

Ugo.™ Foley catheter kit



Your feedback is important to us!

At Optimum Medical, we believe in constantly creating better. We do all we can to ensure our products are as good as they can be – and to develop new products to meet patients' needs more effectively. We value your feedback, and always use it to fine-tune and perfect our products.

Thank you in advance for taking the time to fill in the evaluation form below:

Name: Phone no:

Email address:

Job Title:

Hospital/Clinic name:

Patient gender: Male Female prefer not to say

Patient age:

How was the catheter installed: Transurethral suprapubic

What is the reason for catheterisation?

Please indicate which size **Ugo Foley Catheter Kit** you evaluated:

12CH 14CH 16CH 18CH

Which brand(s) of Foley catheter have you previously used:



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Optimum Medical

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MT Promedt Consulting GmbH
Altenhofstrasse 80
66386 St. Ingbert Germany

UgoTM Foley catheter kit

Packaging

I found the packaging for the Ugo Foley Catheter Kit to be:	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Easy to open.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well-structured.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easy to store.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well labelled with clear sizing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Containing all necessary information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convenient to use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Product information

I found the product information enclosed to be:	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detailed and comprehensive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided in the language required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If not, please indicate which language you require:

Product Sizing

I found:	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
The size options available to be adequate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If not, please indicate which size Foley catheter you would like to see available:



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Product

I found:	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
All components of the Ugo Foley Catheter Kit supplied and presented as expected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Ugo Foley Catheter securely attached to the drainage bag or catheter valve.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please indicate the brand of drainage bag or catheter valve:	<input type="text"/>				
The Ugo 10ml syringe was easy to use for deflation of the existing catheter and removal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please indicate the brand of catheter removed:	<input type="text"/>				
The Ugo Foley Catheter was easy to insert.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The OptiPure 10ml prefilled syringe was easy to use for the inflation of the Ugo Foley Catheter balloon.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Ugo Foley Catheter felt secure when the balloon was inflated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Ugo Foley Catheter securely fits the catheter fixation device.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please indicate the brand and type of fixation device used:	<input type="text"/>				
The Ugo Foley Catheter was easy to detach from the drainage bag or catheter valve.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please indicate the brand of drainage bag or catheter valve:	<input type="text"/>				

Post market feedback

Did the **Ugo Foley Catheter** provide urinary drainage as expected? Yes No

Comments:



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Did your patient need an indwelling catheter long term?

Comments:

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

Comments:

How long was the **Ugo Foley Catheter** in place?

Did your patient experience any of the following whilst using the **Ugo Foley Catheter**?

Leakage Breakage Encrustation UTIs Bladder spasms Balloon rupture
Bladder pain Dislodgement Catheter fell out Blockage Other

If your patient experienced any of the above, please provide further details:

How does the **Ugo Foley Catheter Kit** compare to other Foley catheters that you have previously used?

Approximately how many catheterisation procedures do you perform in a month?

Roughly what percentage of these are suprapubic?



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I would recommend the **Ugo Foley Catheter Kit**: Yes No Don't know

Are you happy for us to contact you if we have any questions regarding your feedback?

Yes No

If yes, please let us know the best way to contact you.

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



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