The patient should be in a modified A 10cc syringe or larger should be used. Contents sterile and non-pyrogenic in Do
Appropriate methods must be used to avoid
End caps are not intended to be punctured with a needle.

**DESCRIPTION:**
- The Medcomp® LT CVC Catheter is used for central long-term venous access. It can be used for total parental nutrition, I.V. infusion, of I.V. fluids, blood, and infusion of chemotherapy agents. Each lumen is connected to an extension line with termini with clear female luer connectors. The transition between lumen and extension is bound within a molded hub. The catheters consist of radiopaque tubular polyurethane, clear (Luer), and an implantable cuff, which serves as an infection barrier and an anchorage in the subcutaneous tunnel. The hub is marked with the catheter French size. The lumen is intended for use with blood samples. 

**CONTRAINDICATIONS:**
This catheter is NOT intended for any use other than that which is indicated. It is NOT recommended for use in hemodialysis or in laparoscopy procedures, nor in patients with severe chronic obstructive lung disease.

**WARNING:**
- Do NOT advance the guidewire or catheter if unusual resistance is encountered.
- Do NOT insert or withdraw the guidewire forcibly from any component. The wire may break or unravel. If the guidewire becomes damaged, the introducer needle or VascuSheath® introducer and the guidewire must be removed together.
- Do NOT resterilize the catheter or accessories by any method.
- Do NOT use catheter or accessories if package is opened or damaged.
- Do NOT use catheter or accessories if any sign of product damage is visible.
- Do NOT use iodine or iodine based disinfectants on this catheter. Failure of catheter will occur. Alcohol based solutions are recommended as the antiseptic solution that can be used on this catheter.
- In the rare event that a hub or connector separates from any component during insertion or use, take all necessary precautions to prevent blood loss or air embolism and remove catheter.
- Federal Law (USA) restricts the device to sale by or on the order of a physician. Rx Only

**CAUTIONS:**
This catheter is for Single Use Only.

The manufacturer shall not be liable for any damages caused by re-use or re-sterilization of this catheter or accessories.

Contents sterile and non-pyrogenic in unopened, undamaged package.

**STERILE ED**
End caps are not intended to be punctured with a needle.

Inspect the catheter frequently for nicks, scrapes, cuts, etc. which could impair its performance.

- There is a potential for product failure related to the use of unsterile catheters. Do NOT use unsterile syringes or syringe, cut end cap. Re-sterilize over tightening of syringes and this could lead to potential connection failure. 

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The parin solution must be removed from the catheter immediately for any type of mechanical or chemical intervention in response to catheter performance problems.

Caution: Only a physician familiar with the appropriate techniques should attempt the following procedures.

**MANAGEMENT OF OBSTRACTIONS:**

Excessive force should not be used to flush an obstructed lumen. Central venous access catheters may become occluded due to clotting.

Aspiration has proven useful in declotting the catheter. Wire stylets may not be inserted into the catheter.

One-way obstructions exist when a lumen can be flushed easily but blood cannot be aspirated. This is usually caused by tip malposition.

One of the following adjustments may resolve the obstruction:

- Reposition catheter.
- Reposition patient.
- Have patient cough.
- Provide a saline flush to try to move the tip away from the vessel wall.

**INFECTION:**

Caution: Due to the risk of exposure to HIV [Human Immunodeficiency Virus] and other blood-borne pathogens, health care professionals should always use Universal Blood and Body Fluid Precautions in the care of all patients.

- Sterile technique should always be strictly adhered to.
- Clinically recognized infection at a catheter exit site should be treated promptly with the appropriate antibiotic therapy.
- If a fever occurs in a patient with a catheter in place, take a minimum of two blood cultures from a site distant from the catheter exit site. If blood culture is positive, the catheter must be removed immediately and the appropriate antibiotic therapy initiated. Wait 48 hours before catheter removal. Insertion should be made on the opposite side of original catheter exit site, if possible.

**CATHETER REMOVAL**

Warning: Only a physician familiar with the appropriate techniques should attempt the following procedures.

Caution: Always review hospital or unit protocol, potential complications and their treatment, warnings, and precautions prior to catheter removal.

- No resistance should be felt when withdrawing catheter from vein. If resistance is encountered, do not continue pulling against resistance since this may cause catheter breakage and air embolism. Free up resistance before proceeding.

1. Palpate the catheter exit tunnel to locate the cuff.
2. Administer sufficient local anesthetic to exit site and cuff location to completely anesthetize the area.
3. Make a 2cm incision over the cuff, parallel to the catheter.
4. Dissect down to the cuff using blunt and sharp dissection as indicated.
5. When viable, grasp cuff with clamp.
6. Clamp catheter between the cuff and the insertion site.
7. Cut catheter between cuff and exit site. Withdraw internal portion of catheter through the incision in the tissue.
8. Remove the remaining section of catheter (i.e. portion in tunnel) through the exit site.

**SITE CARE**

Warning: DO NOT use iodine or iodine based products on this catheter. Failure of catheter will result. Alcohol based solutions are recommended as the astringent solution that can be used on this catheter.

- Clean skin around catheter. Cover the exit site with occlusive dressing and leave extension(s), clamp(s), and cap(s) exposed for access by staff.
- Wound dressings must be kept clean and dry.

**RENUMINATION**

If the catheter is to be used immediately for treatment, follow the suggested catheter patency guidelines.

- To maintain patency between treatments, a heparin lock must be created in each lumen of the catheter.
- Follow hospital protocol for heparin concentration.
- Determine catheter priming volume.
- Determine extension clamp(s).
- Grasp the extension cuff with clamp.
- Assist in removing the extension cuff from the patient.
- When visible, grasp cuff with clamp.
- Suck catheter between the cuff and the insertion site.
- Cut catheter between cuff and exit site. Withdraw internal portion of catheter through the incision in the tissue.
- Remove the remaining section of catheter (i.e. portion in tunnel) through the exit site.

**CATHETER PERFORMANCE**

Caution: Always review hospital or unit protocol, potential complications and their treatment, warnings, and precautions prior to catheter removal.

- In the rare event of a leak, the catheter should be clamped immediately.
- Suggested catheter patency guidelines. If a leak is found the catheter should be clamped immediately.
- The heparin solution must be removed from each lumen prior to treatment to prevent systemic heparinization of the patient. Aspiration should be performed on hospital/facility protocol.
- Before infusion begins, all connections should be examined carefully.
- Frequent visual inspection should be conducted to detect leaks to prevent blood loss or air embolism.
- If a leak is found the catheter should be clamped immediately.
- Excessive blood loss may lead to patient shock.
- Infusion treatment should be performed under physician’s instructions.

**INFUSION TREATMENT**

- Administer sufficient local anesthetic to exit site and cuff location to completely anesthetize the area.
- Provide a saline flush to try to move the tip away from the vessel wall.
- Note: Lumen(s) should be completely filled with heparin to ensure effectiveness.
- II. Infusion Treatment
- I. Palpate the catheter exit tunnel to locate the cuff.
- Clamping the lumen portion of the catheter. Clamping only on the clamping sleeve of the extension(s).

**INFUSION TREATMENT**

- Grasp the extension cuff with clamp.
- Assist in removing the extension cuff from the patient.
- When visible, grasp cuff with clamp.
- Suck catheter between the cuff and the insertion site.
- Cut catheter between cuff and exit site. Withdraw internal portion of catheter through the incision in the tissue.
- Remove the remaining section of catheter (i.e. portion in tunnel) through the exit site.

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