

# medCOMP® Split Cath® with Pre-Loaded Stylets

## INSTRUCTIONS FOR USE ADDENDUM FOR INSERTION USING OPTIONAL PRE-LOADED STYLETS

Use these instructions in place of numbers 5 through 17 in the standard instructions for use when using pre-loaded stylet insertion method.

5. Use blunt dissection to create the subcutaneous tunnel opening. Unthread stylet cap and slide tip into the arterial lumen until the tip is no longer visible. Attach venous lumen to trocar. Slide catheter tunneling sleeve over the catheter making certain that the sleeve covers the arterial holes of the catheter. Insert the trocar into the exit site and create a short subcutaneous tunnel. Do not tunnel through muscle. The tunnel should be made with care in order to prevent damage to surrounding vessels.

- 5a. For Femoral Vein Insertion: Create subcutaneous tunnel with the catheter exit site in the pelvic region.

**Warning:** Do not over-expand subcutaneous tissue during tunneling. Over-expansion may delay/prevent cuff in-growth.

6. Lead catheter into the tunnel gently. Do not pull or tug the catheter tubing. If resistance is encountered, further blunt dissection may facilitate insertion. Remove the catheter from the trocar and sleeve.

**Caution:** Do not pull tunneler out at an angle. Keep tunneler straight to prevent damage to catheter tip.

**Note:** A tunnel with a wide gentle arc lessens the risk of kinking. The tunnel should be short enough to keep the Y-hub of the catheter from entering the exit site, yet long enough to keep the cuff 2cm (minimum) from the skin opening.

7. Split the arterial and venous lumens by grasping the distal ends and gently pull apart the lumens to the point printed **“DO NOT SPLIT BEYOND THIS POINT”**.

**Warning:** Splitting the lumens beyond this point may result in excess tunnel bleeding, infection, or damage to the catheter lumens. Also use caution to avoid damaging the stylets when splitting the lumens.

8. Push stylets back into catheter and tighten stylet cap onto arterial and venous catheter luers. Thread stylet tip into proximal hole of venous lumen and out the tip hole to allow the stylet tip to extend beyond the venous tip.

9. Tighten both stylets onto luers.

10. Insert the introducer needle with attached syringe, or *One-Step™ bulb needle*, into the target vein. Aspirate to insure proper placement. *When using the One-Step™, fill the bulb with saline. Once bulb is fully primed with no air present, squeeze bulb with thumb and forefinger. Continue to squeeze bulb until needle is under patient's skin. Once target vein is located, blood will flash back into flexible chamber.*

11. Remove the syringe, (see 11a for *One-Step™ Directions*), and place thumb over the end of the needle to prevent blood loss or air embolism. Draw flexible end of guidewire back into advancer so that only the end of the guidewire is visible. Insert advancer's distal end into the needle hub. Advance guidewire with forward motion into and past the needle hub into the target vein.

- 11a. *One-Step™ Directions:* Once blood has been aspirated into the flexible bulb, draw flexible end of guidewire back into advancer so that only the end of the guidewire is visible. Insert advancer's distal end into the *One-Step™ bulb needle*. Advance guidewire with forward motion into and past the needle hub into the target vein.

**Caution:** The length of the wire inserted is determined by the size of the patient. Monitor patient for arrhythmia throughout this procedure. The patient should be placed on a cardiac monitor during this procedure. Cardiac arrhythmias may result if guidewire is allowed to pass into the right atrium. The guidewire should be held securely during this procedure.

12. Remove needle, leaving guidewire in the target vein. Enlarge cutaneous puncture site with scalpel.

13. Thread dilator(s) over guidewire into the vessel (a slight twisting motion may be used). Remove dilator(s) when vessel is sufficiently dilated, leaving guidewire in place.

**Caution:** Insufficient tissue dilation can cause compression of the catheter lumen against the guidewire causing difficulty in the insertion and removal of the guidewire from the catheter. This can lead to bending of the guidewire.

**Caution:** Do not leave vessel dilator(s) in place as an indwelling catheter to avoid possible vessel wall perforation.

14. Thread the proximal end of the guidewire through the distal tip of the stylet.

15. Once the guidewire exits through the red luer connector, hold the guidewire securely and advance the catheter over the guidewire and into the target vein, making sure to hold the arterial and venous tips securely to prevent the venous lumen from kinking and the stylet tip from retracting into the catheter during insertion.

**Caution:** Do not advance guidewire with catheter into vein. Cardiac arrhythmias may result if guidewire is allowed to pass into the right atrium. The guidewire should be held securely during this procedure.

16. Remove the guidewire and stylets, leaving catheter in place.

17. Proceed to number 18 of the standard IFU.

### WARRANTY

**Medcomp® WARRANTS THAT THIS PRODUCT WAS MANUFACTURED ACCORDING TO APPLICABLE STANDARDS AND SPECIFICATIONS. PATIENT CONDITION, CLINICAL TREATMENT, AND PRODUCT MAINTENANCE MAY AFFECT THE PERFORMANCE OF THIS PRODUCT. USE OF THIS PRODUCT SHOULD BE IN ACCORDANCE WITH THE INSTRUCTIONS PROVIDED AND AS DIRECTED BY THE PRESCRIBING PHYSICIAN.**

Because of continuing product improvement, prices, specifications, and model availability are subject to change without notice. Medcomp® reserves the right to modify its products or contents without notice.

*Medcomp®, Vascu-Sheath®, and Split Cath® are registered trademarks of Medical Components, Inc.*

*One-Step™ and Fast Track™ are trademarks of Medical Components, Inc.*



### EU REPRESENTATIVE

MPS Medical Product Service GmbH  
Borngasse 20  
35619 Braunfels  
Germany