



SUREFUSER™+

Ambulatory Balloon Infuser



- Single-use system combining quality, safety, accuracy and ease of use.
- The freedom of ambulatory care that works without batteries or electricity.

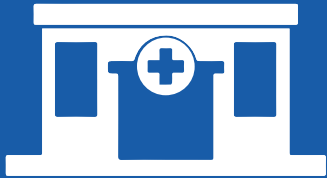
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Features and Benefits

A single-use lightweight ambulatory balloon infuser with continuous infusion for several types of therapy, including chemotherapy, antibiotics and pain management.



Designed for use in
a wide range of
**THERAPEUTIC
SETTINGS**



An infusion system
with the freedom of
**AMBULATORY
THERAPY**



A simple, self-powered
solution for all
**INFUSION-RELATED
THERAPIES**

- Oncology - delivery of anti-cancer drugs.
- Community & Palliative Care - continuous antibiotics therapy and pain management at home.

- Earlier patient discharge resulting from increased mobility and improved pain relief, particularly in the post-op setting.¹
- Lightweight, single use and silent device - no malfunctioning alarms or repair costs.

- No need for batteries or electricity.
- Fixed or variable flow rates.
- Efficient particulate, hydrophobic filter (0.2µm) and back-check valve.
- Strong port connector plus integrated, anti-kinking infusion line (non-DEHP).

✓ **EASE OF USE**
Optimal visibility
in measuring the
progress of infusion.

✓ **EASE OF USE**
Flat, ergonomic Flow
Control Unit to ensure
accuracy and reliability.

✓ **EASE OF USE**
No need to attach the infusion
line while filling the medication or
during the filling operation.

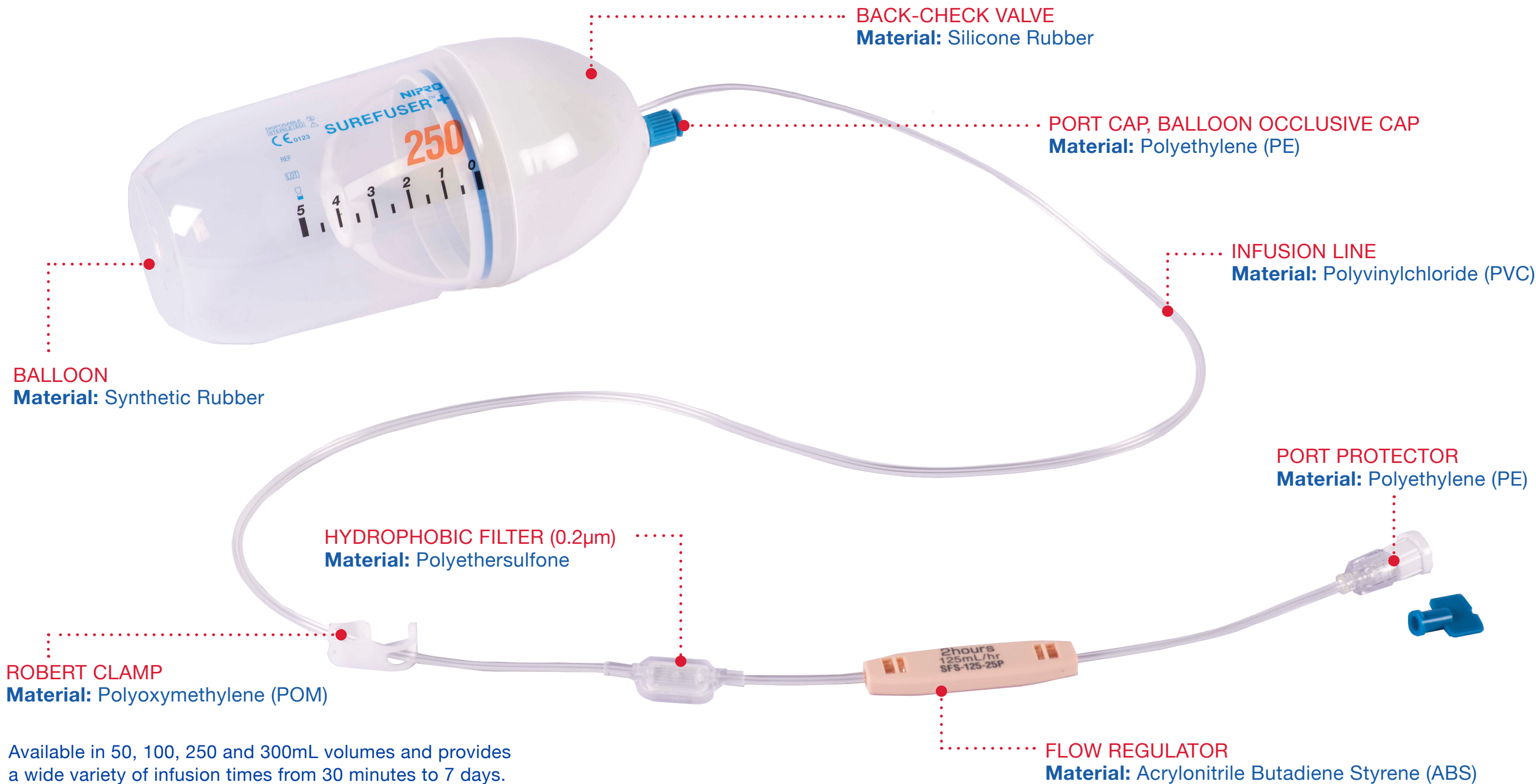


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Environmentally Friendly Materials



Surefuser is made with high quality components: latex-free, non-DEHP.



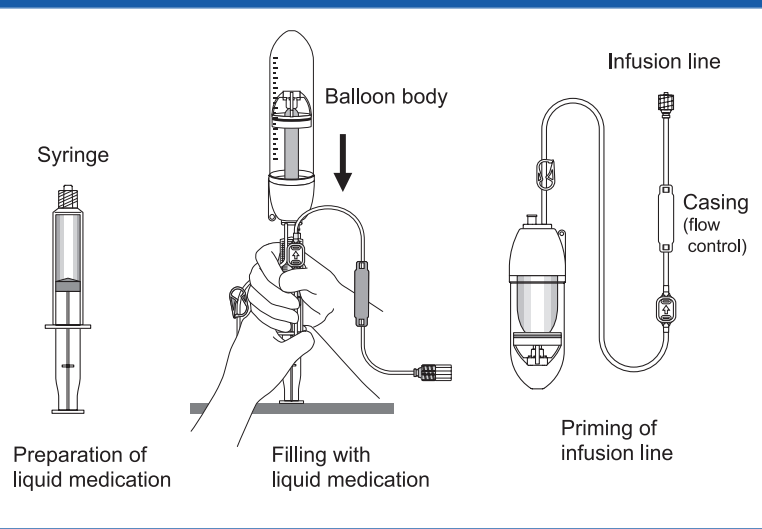
Available in 50, 100, 250 and 300mL volumes and provides a wide variety of infusion times from 30 minutes to 7 days.

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Specifications

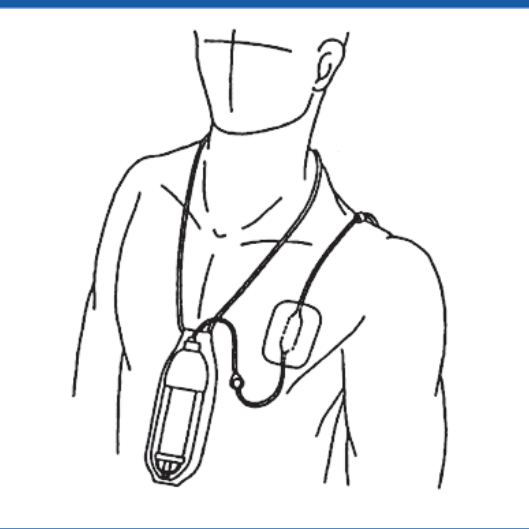
- To be used for continuous drug infusion therapy, post operative pain control, carcinomatous pain control, and chemotherapy for cancer. Follow instructions by medical professionals.
- The integration of the infusion line with the balloon makes it unnecessary to attach the infusion line while filling the medication and during the filling operation.
- Accuracy of infusion thanks to flow regulator (calibrated at skin temperature).
- Latex-free and Non-DEHP.
- Sterilization: ETO.

Simple Fill, Prime and Connect



- Fill the Surefuser+ using a standard syringe (Luer Lock is recommended).
- Open the Robert Clamp to prime the infusion line, and attach the included patient label.
- Attach the connector to the patient's line, and begin infusion therapy.

Discreet, Ergonomic Design



- Strong lightweight housing.
- Mesh bag included.

SUREFUSER™ + Specifications

Model	Volume	Infusion Rate	Infusion Time	Color Code
SFS-0505HRP	50mL	10.0 mL/ hr	5 hours	Purple
SFS-0512HRP		4.2 mL/ hr	12 hours	Pink
SFS-0501DP		2.1 mL/ hr	1 day	Blue
SFS-0502DP		1.0 mL/ hr	2 days	Green
SFS-0503DP		0.7 mL/ hr	3 days	Cream
SFS-0505DP		0.4 mL/ hr	5 days	Yellow
SFS-0501WP		0.3 mL/ hr	1 week	Orange
SFS-1030MP	100mL	200 mL/ hr	1/2 hour	White
SFS-1001HRP		100 mL/ hr	1 hour	Pale Grey
SFS-1005HRP		20.0 mL/ hr	5 hours	Purple
SFS-1012HRP		8.3 mL/ hr	12 hours	Pink
SFS-1001DP		4.2 mL/ hr	1 day	Blue
SFS-1002DP		2.1 mL/ hr	2 days	Green
SFS-1003DP		1.4 mL/ hr	3 days	Cream
SFS-1005DP	250mL	0.8 mL/ hr	5 days	Yellow
SFS-1001WP		0.6 mL/ hr	1 week	Orange
SFS-250-25P		250 mL/ hr	1 hour	Pale Grey
SFS-125-25P		125 mL/ hr	2 hours	Salmon Pink
SFS-62.5-25P		62.5 mL/ hr	4 hours	Khaki
SFS-10-25P		10 mL/ hr	1 day	Blue
SFS-5-25P		5 mL/ hr	2 days	Green
SFS-3.5-25P	300 mL	3.5 mL/ hr	3 days	Cream
SFS-2-25P		2 mL/ hr	5 days	Yellow
SFS-1.5-25P		1.5 mL/ hr	1 week	Orange
SFS-8-30P		8 mL/ hr	38 hours	Gray
SFS-6-30P		6 mL/ hr	50 hours	Yellow Green
SFS-5-30P		5 mL/ hr	60 hours	Navy
SFS-4-30P		4 mL/ hr	75 hours	Cream
SFS-3-30P		3 mL/ hr	100 hours	Red
SFS-2-30P		2 mL/ hr	150 hours	Light Brown

Package: 50mL, 100mL 10 pcs / Inner box, 30 pcs / Carton.
Package: 250mL, 300mL 5 pcs / Inner box, 15 pcs / Carton.
Shelf life: 5 years.



NIPRO CANADA

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¹Interiano, A., 2012, 'Using elastomeric infusion pumps for traumatic rib fracture pain',
Controlling Pain, Lippincott Williams & Williams, pp65-67.

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