



Detect abdominal compartment syndrome early.
Ideally, before it occurs.

UnoMeter™ Abdo-Pressure™
IAP monitoring system

Determine the risk of IAH and ACS – before life-threatening complications happen

WSACS recommends:

“That patients should be screened for IAH/ACS risk factors upon ICU admission and in the presence of new or progressive organ failure.³”

WSACS is the World Society of the Abdominal Compartment Syndrome. WSACS has generated consensus definitions and recommendations and shares knowledge on diagnosis, management and treatment of IAH and ACS. <http://www.wsacs.org/consensus.php>.

Concern towards abdominal compartment syndrome (ACS) has risen dramatically in recent years because of the serious, life-threatening risks it presents to patients.

ACS results when the increase in the intra-abdominal pressure (IAP) interferes with vascular inflow and venous return, threatening the viability of the tissues within the abdomen. Sustained or repeated IAP greater than or equal to 12 mmHg is generally considered intra-abdominal hypertension (IAH).¹

Preventative action required

Early recognition of IAH is important; a number of non-surgical treatment options may be applied to normalize the patients IAP. Should these options fail, the need for surgical decompression may be urgent because of IAH's multi-system effects—and high mortality—if not recognized and treated.¹

Despite the risk to patient health, the incidence of IAH and ACS has been significantly underestimated over the years. Recent studies, however, are beginning to shed light on the scope of the problem. One European study demonstrated that IAH (defined as IAP>12mmHg) and ACS (defined as IAP>20mmHg) occurred in more than 50% of all surgical and medical patients.²

There are no characteristic clinical findings indicating IAH. A distended abdomen may or may not be accompanied by IAH, and clinical exam alone has been shown to be insufficient. Thus, it is generally accepted that actual measurement of the IAP is always required for confirmation.³

Medical practice demonstrates that conventional IAP measurement techniques are often time-consuming, produce unreliable results or require disruption of the normally closed sterile urinary system, increasing the risk of infection.⁴

The reference standard for IAP measurement is via the bladder¹

The UnoMeter Abdo-Pressure IAP monitoring system employs a practical, clinically well-documented method for measuring IAP. Using the intravesical route, the UnoMeter Abdo-Pressure IAP monitoring system is simple, fast and cost-effective for everyday clinical use.⁴

IAH may affect all organs in the:

- Cardiovascular system
- Hepatic system
- Gastrointestinal system
- Central Nervous system
- Respiratory system

Ready. Set. Measure.

A fast path for diagnostic screening

The UnoMeter Abdo-Pressure IAP monitoring system is a surprisingly simple, reliable and cost-effective diagnostic tool.

With its innovative design, the UnoMeter Abdo-Pressure IAP monitoring system Kit provides a closed sterile circuit—to reduce the risk of infection—that connects to the patient's Foley Catheter.^{5*}

No expensive equipment needed

The UnoMeter Abdo-Pressure IAP monitoring system eliminates the need for expensive electromechanical equipment. By measuring the height of the fluid column in the manometer tubing, the IAP can be simply and accurately measured and read in mmHg. As such, it ensures a quick path for diagnostic screening.



Unpack the UnoMeter Abdo-Pressure IAP monitoring system Kit and connect it to the Foley Catheter.



Read the IAP value on the clearly marked scale of the tubing.

* As demonstrated in vitro

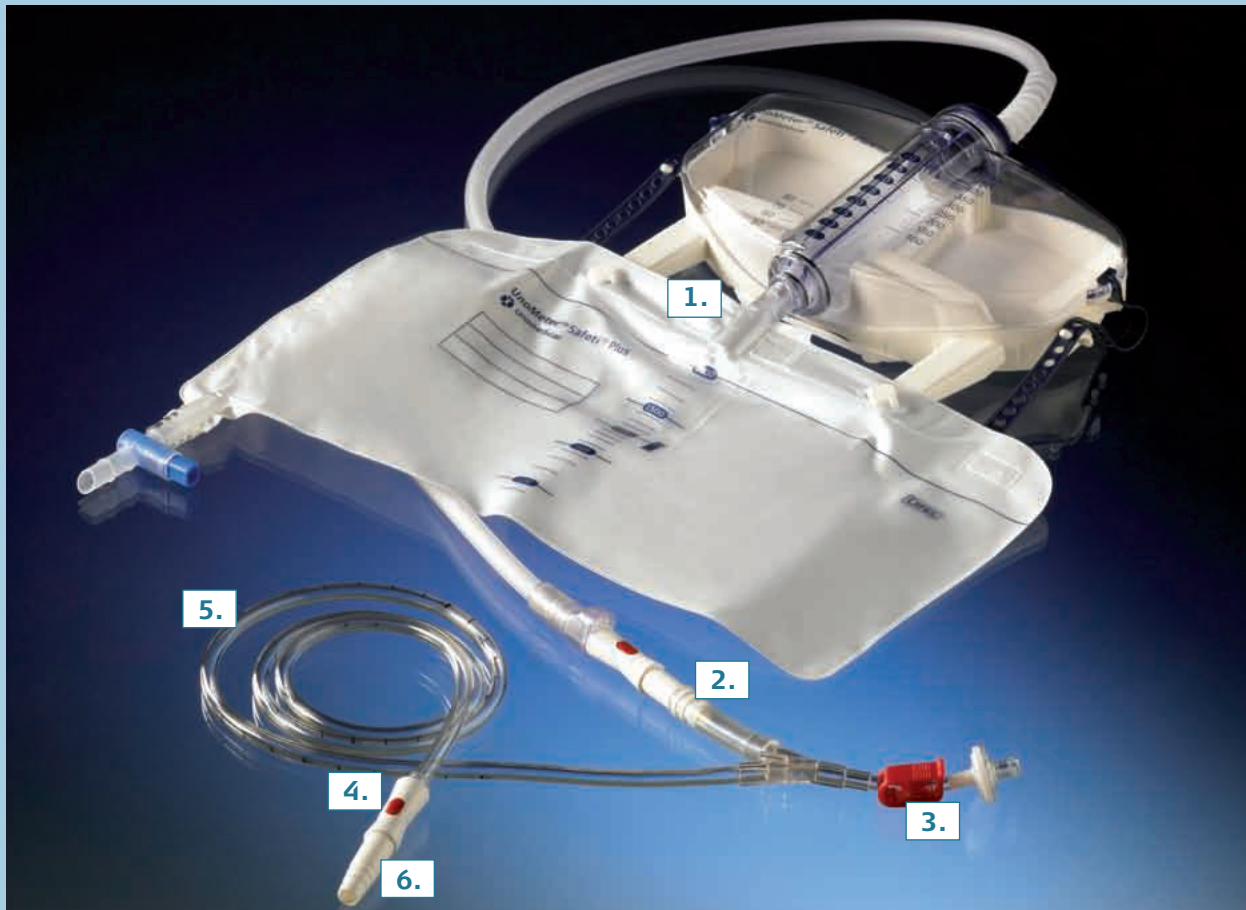
Each IAP determination typically takes less than 10 seconds. No subsequent correction of urine output is required.**



3.

Finalize measurement and document IAP results.

The UnoMeter Abdo-Pressure IAP monitoring system Advantages



1. Safety - Unomedical urinometers are designed to prevent retrograde contamination ^{5*}
Non-return valves build into the sample connector and the collection bag prevents residual urine from re-entering the UnoMeter Abdo-Pressure IAP monitoring system.

2. Secure interface between the UnoMeter Abdo-Pressure IAP monitoring system and the urinometer
Pre-connected to the urine meter, the UnoMeter Abdo-Pressure IAP monitoring system Kit is available in customized solutions, to help you save time and help reduce the risk of infections.

3. Integrated tube clamp
Opening of the tube clamp allows sterile venting to atmospheric pressure in the UnoMeter Abdo-Pressure IAP monitoring system manometer tube for reliable reading of the IAP. Small respiratory pressure variations indicate a direct transmission of bladder pressure.

4. KombiKon™ needle free sample port
Eliminating the need for needles when priming and sampling from the UnoMeter Abdo-Pressure IAP monitoring system, thereby reducing a major cause of injury.

5. Easy to read scaling
Graduation in mmHg enables easy IAP interpretation.

6. Smooth connector for optimal catheter fit
A secure connection between the UnoMeter Abdo-Pressure IAP monitoring system and the Foley catheter is assured because of the smooth connector.

The UnoMeter Abdo-Pressure IAP monitoring system recommended duration of use: up to 7 days.**

* As demonstrated in vitro

** See package insert for complete Directions for Use

Our World is what we make of it™

ConvaTec is a global company committed to serving healthcare professionals, hospitals and patients worldwide. In the ConvaTec Continence and Critical Care division, we specialize in the development, manufacturing and distribution of single-use devices to hospitals and healthcare sectors around the world. We are proud of our strong tradition of innovation and dedication of providing solutions. It is this legacy of ingenuity and invention, combined with a gift for compassion that allows us to find extraordinary answers to the challenges health care professionals and ordinary people are confronted with in their daily lives.

1. Malbrain MLNG, Cheatham ML, Kirkpatrick A, et al. Results from the international conference of experts on intra-abdominal hypertension and abdominal compartment syndrome. I. Definitions. *Intensive Care Med.* 2006;32(11):1722-1732. <http://www.springerlink.com/content/1665u72h4888r2u1/fulltext.pdf>. Accessed July 16, 2009.
2. Malbrain MLNG, Chiumello D, Pelosi P, et al. Prevalence of intra-abdominal hypertension in critically ill patients: a multicentre epidemiological study. *Intensive Care Med.* 2004; 30:822-829.
3. Cheatham ML, Manu L, Malbrain NG, et al. Results from the international conference of experts on intra-abdominal hypertension and abdominal compartment syndrome. II. Recommendations. *Intensive Care Med.* 2007;33(6):951-962. <http://www.springerlink.com/content/e58wu7676h234211/fulltext.pdf>. Accessed July 16, 2009.
4. Malbrain MLNG. Different techniques to measure intra-abdominal pressure (IAP): time for a critical reappraisal. *Intensive Care Med.* 2004; 30(3):357-371.
5. Frimodt-Møller N, Corneliusen L. In vitro test of different urine-meters in an experimental bladder-drainage model: prevention of ascending contamination depends on construction of the urine-meter. *Br J Infect Control.* 2005;6(5):14-17.

Description	Reference
UnoMeter™ Abdo-Pressure™ IAP monitoring system Kit (with UnoMeter™ Safeti™ Plus, 110cm tubing and round hook)	158 100 910 190
UnoMeter™ Abdo-Pressure™ IAP monitoring system stand-alone	158 100 110 190