

BACKGROUND INFORMATION

Have you previously used any other catheterisation procedure packs? If so, which have you used?

THE UGO BOX PACKAGING

- | | | |
|---|-----|----|
| • Does the packaging provide clear, concise information on the contents of the Ugo Box ? | Yes | No |
| • Was it clear which variation of the Ugo Box you had by the labelling? | Yes | No |
| • Does the Ugo Box help with the organisation/ease of the catheterisation procedure? | Yes | No |
| • Did you find the Ugo Box easy to open? | Yes | No |
| • Did you find the Ugo Box well-structured and easy to store? | Yes | No |
| • Is it helpful that the Ugo Box packaging is recyclable? | Yes | No |
| • Is recyclability important to you? | Yes | No |

Any other comments:

PRODUCTS

Ugo Pro / The Ugo Box

- | | | |
|--|-----|----|
| • Did you find it simple to organise the contents of the Ugo Box on the aseptic field inside the Ugo Pro ? | Yes | No |
| • Did the Ugo Box contain everything you needed to catheterise?
If no, please provide more information: | Yes | No |

• Would you like to see other sizes of leg bags or catheters? If so, please provide more information:

- | | | | |
|---|-----|----|------------|
| • Would you recommend this product to colleagues? | Yes | No | Don't know |
| • Would you like to see other sizes of leg bags or catheters?
If yes, please provide more information: | | | Yes No |

PRODUCTS

Catheterisation Jelly

• Please indicate which catheterisation jelly you evaluated: **OptiLube** **OptiLube Active CHG Free**

• How would you score the following aspects of the catheterisation jelly? (1 = Poor, 4 = excellent)

Features:

1 2 3 4

• Lubrication

• Viscosity of jelly

• How important are the following features and benefits? (1 = not important, 4 = very important)

1 2 3 4

• Choice of **Lidocaine 2%** or jelly with no active ingredients

• Sterile single use syringe for infection prevention

• Latex free

• Controlled and precise application of jelly

• Reduced risk of suction or tissue damage

• Any other comments:

Ugo Foley Catheter

• Please indicate which **Ugo Foley Catheter** you evaluated: **12FR** **14FR** **16FR**

My patient found:

strongly disagree | disagree | neither agree nor disagree | agree | strongly agree

• The **Ugo Foley Catheter** comfortable when in use

• The **Ugo Foley Catheter** securely attached to the **Ugo Leg Bag**

• The **Ugo Foley Catheter** felt secure when inflated
the balloon was inflated using 10ml **OptiPure** sterile water

• The balloon on the **Ugo Foley Catheter** was easy to deflate
using the **Ugo 10ml empty syringe**

• The **Ugo Foley Catheter** securely fitted in
the **Ugo Fix Gentle** (catheter clip)

• Did the catheter provide urinary drainage as expected? Please comment:

- Did your patient need an indwelling catheter long term? Please comment:

- How long was the **Ugo Foley Catheter** in place? Please comment:

- Did your patient experience any medical problems or complications in addition to having the catheter? Please comment:

- Did your patient experience any of the following whilst using the **Ugo Foley Catheter**?
Leakage Breakage Excrustation UTIs Blockage Balloon rupture Bladder pain Other
If you ticked any of the above, please provide further details:

- How does the **Ugo Foley Catheter** compare to other Foley catheters you have previously used? Please comment:

- If you could change something to improve the **Ugo Foley Catheter**, what would you change? Please comment:

I would recommend the **Ugo Foley Catheter**:

Yes No Don't Know

INSTRUCTIONS FOR USE

- Did the IFU provide you with all the information you needed to use **the Ugo Box**? Yes No
- Was the step by step guide in the IFU clear on how to use **the Ugo Box**? Yes No

GENERAL

Do you have any other comments on a particular component?

Ugo Pro
Ugo Foley Catheter
Ugo Fix Leg Bag Straps
Ugo Fix Gentle (catheter clip)
Catheterisation Jelly

We will use this feedback as evidence for our clinical follow up.

Any you happy for us to contact you if we have any questions regarding your feedback? Yes No

Please return the completed evaluation form to feedback@optimummedical.co.uk.



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