

## Figures

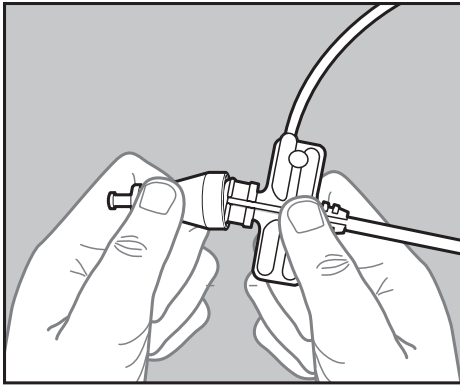


Figure A

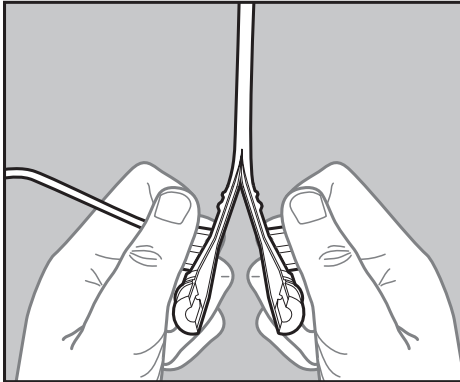


Figure B

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## Directions for Use

This device is intended for one time use only. Read instructions prior to use.

**Indications:** For the introduction of various types of pacing leads and catheters.

### Warnings

- **This product is sensitive to light. Do not use if stored outside the protective outer carton. Store in a cool, dark, and dry place.**
- Infusion through the side port can be done only after all air is removed from the unit.

### Precautions

- Do not alter this device in any way.
- Aspiration and saline flushing of the sheath, dilator, and valve should be performed to help minimize the potential for air embolism and clot formation.
- Indwelling introducer sheaths should be internally supported by a catheter, electrode, or dilator.
- Dilators, catheters, and pacing leads should be removed slowly from the sheath. Rapid removal may damage the valve members resulting in blood flow through the valve. Never advance or withdraw guide wire or sheath when resistance is met. Determine cause by fluoroscopy and take remedial action.
- When injecting or aspirating through the sheath, use the side port only.

### Use Sterile Technique *A suggested procedure:*

1. Peel open package and place contents on sterile field.
2. Prep skin and drape in area of anticipated veni-puncture as desired.
3. Distend the subclavian vein or internal jugular vein. The subclavian vein is difficult to locate unless it is distended by raising the patients legs to a 45° angle or by using the Trendelenburg position. The vein will be much easier to locate if the patient is well hydrated.
4. Insert needle into vessel. The needle position should be verified by observing venous blood return. (Puncture the vein, as medially as possible, by entering just lateral to the ligament which joins the clavicle and the first rib.)
5. The angle of the needle should be adjusted depending on the Patients build: shallow in a thin person, deeper in a heavyset person. Use an 18 gauge needle, 7cm (2-3/4 in.) long.
6. Aspirate the puncture needle using the 12cc syringe.
7. Remove the syringe and insert soft tip of guide wire through the introducer needle into the vessel. Advance guide wire guide to required depth. Leave an appropriate amount of guide wire exposed.

**At no time should the guide wire be advanced or withdrawn when resistance is met.** Determine the cause of resistance before proceeding. Fluoroscopic verification of