

CUSTOMISED CATHETERS

RESEARCH AND CLINICAL USE

We are committed to remaining the innovative and technical leaders in the field of intraluminal manometry.

Close alliances with leading researchers and opinion-makers have enabled us to keep abreast of technologies, and to offer a wide range of measurement options.

Special design catheters can be specified for advice and quotation on our Special Assembly Design Forms available from our web-site,

www.dentsleeve.com.au

under the products page.

FEATURES AND BENEFITS

Get the ideal catheter design for your special needs.

- Dentsleeve can give you expert advice.
- Unique range of extrusions.
- Up to 32 channels in a 4.2mm diameter.
- Tiny multi-lumen catheters – 9 channels in 1.8mm!
- Designs for neonates and children.
- Catheters for experimental animals - even mice.

Combine manometry with barostatic recordings.

- Use our special 23 channel barostat extrusion.

Customise catheters to your special needs.

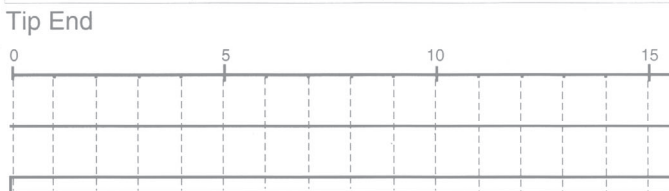
- Silicone rubber balloons.
- Radio-opaque marks.
- Tip weights.
- Balloon attachment rings.
- Nickel-titanium stiffeners.
- Special types of sleeve sensors.

Access unique capabilities to support special applications.

- Expertise with micromanometry.
- Low flow rate hydraulic resistors.
- Pumps with up to 22 channels.

Date Drafted:

 DENTSLEEVE Pty Ltd A.C.N. 062 154 876 FAX +61 8 8271 0084 Voice +61 8 8271 0744	Special Design For:	
	Assembly Description:	



“Among the many variables that can affect manometrically determined values of LES relaxation are sphincter movement during swallowing or respiration solid state sensors or perfused sidehole sensors are commonly used in many laboratories, even though it is widely appreciated that the ability of a single pressure sensing site to measure LES relaxation is subject to movement artefact.”

“In conclusion, sleeve sensor recording is a practical method for clinical manometry that reliably records LES relaxation characteristics and is amenable to both a standardised manometry protocol in a clinical setting or a semi-automated analysis routine”.

*Shi G, Ergun GA, Manka M, Kahrilas P.
American Journal of Gastroenterology (1998) 93: 2372-2379.*

Design Checklist - Form 1

Please read each question and indicate yes/no, or as appropriate, give requested information. Ensure that all information is given, either in this checklist, or on the assembly plan above.

- (1) Extrusion type? See catalogue or information sheet.....
- (2) Length of extrusion above top margin of sleeve.....
- (3) Length of connector tubes? (Extrusion-transducer).....
- (4) Specify any connector tube lengths different from (3).....
- (5) Distance of assembly tip from first side-hole?.....
- (6) All manometric side-hole positions shown on plan?.....
- (7) Opening for large diameter channel on plan?.....
- (8) Specify if a particular side-hole axial arrangement needed.....
- (9) Markings normally up to 80cm - is this OK?.....
- (10) * Position of 0 reference point for marks on plan?.....
- (11) Tip weight needed?.....
- (12) Balloon needed? If so give details.....
- (13) + Check that each manometric channel is assigned a number.....

* Markings normally start from the mid-sleeve position, or in non-sleeve catheters from the most distal manometric side-hole. Whenever possible, silk screen marks with numbers will be used but hand-applied marks are frequently needed for special orders.

For more information on our extensive range of products and for technical details, including a literature reference list, visit our web-site at

www.dentsleeve.com.au.



DENTSLEEVE Pty Ltd
Luminal Devices