



Edwards

AORTIC PERFUSION CANNULA

Instructions for Use Directory

Table with 2 columns: Language (English (EN), Français (FR), Deutsch (DE), Español (ES), Italiano (IT), Nederlands (NL), Dansk (DA), Svenska (SV), Ελληνικά (EL), Português (PT), Česky (CS), Polski (PL), Slovenský (SK), Norsk (NO), Lietuvių (LT), Latvīšu (LV), Türkçe (TR), Русский (RU), Српски (RS)) and Page number (1-12).

AORTIC PERFUSION CANNULA

Instructions for Use

CAUTION: Federal Law (U.S.A.) restricts this device to sale by, or on the order of, a physician.

DESCRIPTION

Edwards Lifesciences aortic perfusion cannulae terminate in a connector acceptance of 3/8" (9.5 mm) or 1/4" (6.3 mm). The catalog identifies models that are supplied with a 3/8" (9.5 mm), 1/4" (6.3 mm) connector, or vent plug.

INDICATIONS FOR USE

Aortic perfusion cannulae are intended for perfusion of the aorta during short-term (<=6 hours) cardiopulmonary bypass procedures.

CONTRAINDICATIONS FOR USE

This device is not intended for use other than as indicated and should not be used when any physical impairment would contraindicate its use.

WARNINGS AND PRECAUTIONS

Supplied sterile and non-pyrogenic in undamaged package. Do not use if device shows signs of damage (i.e., cuts, leaks, crushed areas, leakage), or if package is damaged or open as this may indicate compromised sterility and/or product damage.

FOR SINGLE USE ONLY. This device is designed, intended, and distributed for SINGLE USE ONLY. DO NOT RE-STERILIZE OR REUSE THIS DEVICE.

Products are known to contain phthalates, which may be found in device materials containing plasticizers such as DEHP and BPP. High exposure to such phthalates during medical treatments in children and pregnant or nursing women may result in exposure.

This device is intended for short-term use only (<=6 hours). There are no data to support the function and performance of the device beyond six hours of use.

DO NOT PRECOOL the EZ Glide cannula in an ice bath prior to use. Precooling can cause the tip to become brittle and prone to damage.

Improper orientation may lead to patient harm or excessive line pressures.

pressures. Cannula with a curved tip will have a printed orientation line on the cannula body; do not use if line is missing or illegible. Ensure that the vessel used is of adequate size to allow sufficient perfusion distal to the cannula after insertion. When using small diameter cannulae, do not exceed the maximum pressure limit while increasing flow. A rapid pressure rise may result. Keep the vent plug dry prior to use. The porous vent plug is designed to vent air when dry and may not function as intended if wet. Line pressure exceeding acceptable clinical limits may result from incorrect cannula tip position and/or restricted tip patency. Confirm proper placement to minimize risk of injury. Wire-reinforced cannulae should be clamped in the non-reinforced section located at the connector end since clamping of the reinforced section may produce excessive deformation, thereby impeding flow through the cannula and risking puncture or tearing of the cannula. Ensure proper levels of anticoagulant therapy are maintained prior to insertion of the cannula and throughout cardiopulmonary bypass, to reduce the risk of complications due to thrombus formation on or within the cannula, and in the blood stream. If increased resistance is felt at any time upon insertion or removal of the cannula, stop and investigate the cause before continuing. Inability to easily advance or remove these devices may indicate vascular disease or injury. Closely examine the device position within the vessel using fluoroscopy and/or ultrasound imaging prior to proceeding. Avoid over-insertion of the cannula to reduce risk of cannula impingement against the vessel walls which may lead to excessive line pressures and vessel damage. Securely tie-band the connector to cannula junction prior to initiating bypass to protect against tubing slippage. Monitor line patency and hemostasis after removal of cannula to avoid possible injury and/or blood loss. Prior to initiating cardiopulmonary bypass, completely expel air from the system. Failure to eliminate air from the system could result in an air embolus. Proper surgical procedures and techniques are the responsibility of the medical professional. Described procedures are provided for informational purposes only. Each physician must determine the appropriate use of this device for each patient based on medical training, experience, the type of procedure employed, and the benefits and risks associated with device use. Dispose of used product in accordance with established hospital protocols for biohazards to minimize risk of exposure.

DIRECTIONS FOR USE

Note: If suture ring assembly is required prior to aortic cannulation, remove suture ring from pouch and slide over cannula tip to desired location.

WARNING: When using small diameter cannulae, do not exceed the maximum pressure limit while increasing flow. A rapid pressure rise may result.

- 1. Using standard surgical technique, place cannula so that proper perfusion can take place.
2. For cannulae marked with an orientation line, tip direction is indicated by referencing the orientation mark on the cannula body in relationship to the direction of flow as it exits the cannula tip.
3. If supplied, the white porous vent plug is designed to fit securely into the back of the lumen of aortic perfusion cannulae without a pre-attached connector.
4. Products that state "quick venting cap" on the label (EZ0) contain a vent cap designed to allow venting while wet. This cap may leak blood while venting.
5. Secure cannula. Connect to circuit tubing and securely tie-band all line connectors.
6. Upon completion of procedure, remove cannula and repair aortotomy. Graphs of Pressure-Flow relationships are provided at the end of these instructions.

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Français (FR) French

CANULE DE PERFUSION AORTIQUE

Mode d'emploi

DESCRIPTION

L'extrémité des canules de perfusion aortique Edwards Lifesciences accepte des raccords de 9,5 mm (3/8 po) ou 6,3 mm (1/4 po). Le catalogue indique les modèles fournis avec un bouchon de ventilation ou un raccord de 9,5 mm (3/8 po) ou 6,3 mm (1/4 po). Les canules sont disponibles en codes produit avec ou sans raccord, avec une large variété d'embouts, notamment EZ Glide.

INDICATIONS

Les canules de perfusion aortique sont indiquées pour la perfusion de l'aorte au cours d'interventions rapides d'une durée inférieure ou égale à 6 heures) de circulation extracorporelle.

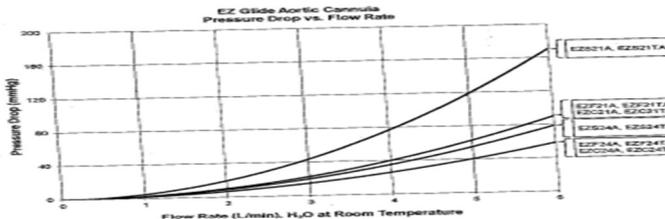


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Table with 3 columns: Language (EN, FR, DE, ES, IT, NL, DA, SV, PT, CS, HU, PL, SK, NO, FI, BG, RO, ET, LT, LV, TR, RU, RS) and corresponding description of the graph legend in that language.