



Physician Tips for Explantation

The following information has been provided to SenoRx from physicians who have had experience with Contura. You may adapt or alter to your specific requirements.

1. ***Consider anesthetizing the incision site with a Lidocaine type gel.*** The incision site is slightly larger than the MammoSite and has a tendency to begin healing – therefore anesthetic may help to minimize pain. It has been reported that most of the pain associated with explantation is at the catheter incision site.
2. ***Deflate balloon by removing all of the fluid.*** Be sure to FULLY turn the luer lock syringe in order to engage/open the inflation/deflation valve. If the luer lock on the syringe is not properly seated and engaged, the valve will not open. If difficulty is encountered deflating the balloon, see note below.
3. ***Quickly rotate the device two or three times to free it from any fibrous strands or tissue that may have healed on to the shaft.***
4. ***Rotate the balloon while withdrawing from the breast).*** This motion wraps the balloon material around the shaft – instead of having it bunch up and causing an “umbrella” effect.

Note: For difficulty deflating balloon with syringe:

Re-attach syringe and securely rotate clockwise to completely activate the valve. If the balloon still does not deflate, then

- Cut the blue Inflation Port tubing. The saline/contrast contents of the balloon will now drain from the end of the cut tubing.
- If the balloon still will not deflate, a needle and syringe can be used to access the balloon directly to aspirate the saline/contrast.
- Rotate and withdraw the device from the cavity