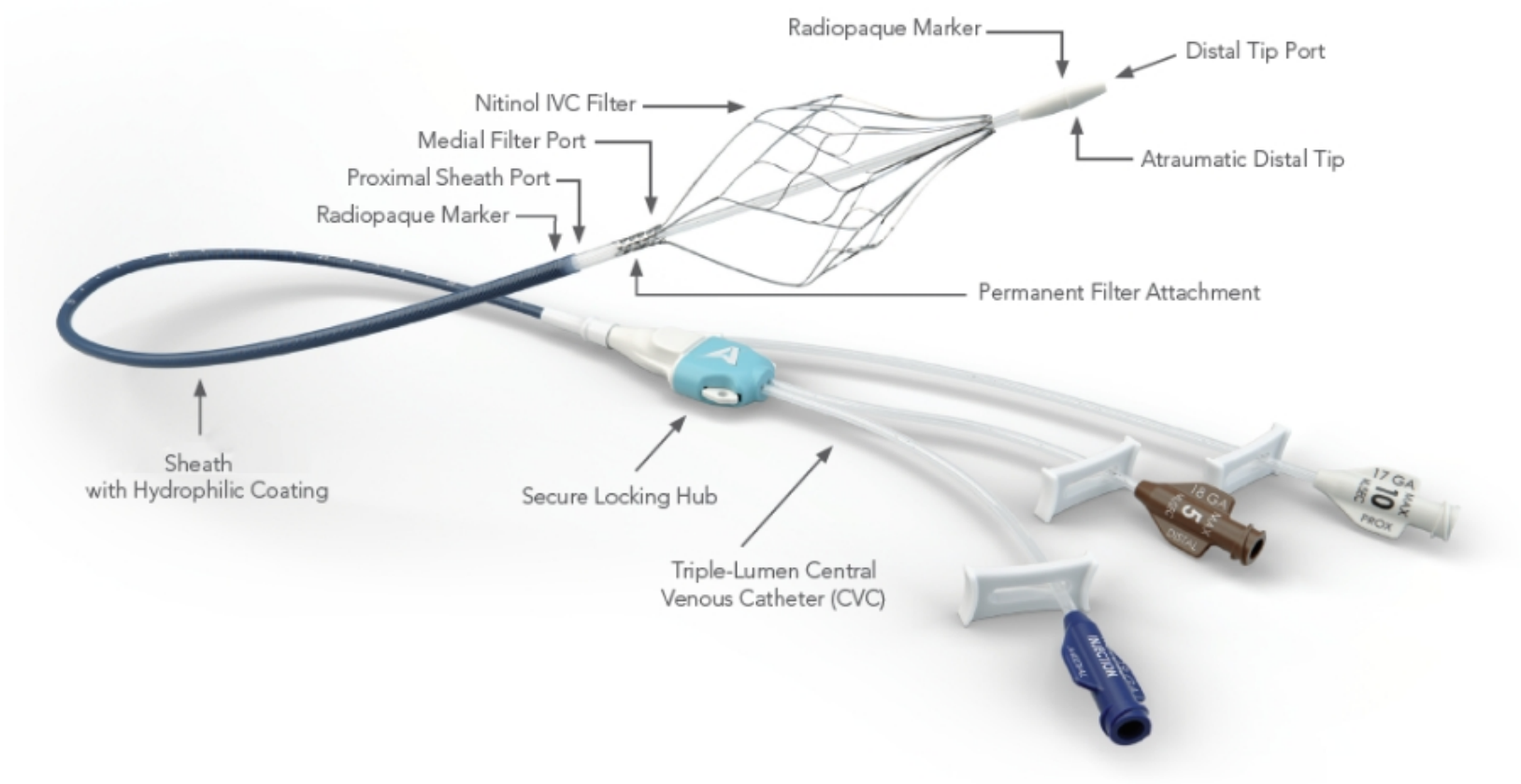
PROTECTION of PULMONARY EMBOLISM PROTECTION

Catheter

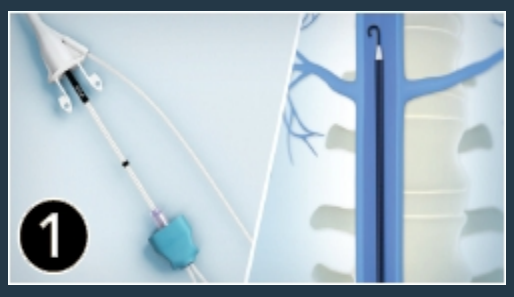
PORT



Pulmonary Embolism (PE) Protection of an Inferior Vena Cava (IVC) Filter	Procedure Simplicity of a Central Venous Catheter (CVC)	Novel Design
• Freedom from clinically significant PE in patients who might otherwise not have received protection • Acts as bridge therapy for patients contraindicated or not receiving anticoagulant therapy at the time of device placement • Allows for bedside placement, eliminating transport needed for fluoroscopy	• Fully functional triple-lumen CVC provides an added benefit of venous access • Independent lumens allow for multiple medication administration • Proximal and Distal ports can be used for power injection of contrast • Coil-reinforced sheath provides kink resistance	• Permanent filter attachment to the eliminates need for hooks orbarbs, and guarantees retrievability • Assured retrieval and short-term indwelling duration mitigates risk of migration, perforation, fracture, and the deployment issues associated with traditional IVC filter designs • Electropolished Nitinol filter with self centering closed-cell design that conforms to the vena cava wall

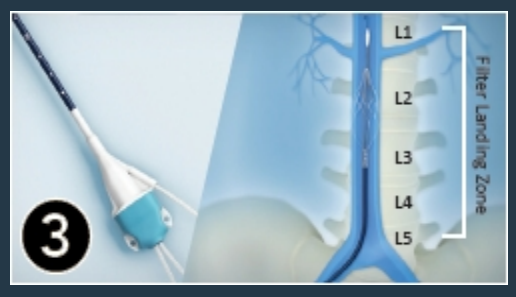
PORT

INTUITIVE PLACEMENT AND RETRIEVAL TECHNIQUE



Placement technique is similar to standard CVC procedure. Gain femoral access using the Seldinger technique.

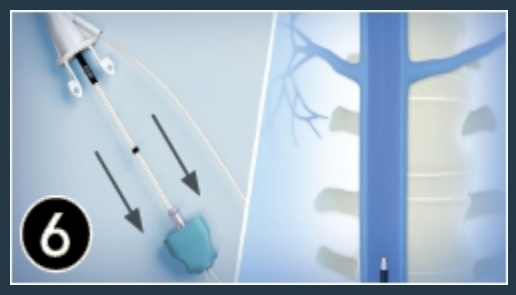
Deploy filter by simply sliding the whitehub to the teal hub.



Ensure the hub is securely locked together. Filter is properly deployed in the IVC with the filter apex positioned below the renal veins and above the bifurcation.

Following placement of the Catheter, confirm proper positioning of the filter via an abdominal radiograph (KUB). Filter is deployed in the IVC and is attached to a fully functional triple-lumen CVC.

Apply the suture wing and overclamp onto the catheter and suture to the skin. Place sutures through the loops of the catheter. Apply, or an alternate anti-infective dressing, and around the access site.



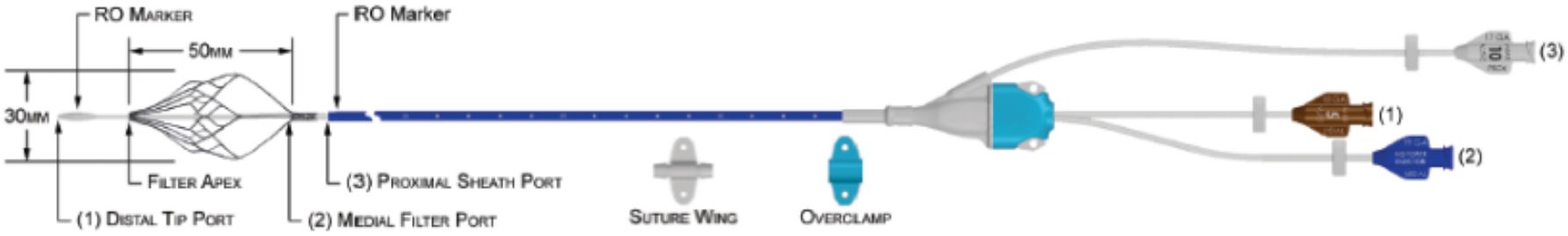
Once thrombus burden is assessed and mitigated if necessary, collapse filter by pulling back the teal hub. The “STOP” text indicates that the filter has been fully retrieved into the outer sheath.

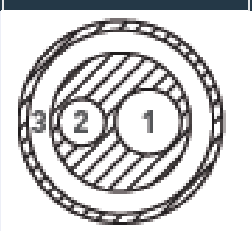
INTUITIVE PLACEMENT AND RETRIEVAL TECHNIQUE

Distal Tip Port (1)
- Blood sampling/delivery, administration of nutrient fluids and therapeutic agents, any situation requiring greater flow rate, Central Venous Pressure (CVP) monitoring, and as a 0.035" guidewire lumen

Medial Filter Port (2)
- CVP monitoring, delivery of therapeutic agents

Proximal Sheath Port (3)
- Blood sampling/delivery, administration of therapeutic agents, CVP monitoring, hand injection of contrast



CATHETER FR	CROSS-SECTION	LUMEN	PORT	EQUIVALENT GAUGE	PRIMING VOLUME	FLOW RATE mL/MIN	POWER INJECTION
		1	Distal	18	0.5	27	5mL/sec MAX.
		2	Medial	19	0.4	8	NO POWER
		3	Proximal	17	1.2	38	10mL/sec MAX.

Reference the full Instructions For Use.

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