

ARROW®

VESSEL CATHETERIZATION PRODUCTS

A SUGGESTED PROCEDURE -

USE STERILE TECHNIQUE:

Central venous catheterization must be performed by trained personnel, well versed in anatomical landmarks, safe technique, and potential complications.

1. Prep skin in area of anticipated venipuncture.
2. Drape puncture site and patient as required.
3. Aspirate anesthetic solution into desired syringe. Perform skin wheal using desired needle. 25 ga. needle and desired syringe may be used to locate vessel.
4. Using appropriate spring wire guide introducer needle or catheter over needle assembly and syringe, insert into vessel along side of locator needle. Remove locator needle. If catheter over needle assembly is used, remove introducer needle. If no free flow of venous blood is observed, attach syringe to catheter and aspirate until good venous blood flow is established. **Caution: Do not reinsert needle into catheter.**
5. Insert desired tip of spring wire guide through guide wire introducer needle or catheter into vein. If 'J' tip is used, prepare for insertion by sliding plastic tube over 'J' to straighten it. Advance spring wire guide to required depth. Note: Advancement of 'J' tip may require a gentle rotating motion. **Caution: If needle is used instead of introducer catheter, do not withdraw spring wire guide against needle bevel to avoid possible severing of spring wire guide.**
6. Hold spring wire guide in place and remove introducer needle or catheter. **Caution: Maintain firm grip on spring wire guide at all times.**
7. Enlarge cutaneous puncture site with scalpel. Do not cut wire guide. Use vessel dilator to enlarge site as required. **Caution: Do not leave vessel dilator in place as an indwelling**

catheter to avoid possible vessel wall perforation.

8. Thread tip of indwelling catheter over spring wire guide. (Be certain that sufficient wire guide length remains exposed at hub end of catheter to maintain firm grip on wire guide.) Grasping near skin, advance catheter into vein with slight twisting motion.
9. Advance catheter to required position.
10. Hold catheter at depth desired and remove spring wire guide. **Caution: Potential for spring wire guide breakage. Although the incidence of spring wire guide failure is extremely low, physicians should be aware of the potential for breakage if undue force is applied to the wire.** The Arrow catheter included in this product has been designed to freely pass over the spring wire guide; if resistance is encountered when attempting to remove the spring wire guide after catheter placement, the spring wire may be kinked about the tip of the catheter within the vessel. (Refer to Figure 1). In this circumstance, pulling back on the spring wire guide may result in undue force being applied resulting in spring wire guide breakage. If resistance is encountered, withdraw the catheter relative to the spring wire guide about 2-3 cm and attempt to remove the spring wire guide; if resistance is again encountered remove the spring wire guide and catheter simultaneously.
11. Attach syringe and aspirate until free flow of venous blood is observed. Connect catheter to appropriate line as required.
12. Use suture to secure catheter and/or purse string insertion site if necessary. Dress puncture site as required.

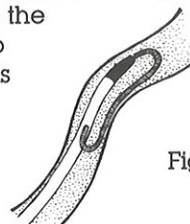


Fig. 1