



Peripheral Vascular Access Guidewire (Spring-Wire Guide)

Rx only.

Indications:

Designed for percutaneous entry into the peripheral vascular system as an intravascular device by gently negotiating the vascular system while maintaining enough strength and rigidity to enable a catheter to be directed over the guidewire with ease.

Contraindications:

None known

Warnings:

- 1. Sterile, Single use: Do not reuse, reprocess or resterilize. Reuse of device creates a potential risk of serious injury and/or infection which may lead to death.
- 2. Read all package insert warnings, cautions and instructions prior to use. Failure to do so may result in severe patient injury or death.
- 3. Practitioners must be aware of complications associated with guidewire use including but not limited to: hematoma, vessel damage, vessel spasm, pseudoaneurysm, embolization, bloodstream infection, site infection, cellulitis, death, additional surgical intervention and AV fistula formation.
- 4. Do NOT cut guidewire to alter length.
- 5. To prevent possible tissue damage, care should be taken when manipulating a catheter over a guidewire during catheter placement. If resistance is met during catheter placement, discontinue the procedure and determine the cause of resistance before proceeding. If the cause of resistance cannot be determined, remove the guidewire and catheter as a unit to prevent possible damage and/or complications.
- 6. A guidewire is a delicate instrument and must not be advanced, withdrawn, or torqued if resistance is met. Excessive force against resistance may result in core protrusion, material fatigue, and separation of the guidewire tip, damage to the catheter/device or vessel damage. If withdrawal cannot be easily accomplished, a chest x-ray should be obtained and further consultation requested.
- 7. Vascular access guidewires incorporate performance characteristics from tip shape to body stiffness. Extreme care must be taken in choosing the correct guidewire to minimize the risk of vessel perforation or vasculature damage. Prior to use, confirm compatibility of guidewire outer diameter with the inner diameter of the device being used with the guidewire.

Cautions:

1. Exercise care in handling of the guidewire prior to and during a procedure to reduce the possibility of accidental breakage, bending, kinking, coil separation or contamination. Do not use a guidewire that has been damaged. Do not attempt to straighten a wire that has been kinked or bent. Do not re-introduce a guidewire if damage is present or suspected.

- 2. Refer to the instructions supplied with any interventional device to be used in conjunction with the vascular access guidewire for their intended uses, contraindications, and potential complications.
- 3. Product containing nickel may lead to a reaction if the patient is allergic to nickel.

Kits/Sets may not contain all accessory components detailed in these instructions for use. Become familiar with instructions for individual component(s) before beginning the procedure.

A Suggested Procedure: Use sterile technique.

- 1. Follow manufacturer's instructions for patient preparation and venous access. NOTE: Centimeter marks on quidewire are referenced from "J" end. One band indicates 10 cm, two bands 20 cm, and three bands 32 cm.
- 2. Insert desired tip of guidewire through the introducer needle or catheter into vein. Straightening Tube (where provided): If the "J" tip portion of the guidewire is used, prepare for insertion by sliding the plastic tube over the "J" to straighten.

Arrow Advancer (where provided):

Arrow Advancer is used to straighten "J" Tip of guidewire for introduction of the guidewire into Arrow Raulerson Syringe or a needle.

Using thumb, retract "J" (refer to Figure 1).

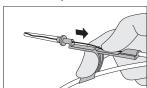


Figure 1

Place tip of Arrow Advancer - with "J" retracted - into the hole in rear of Arrow Raulerson Syringe plunger or introducer needle (refer to Figure 2).

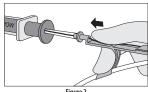


Figure 2

- 3. Advance guidewire into Arrow Raulerson Syringe approximately 10 cm until it passes through syringe valves or into introducer needle.
 - · Advancement of guidewire through Arrow Raulerson Syringe may require a gentle rotating motion.

1

- Raise thumb and pull Arrow Advancer approximately 4 8 cm away from Arrow Raulerson Syringe or introducer needle. Lower thumb onto Arrow Advancer and while maintaining a firm grip on guidewire, push assembly into syringe barrel to further advance guidewire. Continue until guidewire reaches desired depth.
- Use centimeter markings (where provided) on guidewire as a reference to assist in determining how much guidewire has been inserted.

NOTE: When guidewire is used in conjunction with Arrow Raulerson Syringe (fully aspirated) and a 2-1/2" (6.35 cm) introducer needle, the following positioning references can be made:

- 20 cm mark (two bands) entering back of plunger = guidewire tip at end of needle
- 32 cm mark (three bands) entering back of plunger = guidewire tip approximately 10 cm beyond end of needle
- (Caution: Maintain firm grip on guidewire at all times. Keep sufficient guidewire length exposed for handling purposes. A non-controlled guidewire can lead to wire embalus
- Warning: Do not aspirate Arrow Raulerson Syringe while guidewire is in place; air may enter syringe through rear valve.

- Caution: Do not reinfuse blood to reduce risk of blood leakage from rear (cap) of syringe.
- Marning: Do not withdraw guidewire against needle bevel to reduce risk of possible severing or damaging of guidewire.
- Remove introducer needle and Arrow Raulerson Syringe (or catheter) while holding quidewire in place.
- Use centimeter markings on guidewire to adjust indwelling length according to desired depth of indwelling catheter placement.
- 8. Continue procedure per manufacturer's instructions.
- 9. Verify that entire guidewire is intact upon removal.

For reference literature concerning patient assessment, clinician education, insertion technique, and potential complications associated with this procedure, consult standard textbooks, medical literature, and Arrow International, Inc. website: www.teleflex.com

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	<u> </u>	i	2	TIRING.	STERILE EO	*	*	®	LATTEX
	Caution	Consult instructions for use	Do not reuse	Do not resterilize	Sterilized by ethylene oxide	Keep away from sunlight	Keep dry	Do not use if package is damaged	Not made with natural rubber latex
	REF	LOT	Suse By						
	Catalogue number	Lot number	Use by	Manufacturer					

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