CATHETER PRECAUTIONS:

- Skin exit site cleaning agents that are acceptable for use include chlorhexidine, hydrogen peroxide, antibacterial soap with triclosan, and Sterile EO. Dacron® should not be trimmed until the catheter is directed cephalad toward the secondary incision.

- The recorded distance, \( A\) (Figure 1), defines the length from the distal end of the tunneling rod (at point \( C\)) to the point \( B\), the exit site. Detach the stylet and insert the female connector of the extension catheter transfer/extension set into the distal transition site of the abdominal catheter as shown (Figure 10).

- The insertion site will be fixed by the manufacturer’s barbed cuff or the placement of permanent sutures, such as 2-0 or 0-polypropylene, around each catheter over the grooves of the fascia lata. Make a single, straight, perpendicular cut of the cutaneous wound.

- The length of the tunneling rod \( A\) is: the distance from the distal end of the tunneling rod \( C\) to the point \( B\), the exit site.

- For the entire length of the tunneling rod \( A\), make a single, straight, perpendicular cut of the cutaneous wound.

- The catheter data sheet must be available from Medcomp International, Inc.

- Follow the manufacturer’s instructions to determine the length of the extension catheter when \( B\) and \( C\) are located on the same level.

- The catheter should be directed cephalad toward the secondary incision.

- The distance \( B\) defined in Figure 10 must be trimmed from both the abdominal and extension catheters.

- The extension catheter will remain in the subcutaneous tissue until the upper border of the fascia lata has been reached and the catheter is directed cephalad toward the secondary incision. The extension catheter should be trimmed so that the final length under the fascia lata will be at the same level as the distal end of the tunneling rod in Figure 10.

- The extension catheter should be directed toward the secondary incision and trimmed so that the final length under the fascia lata is at the same level as the distal end of the tunneling rod in Figure 10.

- The recorded distance \( C\) (Figure 10) defines the length from the distal end of the tunneling rod \( B\) to the exit site. Detach the stylet and insert the female connector of the extension catheter transfer/extension set into the distal transition site of the abdominal catheter according to the planned length needed when combining the abdominal and extension catheters (Figure 11).

- The extension catheter should be directed toward the secondary incision and trimmed so that the final length under the fascia lata is at the same level as the distal end of the tunneling rod in Figure 10.

- The distance \( C\) defined in Figure 10 must be trimmed from both the abdominal and extension catheters.

- The extension catheter will remain in the subcutaneous tissue until the upper border of the fascia lata has been reached and the catheter is directed cephalad toward the secondary incision. The extension catheter should be trimmed so that the final length under the fascia lata will be at the same level as the distal end of the tunneling rod in Figure 10.

- The extension catheter should be directed toward the secondary incision and trimmed so that the final length under the fascia lata is at the same level as the distal end of the tunneling rod in Figure 10.

- The distance \( B\) defined in Figure 10 must be trimmed from both the abdominal and extension catheters.

- The extension catheter will remain in the subcutaneous tissue until the upper border of the fascia lata has been reached and the catheter is directed cephalad toward the secondary incision. The extension catheter should be trimmed so that the final length under the fascia lata will be at the same level as the distal end of the tunneling rod in Figure 10.

- The distance \( C\) defined in Figure 10 must be trimmed from both the abdominal and extension catheters.

- The extension catheter will remain in the subcutaneous tissue until the upper border of the fascia lata has been reached and the catheter is directed cephalad toward the secondary incision. The extension catheter should be trimmed so that the final length under the fascia lata will be at the same level as the distal end of the tunneling rod in Figure 10.
11. **Attaching the catheter to the subcutaneous tissue**: Before attaching the subcutaneous tubing to the catheter, open the proximal end of the catheter. The catheter should be inserted into the subcutaneous pocket. Use sterile technique to secure the catheter to the subcutaneous tissue.

12. **Attach the tunneling stylet**: Insert the tunneling stylet into the secondary incision. This will facilitate the subcutaneous tunneling. Once the secondary incision is secured, the stylet will be used to insert the catheter into the subcutaneous pocket. Ensure that the stylet is securely attached to the catheter.

13. **Advance the tunneling stylet**: Using the tunneling stylet, pass the catheter through the skin and subcutaneous tissue. The tunneling stylet will facilitate this process. Ensure that the tunnel is straight and the catheter is not kinked.

14. **Close the skin and subcutaneous tissues**: After the catheter is inserted, close the skin and subcutaneous tissues. Use Steri-strips or sutures to secure the incision. Ensure that the incision is secure and that the catheter is not pulled out.

15. **Conclude**: Review the catheter insertion technique and ensure that all steps have been completed. Confirm that the catheter is securely placed and that the incision is closed. Document the procedure and ensure that all necessary records are completed.