line clip from the catheter hub and pull the catheter into the plastic tube casing to straighten the pigtail.

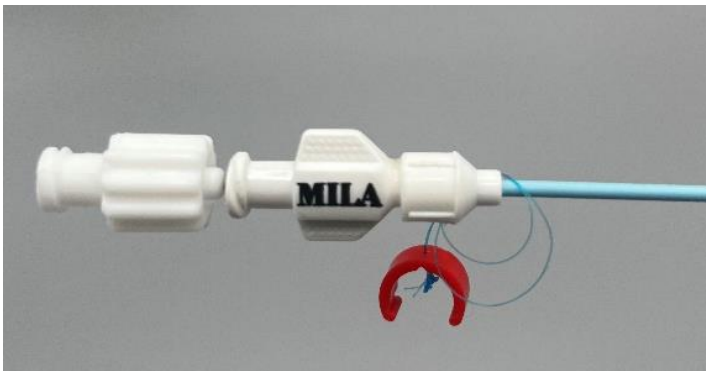
 **Ensure that the red clip is free to move, as the coiling line will slightly retract when the catheter is straightened.**



2. Remove the trocar from the straightening cannula and return it to its plastic tube casing to maintain sterility.



3. With the catheter within the tube casing, insert the straightening cannula into the catheter and tighten the hubs together.



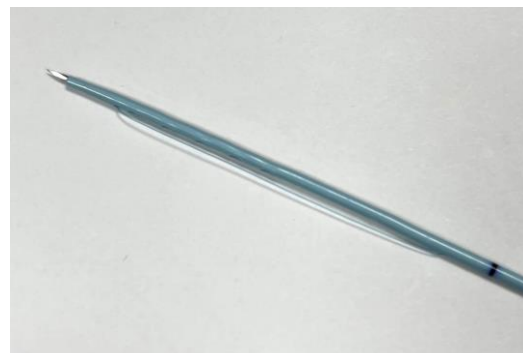
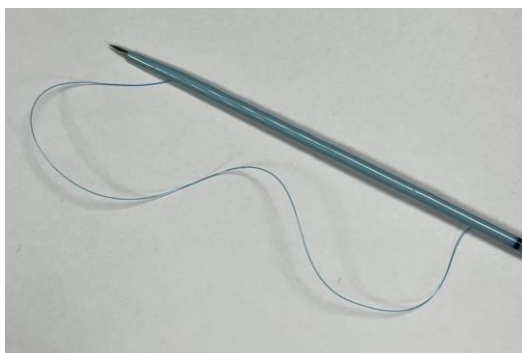
⚠ Do not insert the trocar and straightening cannula into the catheter together – doing so increases the risk of puncturing the catheter.

⚠ Ensure that the straightening cannula is fully inserted and that its tip reaches the tip of the catheter. A recessed straightening cannula can cause the catheter to drag and burr during insertion.

4. Carefully insert the trocar into the straightening cannula and connect the hubs.

⚠ The sharp tip of the trocar will exit the catheter tip when the hubs are connected.

5. Ensure all parts are well connected before proceeding. Remove the plastic tube casing and *gently* pull the red clip to retract the slack in the coiling line.



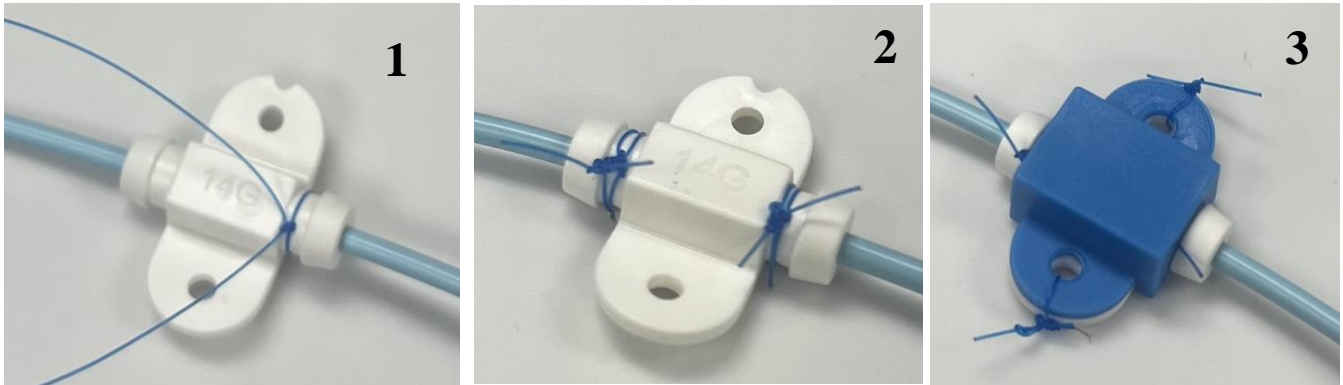
## ***Pigtail Catheter Placement***

1. Make a small skin incision at the intended insertion site.
2. Put slight tension on the catheter body to fully expose the trocar tip and insert it into the incision, advancing it toward the fluid that is to be drained. Only advance the trocar to the point at which the tip reaches the fluid pocket or into the hollow organ. Tip position can be confirmed with ultrasound.
  - For cystostomy: Manually isolate the bladder with your non-dominant hand. Insert the catheter at a 90-degree angle and advance toward the bladder trigone.
  - For thoracostomy: Insert the trocar on the cranial aspect of the rib in the intercostal space.
- ⚠ Pulling the catheter body slightly toward the hub will help expose the trocar tip fully and prevent burring and dragging as the catheter is inserted.
- ⚠ During thoracocentesis, only advance the trocar point past the parietal pleura to avoid lung injury.
3. Remove the trocar from the hollow straightening cannula.
  - The target fluid may leak out of the cannula hub depending on its volume, viscosity, and pressure. To prevent this, attach an injection cap or cover the hub with your finger immediately after the trocar is removed.
4. Advance the catheter and cannula together at least past the first black mark.
5. Disconnect the cannula from the catheter hub and retract it about 1cm. Keeping the cannula stationary with one hand, advance the catheter to the required depth with the other hand. Before removing the cannula completely, have the collection set, syringe, or some other means of collecting the fluid ready.
  - If connecting the collection line and bag, ensure that they do not drag on the catheter, which could pull it out.
6. To coil the tip of the catheter, gently pull the red clip to withdraw the coiling line. About 7.5cm of the line (or enough for the red clip to reach the four-line mark) should be pulled out. Wrap the line in the groove of the hub until the red clip can be reattached snugly (about 3.5 times).  
For additional security, place a piece of tape over the clip on the hub.



7. Connect the sterile collection set. Temporarily secure the tube in place and confirm proper placement via radiograph or per hospital protocol.
8. Retract the catheter to the proper depth, if necessary. Secure the catheter at the exit site per hospital protocol (e.g., purse string and/or finger trap suture). Secure the exterior portion of the catheter to the patient's skin with the included suture wing and clip.
  - 1) Tie a surgeon's knot into the notch in the white suture wing.
  - 2) Use the loose ends of the suture to secure the wing and catheter to the skin. Repeat on the other side.

- 3) Attach the blue clip and secure it in place by suturing to the skin through the wing eyelets.  
Note: The blue clip can be used in lieu of sutures around the suture wing, but both are recommended for extra security.



9. Ensure the exit site is clean and dry. If asepsis has been compromised, perform surgical scrub again and allow the site to air dry. Apply a MILA Guardian Disc (Item DR7) or other aseptic barrier protection to the exit site. Cover the catheter exit site with a sterile transparent dressing and secure the catheter and collection set to the patient per hospital protocol.
10. Document catheter placement in the patient's medical record (see page 6).

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## ***Catheter Removal***

1. Disconnect the collection bag. Cap the catheter hub, if necessary.
2. Remove the securement devices and sutures.
3. Remove red clip from the hub of the catheter and unwind the coiling line completely.  
⚠ Do not cut the catheter or the coiling line.
4. Apply gentle pressure at the insertion site and pull the catheter slowly to remove it.
5. Apply a light dressing per hospital protocol.

***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](mailto:ProductSupport@milaint.com)

## Pigtail Catheter Placement Record

*Place or transcribe into the patient's medical record.*

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ am pm

Patient Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Owner: \_\_\_\_\_ Veterinarian: \_\_\_\_\_

☐ Canine ☐ Feline ☐ Other \_\_\_\_\_ Weight: \_\_\_\_\_

Indication or reason for placement: \_\_\_\_\_

☐ Cystostomy ☐ Thoracostomy ☐ Nephrostomy ☐ Other: \_\_\_\_\_

Catheter Size: \_\_\_\_ Fr MILA Lot number: \_\_\_\_\_

Depth of placement: \_\_\_\_ cm Placement confirmed by radiograph? ☐ Yes ☐ No

Urine specimen submitted for ☐ Urinalysis ☐ Culture and Sensitivity

Bladder emptied? ☐ Yes ☐ No Collection set attached @ \_\_\_\_:\_\_\_\_ am pm







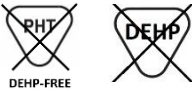








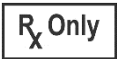




E-Collar on? ☐ Yes ☐ No

Orders to quantify urine in the treatment plan: ☐ Yes (q \_\_\_\_ h) ☐ No

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