















Product Information Sheet

PrimaFit - Female			
Classification	Urinary Continence Containment: External Catheter Female		
Key Points	 PrimaFit Female External Catheter System is a device designed to manage urine output as an alternative to an indwelling urethral catheter thereby avoiding catheter associated urinary tract infections (CAUTI) and to an incontinent brief, minimizing the risk for Incontinent Associated Dermatitis (IAD). The catheter system is designed with a flexible device which collects urine when voided. The device is connected to a tubing, which in turn, must be connected to low continuous suction. Urine is collected in the suction cannister. Device is latex-free. 		
Indications	 Use for adolescents and adults with a female anatomy who are on restricted activity, (e.g., bedrest) or bed-bound: For the monitoring of urine output. For the management of urine incontinence. As part of the treatment plan of IAD or IAD related sacral coccyx pressure injury. For collection of urine when on restricted activity, (e.g., bedrest). 		
Precautions	 Do not use for those: Who are mobile. Who are up in the chair. Who are agitated and/or confused. Whose peri-genital skin is irritated or open. Who are experiencing frequent incontinent loose bowel movements; may be used in conjunction with a fecal management system. Who require a prone position. Do not use with peri-genital barrier creams as these may interfere with the device's suction. Use with caution if client has had recent surgery done to the vulva or pelvic area. 		
Contraindications	 Do not: Use for those with a sensitivity or allergy to the components of the device. Place the device internally. Use for those with urinary retention. Use for those who cannot use a tampon when menstruating. Use for those who have surgical wounds in the peri-genital area. 		
Formats & Sizes	Package Device – one size only.		

Directions	Rationale / Key Points
Selection	
 In addition to the device, gather the following: No rinse skin cleanser and cloth/wipe. A suction machine able to provide continuous low suction at minimum of 40mmHg. Suction tubing long enough run from the suction machine, (e.g., the wall), to the person's lower abdomen. Securement for the tubing, (e.g., (stabilization device, tape or hydrocolloid dressing/strip). 	



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Directions	Rationale / Key Points		
Preparation			
Set up the suction and suction tubing. Position the client in supine position, bend knees and then abduct the legs (frog position).	Client can also be positioned side lying with knees bent and upper leg open to expose peri-area.		
If needed, trim hair from lower abdomen area where the adhesive pad will sit.	Hair may interfere with the adhesion of the pouch's pad and cause discomfort when the pad is removed.		
Cleanse the genitalia from front to back with no-rinse cleanse and cloth/wipe. Pat area dry. Assess for skin integrity.	Do not use device if peri-genital skin is irritated or open.		
Attach suction tubing to the device's suction tubing connector, ensure connection is tight.			
Application			
Hold the device with the tapered end pointing downward; the fabric side of the catheter goes against skin.	Image A Image B		
Gently separate the folds of the labia, (see A) place the tip of the device just above the anus and lay the device down between the labial folds and against the urethral opening.			
Hold the device in place and curve it (see B) towards the lower abdomen. $\label{eq:bound}$			
Remove the liner from the adhesive pad and secure the pad to the skin above the pubic hairline.	Document on the abdominal adhesive pad the date and		
Ensure catheter is sitting correctly in between the labial folds.	time the catheter was applied.		
Stabilize the tubing on the abdomen with tape or hydrocolloid strip; align the tubing so the person will not be laying on it when positioned side-laying.			
Set the suction machine at 60mmHg continuous suction.			
Daily Care			
With each repositioning, assess that the device is in position, the suction tubing is not kinked, and that urine is flowing into			
the suction cannister. Empty cannister as needed. Removal			
Ensure the suction is on while the catheter is being removed.			
Listie the suctions on while the catheter is being removed.			
Position the person in supine position, bend the knees and then abduct the legs (frog position).			
Separate the labia, gently lift the device out of the area.			
Frequency of Change			
Remove device every 12-24 hours or sooner if device is soiled	If sensitive to the adhesive pad, do <u>crusting</u> technique to		
with body fluids other than urine (e.g., stool or blood).	area under the pad and reapply the device.		
Provide peri-care, assess for skin issues; sensitivity related to	If pressure injury or redness/irritation noted,		
the adhesive pad or device (e.g., chaffing) and pressure injury.	discontinue the use of the device.		
Expected Outcomes	If any divist de a not nonferior and a self-division		
Urine is contained/collected without leakage. Product performs as expected.	If product does not perform as expected, notify NSWOC/Wound Clinician and then consider submitting		
<u> </u>	a <u>Supply Chain Product Concern Form</u> .		
For further information please contact NSWOC/Wound Clinician			