



QR CODES



VIDEO



BROCHURE



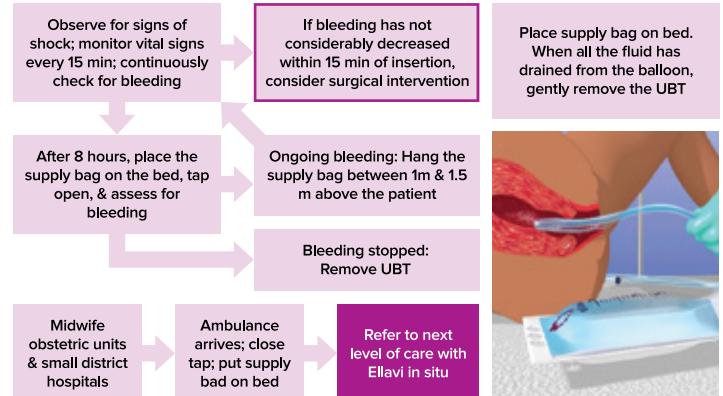
TO INQUIRE

Studies & Publications

1. Revert M, Cottenet J, Raynal P, Cibot E, Quantin C, Rozenberg P. *Intrauterine balloon tamponade for management of severe postpartum haemorrhage in a perinatal network: a prospective cohort study*. *BJOG*. 2016 Oct 25; doi: 10.1111/1471-0528.14382.
2. Revert M, MSc, Rozenberg P, Cottenet J, Quantin C. *Intrauterine Balloon Tamponade for Severe Postpartum Hemorrhage* *OBSTETRICS & GYNECOLOGY* Vol. 131, no. 1, January 2018 143-149
3. Tindell K, Garfinkel R, chn R, Burke TF, Conn K, Eckard M. *Uterine balloon tamponade for the treatment of postpartum haemorrhage in resource-poor settings: a systematic review* 2012 *BJOG An International Journal of Obstetrics and Gynaecology* DOI: 10.1111/j.1471-0528.2012.03454.x www.bjog.org
4. Desai GS, Sakhalhar A, Use of Ellavi Balloon Tamponade Device for Management of Atonic PPH *THE JOURNAL OF OBSTETRICS AND GYNECOLOGY OF INDIA* (May-June 2022) 72(3):265-267 https://doi.org/10.1007/s13224-022-01642-x
5. Suarez S, Conde-Agudelo A, Borovac-Pinheiro A, Suarez-Rebling D, Eckardt M, Theron GB, Burke TF. *Uterine balloon tamponade for the treatment of postpartum hemorrhage: a systematic review and meta-analysis* 2019 *AMERICAN JOURNAL OF OBSTETRICS & GYNECOLOGY* https://doi.org/10.1016/j.ajog.2019.11.1287

Monitoring, Referral & Removal

MONITORING & REFERRAL



UBT REMOVAL

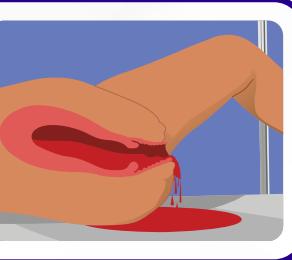


Uterine Balloon Tamponade (UBT)

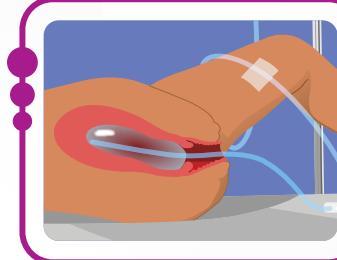
Post Partum Hemorrhage Solution



Diagnosis To Management



Refractory Uterine Atony



Ellavi UBT in situ up to 12 hrs.

Ellavi UBT Advantages



“...use of UBT in refractory PPH, UBT has proven to be an effective non-surgical technique and a cost-effective approach to the treatment of uncontrolled PPH when employed rapidly...”

-International Federation of Obstetrics & Gynecology | Oct 2021



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KEY FEATURES

- Strong Water Bag with **Content Level Guide**
- Screw-on Cap (with IV spike)
- **2.1 m tube length (40 cm rigid)**
- Tube with midway tap control
- **3 holes** designed into bag for easy hanging
- **Single Patient Use**
- Pre-assembled, **sterile** device
- **DEHP and Latex free**
- **Gravity driven**; no electrical powering required
- Balloon fills & **applies pressure on entire uterus wall within 45 sec.**
- **Manual adjust bag height to vary pressure on uterus wall**
- **Free flow system: responsive as uterus regains contractility**
- **Low cost**, affordable, easy to store



APPROPRIATE FOR

- Primary PPH
- Refractory PPH
- Part of PPH 2nd Line Management
- Safe & Stable Transfer of patient to Higher resourced care center
- Complements Uterotonic Drugs, Massage, & Compression Device

How to use Ellavi UBT?



STEP 0

Preparing the Uterus for Uterine Balloon Tamponade

STEP 1

Ensure tap is closed



STEP 2

Fill bag:
1 L Water or Saline



STEP 3

Screw Tubing Lid to Bag



STEP 4

Hang bag 1-1.5m above bed



Placement in the Uterus

- Hold the balloon in the palm of inserting hand & secure it with the thumb
- Insert the balloon into the uterus until the fingertips reach the tick upper segment
- With the other hand, gently feed the balloon as high as possible into the uterus
- Withdraw the inserting hand to the opening of the cervix, keeping the tubing steady with the other hand to prevent accidental expulsion



- Keep 2 fingers of the inserting hand below the cervix during balloon filling

- Open the tap (T valve) (balloon fills in <1 minute)



- Secure the tubing to the patient's leg with enough lee way for movement



- Once the balloon is full, remove your hand. Slight protrusion of the balloon through the cervix is normal
- The tap (T valve) stays open for the duration of the treatment



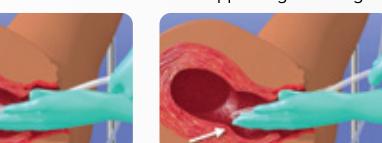
STEP 5

Secure the balloon in the palm of inserting hand with thumb



STEP 6

Place the fingertips where the thick upper segment begins



STEP 7

Gently insert the balloon as high as possible into the uterus



STEP 8

Open the tap ~balloon fills in < 1 min (45 seconds)



Place 2 fingers below the cervix while the balloon fills to prevent expulsion



Transferring the patient

1. Close tap. 2. Put bag abed. 3. Upon Arrival at Next Site - Open Tap & Hang bag 1-1.5 m above bed.