



Split Cath® with
Fast Track Pre-Loaded
Stylet

**INSTRUCTIONS FOR USE
ADDENDUM FOR INSERTION USING
OPTIONAL PRE-LOADED STYLET**

WARNING: When using pre-loaded stylet, DO NOT use the Vascu-Sheath® introducer.

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

- 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.

- 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.

- 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.

- 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 stylet when splitting the lumens.

- Push stylet back into catheter and tighten stylet cap onto arterial catheter luer. 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.
- Irrigate catheter with saline, then clamp venous extension and cap stylet to assure that saline is not inadvertently drained from lumens. Use clamp and end cap provided.
- Insert the introducer needle with attached syringe, or into the target vein. Aspirate to insure proper placement.
- Remove the syringe, 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.

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.

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

- 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.

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

- Remove the guidewire and stylet, leaving catheter in place.
- Proceed to number 18 of the standard IFU.

WARRANTY

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SYMBOL TABLE

5.1.1		Manufacturer *
5.3.4		Keep Dry *
5.4.2		Do Not Re-use *
5.6.3		Non-pyrogenic *
5.3.2		Keep Away from Sunlight *
5.2.3		Sterilized Using Ethylene Oxide *
5.2.8		Do Not Use if Package is Damaged *
5.1.4		Use By Date *
5.2.6		Do Not Resterilize *
5.1.5		Batch/Lot Number *
5.4.4		Caution, consult Accompanying Documents *
5.1.6		Catalogue Number *
Rx Only		Prescription Use Only ***

***This symbol is in accordance with ISO 15223-1. *** FDA guidance Use of Symbols in Labeling.**

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