

HurriChem™ Nebulizer



Cancer Care
in the
Eye of the Storm

HurriChem™ Nebulizer

HurriChem™ contains a nebulizer and high pressure tubing. It is a single-use device used to aerosolize liquid medications for delivery into body cavities during laparoscopy or other minimally invasive surgery. **HurriChem™** allows physicians to provide therapies such as Pressurized Intraperitoneal Aerosol Chemotherapy (PIPAC) and Electrostatic Precipitation PIPAC.

The **HurriChem™** nebulizer is inserted via a minimal access port with a minimum diameter of 10 mm. The HurriChem and the high-pressure tubing is connected to an injector pump system.



Ordering Information

Description: HurriChem™ Device Kit

Part Number: PDT-5500

Specifications:

Packaging:

1 nebulizer and 1 high pressure tubing set

Material:

Stainless steel

Field of use:

Surgical Theatre/Suite

Recommended Maximum Flow Rate:

30-60 ml/minute

Aerosol droplet size:

3 µm

Maximum injector pump pressure:

200 psi

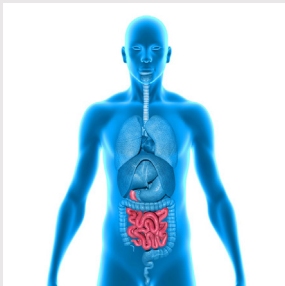
ThermaSolutions

1889 Buerkle Road
White Bear Lake, MN 55110
USA

Phone: +1 877 952 6100

Fax: +1 651 209 3903

Email: info@thermasolutions.com



Distributed By:

Surgeons Choice Australia Pty Ltd

12/39 Lawrence Drive

NERANG QLD AUSTRALIA

Phone: 07 55004113

Email: contact@surgeonschoice.net.au

The HurriChem™ is intended for the minimally invasive administration of aerosolized liquids.

Warnings: Read the IFU. Failure to read IFU could result in harmful effects to the user, patient, and/or product. The HurriChem™ is sterile. Inspect the device & packaging carefully, do not use if the package is damaged or the expiration date has passed. Device should only be used by a trained physician. The HurriChem™ should only be operated to a maximum pressure of 200 psi and used with a liquid injector system capable of delivering low of 30ml to 60 ml/minute. Flow rate greater than 30ml/min recommended for proper aerosolization and should not exceed a pressure of 200psi or greater. If combined with other equipment, also follow the warnings and cautions of the other device. Follow hospital internal guidelines for handling and disposal of any contaminated materials, products, and pharmaceuticals. Designed for single use only do not re-sterilize to avoid risk of material damage, microbiological contamination, or biohazard. Infection. Do not modify, as product may not work as intended if altered. Use only with supplied high-pressure tubing. Ensure the integrity of the pneumoperitoneum prior to insertion. Any medicinal substances used with the device are at the discretion of the physician. Off-label use is not promoted.

Cautions: Ensure the high-pressure tubing is connected properly and securely to both the HurriChem™ and any injector pump or manual syringe.

Store in a dry and clean environment. Maintain sterility of the components after removing from the packaging. When using a camera cover over the system, contain the entire length of the assembled device within the cover. Insert the device through a trocar/port under direct visualization to avoid unintended contact/damage to internal tissue. The device requires a 10 to 12mm port for access. The access port must maintain a secure fix on the abdominal wall throughout the use of the device. Luer lock connections should be ISO 594-2 compliant. A Closed Aerosol Waste System (CAWS) should be used to remove pressure and aerosolized pharmaceuticals from the insufflated area. The HurriChem™ device should be operated in a direct flow operating room only. Use remote operation of the injection system to avoid unintended exposure to aerosolized solutions. Prevent unintended exposure or inhalation of aerosolized solutions by the patient and users. Contraindications: The HurriChem™ is not indicated for use in any other areas other than the intraperitoneal area, during laparoscopic operations.

Do not use pharmaceutical or liquid solutions that are contraindicated for contact with medical grade stainless steel.

Bibliography: Alyami M, Hubner M, Grass F, et al. Pressurized intraperitoneal aerosol chemotherapy: rationale, evidence, and potential indications. Lancet Oncol. 2019;20(7):e368-e377. doi:10.1016/S1470-2045(19)30318-3