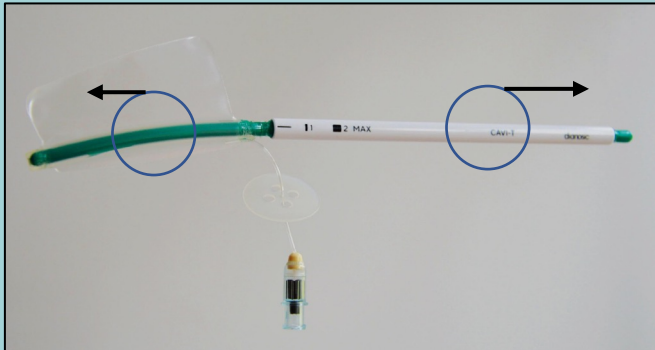




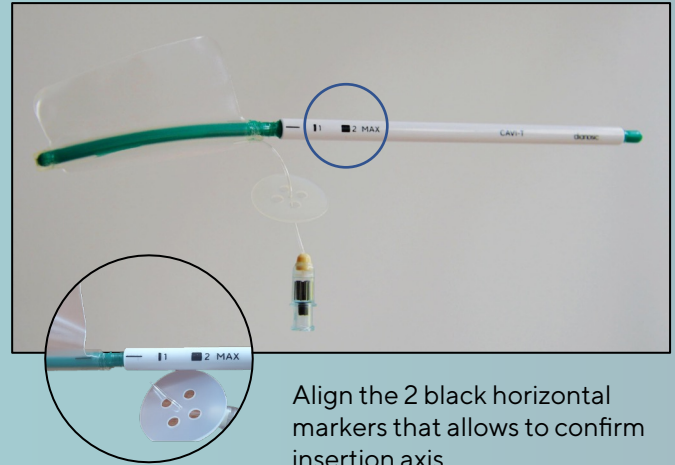
These procedures apply to DBA01 and DBA02 balloons, enabling you to adapt your choice according to the anatomy of the patient's nasal cavity and the bleeding site: our DBA02 balloon, for example, offers greater coverage of the anterior part of the nasal cavity and may be better suited to patients who underwent sinus surgery, especially an ethmoidectomy.

## STEP 1 : DETACH BALLOON FROM GUIDE



Detach the balloon from the guide. Soak each part in saline. Reassemble the 2 components.

## STEP 2 : ALIGN MARKERS



Align the 2 black horizontal markers that allows to confirm insertion axis.

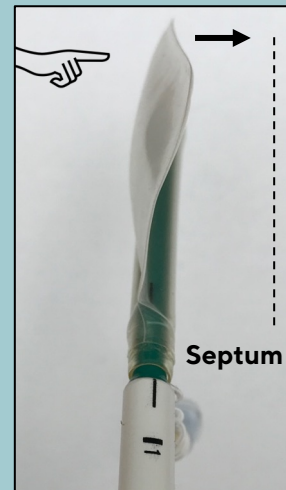
## STEP 3 : PREP SYRINGE



Pull the piston and fill the syringe with 20 to 25 cc of air depending on syringe volume.

Note : only Luer Lock syringe are compatible with CAVI-T.

## STEP 4 : PREP CAVI-T

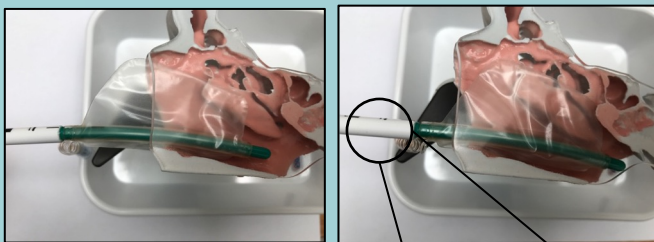


Pre-shape the balloon film with your finger so that it forms a wave oriented towards the septum.

Note : in order to facilitate unfolding of CAVI-T, you may pre-inflate it with 2-3 cc max prior to insertion.

## STEP 5 : INSERT BALLOON

Controlled insertion



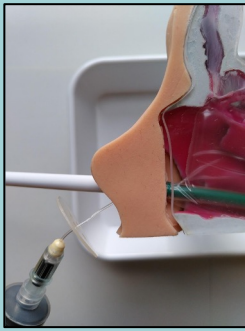
Insert CAVI-T in the nasal cavity while controlling the depth of introduction thanks to distance markers located on the white stiff portion of the deployment guide (control of the risk of displacement)

## STEP 6 : CHECK MARKERS



Markers « | 1 » and « ■ 2 MAX » are located respectively 1 and 2 cm away from the proximal portion of the balloon.

## STEP 7 : PRE-INFLATE



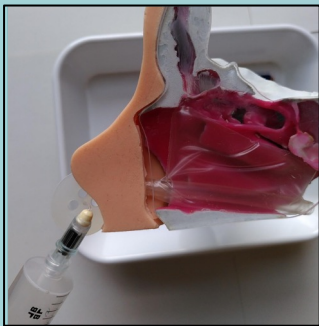
Connect the Luer Lock syringe and pre-inflate (approximately 10 cc) to deploy the balloon while maintaining the guide in place as well as exerting a slight traction on the distal portion of the external tubing to avoid posterior displacement. Once the balloon is in proper position, remove the guide.

## STEP 8 : ADJUST POSITIONING



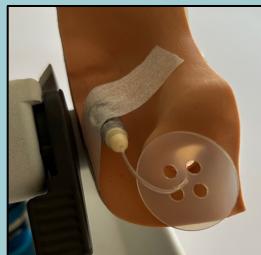
If positioning needs to be adjusted for CAVI-T, insert the green, soft, rounded distal portion of the deployment guide into the breathing channel while grasping the tubing to avoid any posterior displacement of CAVI-T.

## STEP 9 : FINALIZE INFLATION AND REMOVE GUIDE



Remove the guide and resume inflation while controlling pain and bleeding, without going above 25 cc. A moderate inflation should be preferred in order to reduce the risk of displacement.

Disconnect the syringe and verify the balloon stability by exerting a serie of tractions and pressures. Tape the external tubing on the patient's cheek.



## STEP 10 : CAVI-T REMOVAL

After complete deflation of the balloon with a syringe, gently pull on the breathing tube or the external tubing to remove it from the nasal cavity. (using surgical clamp)



**IMPORTANT:** the control of CAVI-T displacement upon inflation is a critical step of the procedure, and a strict respect of the procedural steps hereby described should be followed. You may also watch this [video](#) in order to get more information. In patients with a large nasal cavity (e.g. previously operated patients i.e. ethmoidectomy or turbinectomy), an important septal deviation, an anatomical variation or in restless patients, it is recommended to proceed with caution.

### Product information:

For any information regarding dianosic products and reporting of adverse events, please contact:

DIANOSIC SAS  
8 place de l'hôpital  
67000 STRASBOURG

Tel : +33 1 44 01 45 80  
Mail : [contact@dianosic.com](mailto:contact@dianosic.com)  
Web : [www.dianosic.com](http://www.dianosic.com)

