

In vitro effectiveness against MULTIDRUG-RESISTANT PATHOGENS including MRSA

SUPERIOR ACTIVITY AGAINST CAUTI PATHOGENS⁴

ReleaseNF catheter shows excellent in vitro activity against multidrug-resistant (MDR) uropathogens, including resistant strains of *E coli* and MRSA. In contrast, a silver hydrogel coated catheter is only minimally active.

CAUTI PATHOGENS	ReleaseNF		Silver Hydrogel	
	INHIBITION OF: SUSCEPTIBLE	MDR	INHIBITION OF: SUSCEPTIBLE	MDR
<i>Escherichia coli</i>	100%	100%	0%	0%
<i>Klebsiella pneumoniae</i>	100%	100%	0%	0%
<i>Clostridium freundii</i>	100%	100%	0%	0%
<i>Staphylococcus aureus</i>	100%	100%	100%	100%
Coagulase-negative <i>Staphylococcus</i>	100%	100%	25%	75%
<i>Enterococcus faecium</i>	100%	0%	0%	0%

NITROFURAZONE – A SAFE, EFFECTIVE, SITE-SPECIFIC CHOICE

- Synthetic antibacterial compound used safely for over 50 years^{5,6,7,8}
- Multiple mechanisms of action is considered the most likely reason for the lack of acquired resistance⁶
- Low incidence of sensitisation⁹
- No clinically significant microbial resistance^{5,6,7,8}
- Non-systemic^{2,11}

Site-specific anti-infection technology for the lower urinary tract

ORDERING INFORMATION

Product	Size	Code
2-way Sterile 10ml Balloon 12 PER BOX	12 Ch	95212
	14 Ch	95214
	16 Ch	95216
	18 Ch	95218
	20 Ch	95220
	22 Ch	95222
	24 Ch	95224
2-way Sterile 30ml Balloon 12 PER BOX	26 Ch	95226
	16 Ch	93216
	18 Ch	93218
	20 Ch	93220
	22 Ch	93222
	24 Ch	93224

REFERENCES 1: Maki DG, et al. A report on the randomized, controlled clinical trial of the nitrofurazone-impregnated, antibacterial, indwelling urinary catheter. April 30, 1997. Data on file. Rochester Medical Corporation. 2: Data on file. Rochester Medical Corporation. 3: Stensballe J, et al. Infection Risk with Nitrofurazone-Impregnated Urinary Catheters in Trauma Patients – A Randomized Trial. *Annals of Internal Medicine*. September 4, 2007; 290: Table 5. 4: Johnson JR, et al. Activities of a Nitrofurazone-Containing Urinary Catheter and a Silver Hydrogel Catheter against Multidrug-Resistant Bacteria Characteristic of Catheter-Associated Urinary Tract Infection. *Antimicrobial Agents and Chemotherapy*. 1999; 43:2990-2995. 5: Gupta K, et al. Increasing prevalence of the antimicrobial resistance among uropathogens causing acute cystitis in women. *JAMA*. 1999;281(8):736-738. 6: McOsker CC, et al. Nitrofurantoin: Mechanism of action and implications for resistance development in common uropathogens. *J Antimicrob Chemother*. 1994;33 suppl A:23-30. 7: Guay DR. An Update on the Role of Nitrofurans in the Management of Urinary Tract Infections. *Drugs*. 2001;61(3):353-364. 8: Chamberlain RE. Chemotherapeutic properties of prominent nitrofurans. *J Antimicrob Chemother*. 1976;2:325-336. 9: Glascock HW, et al. Is Nitrofurazone a primary irritant or a potent sensitizer: a review of the literature, 1945-1965, and cases reported to medical director. *Review of Allergy*. 1969; 23:54-8. 10: Data on file. Rochester Medical Corporation. 11: Marion-Landais G, et al. Non-absorption of nitrofurazone from the urethra in men. *Curr Thera Res*. 1976;19:550-553. 12: NHS Scotland National HAI Prevalence Survey, Final Report. July 2007. 13: Plowman R, et al. The Socio-economic Burden of Hospital Acquired Infection. *Central Public Health Laboratory and London School of Hygiene and Tropical Medicine*. London 1999. 14: Madoo D, et al. The impact of using silver alloy urinary catheters in reducing the incidence of urinary tract infections in the critical care setting. *British Journal of Infection Control*. 2004; 5; 21. 15: Hartstein AI, et al. Nosocomial urinary tract infection: a prospective evaluation of 108 catheterized patients. *Infect Control*. 1981;2:380-6. 16: Garibaldi RA, et al. An evaluation of daily bacteriologic monitoring to identify preventable episodes of catheter-associated urinary tract infection. *Infect Control*. 1982;3:466-70. 17: Bryan CS, et al. Hospital acquired bacteraemic urinary tract infection: epidemiology and outcome. *Journal of Urology*. 1984; 132:494-8.



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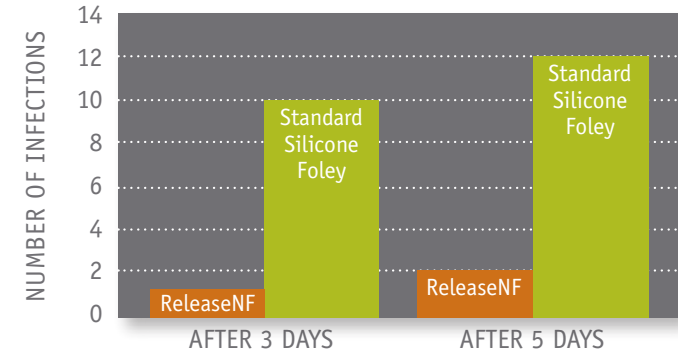
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Don't just control catheter-associated urinary tract infections
STOP THEM BEFORE THEY START

Anti-Infection
ReleaseNF[®]
Silicone Foley Catheter

10-FOLD REDUCTION in bacterial CAUTI at 3 days and a 6-FOLD REDUCTION at 5 days^{1,2}



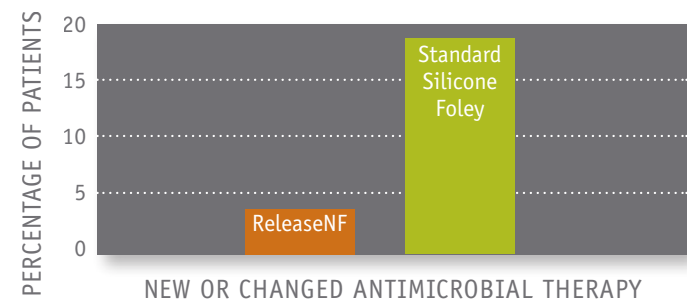
- Randomised, controlled clinical trial with 344 patients
- Proven reduction of bacterial CAUTI
- No reports of adverse reactions during clinical study
- No detectable blood levels of nitrofurazone after 12 hrs, 24 hrs, 2 days and 14 days of catheterisation

Small investment in prevention. BIG IMPACT ON NHS COSTS.

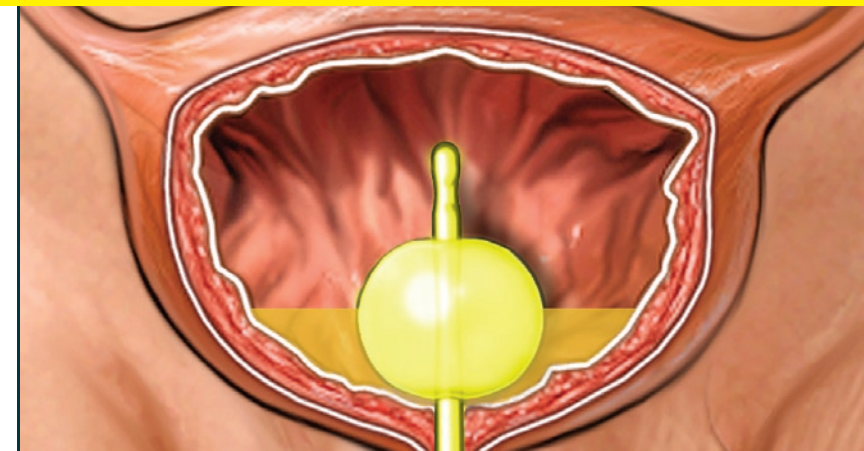
- ReleaseNF anti-infection Foley catheter has been reviewed to Recommendation Level 2 by the UK Health Protection Agency Rapid Review Panel (September 2007)
- Urinary tract infections account for 17.0% of all hospital acquired infections in acute hospitals and 28.1% in non-acute hospitals¹²
- Catheter associated urinary tract infections (CAUTI) cost the NHS £124 million every year¹³
- The cost of treatment per patient is an additional £1,327¹³
- Bed space is blocked for between 3.2 and 13.7 days¹²
- For every 1,000 patients catheterised 35 will contract a symptomatic CAUTI at an estimated cost to the NHS of £50,000^{13,14,15,16,17}

REDUCING THE NEED to change or prescribe new antimicrobial therapy³

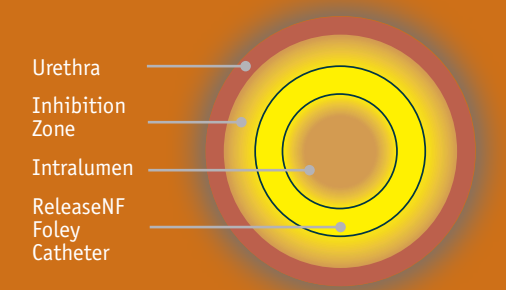
Prevent just one symptomatic CAUTI AND RECOUP THE COST DIFFERENCE between RELEASENF and a standard silicone Foley catheter



- Randomised, controlled clinical trial with 154 trauma patients
- Proven reduction of CAUTI
- Over 3-fold reduction in the need to treat CAUTI



ReleaseNF protects the lower urinary tract



- ReleaseNF delivers protection beyond the catheter surface
- Site-specific
 - Slow-release