

# Central Venous Catheter (CVC) Product

## Rx only.

### Intended Purpose:

The Arrow catheter is indicated to permit short-term (<30 days) central venous access for the treatment of diseases or conditions requiring central venous access.

### Indications for Use:

The Arrow catheter is indicated to permit short-term (< 30 day) central venous access for the treatment of diseases or conditions requiring central venous access, including, but not limited to the following:

- Lack of usable peripheral IV sites
- Central venous pressure monitoring
- Total parenteral nutrition (TPN)
- Infusions of fluids, medications, or chemotherapy
- Frequent blood sampling or receiving blood transfusions/blood products

Röntgenkontrastinis

### Contraindications:

None known.

### Clinical Benefits to be Expected:

The ability to gain access to the central circulation system through a single puncture site for applications that include fluid infusion, blood sampling, medication administration, central venous monitoring, and the ability to inject contrast media.



#### Contains Hazardous Substance:

Components manufactured using Stainless Steel can contain > 0.1% weight by weight of Cobalt (CAS # 7440-48-4) which is considered a category 1B CMR (Carcinogenic, mutagenic or toxic to reproduction) substance. The amount of Cobalt in the Stainless Steel components has been evaluated and considering the intended purpose and toxicological profile of the devices there is no biological safety risk to patients when using the devices as instructed within this IFU.

### ⚠ General Warnings and Precautions

#### Warnings:

1. **Sterile, Single use:** Do not reuse, reprocess or resterilize. Reuse of device creates a potential risk of serious injury and/or infection which may lead to death. Reprocessing of medical devices intended for single use only may result in degraded performance or a loss of functionality.
2. Read all package insert warnings, precautions and instructions prior to use. Failure to do so may result in severe patient injury or death.
3. Do not place/advance catheter into or allow it to remain in the right atrium or right ventricle. The catheter tip should be advanced into the lower 1/3 of the Superior Vena Cava. For femoral vein approach, catheter should be advanced into vessel so catheter tip lies parallel to vessel wall and does not enter right atrium. Catheter tip location should be confirmed according to institutional policy and procedure.
4. Clinicians must be aware of potential entrapment of the guidewire by any implanted device in circulatory system. It is recommended that if patient has a circulatory system implant, catheter procedure be done under direct visualization to reduce risk of guidewire entrapment.

5. Do not use excessive force when introducing guidewire or tissue dilator as this can lead to vessel perforation, bleeding, or component damage.
6. Passage of guidewire into the right heart can cause dysrhythmias, right bundle branch block, and a perforation of vessel, atrial or ventricular wall.
7. Do not apply excessive force in placing or removing catheter or guidewire. Excessive force can cause component damage or breakage. If damage is suspected or withdrawal cannot be easily accomplished, radiographic visualization should be obtained and further consultation requested.
8. Using catheters not indicated for pressure injection for such applications can result in inter-lumen crossover or rupture with potential for injury.
9. Do not secure, staple and/or suture directly to outside diameter of catheter body or extension lines to reduce risk of cutting or damaging the catheter or impeding catheter flow. Secure only at indicated stabilization locations.
10. Air embolism can occur if air is allowed to enter a central venous access device or vein. Do not leave open needles or uncapped, unclamped catheters in central venous puncture site. Use only securely tightened Luer-Lock connections with any central venous access device to guard against inadvertent disconnection.
11. Clinicians should be aware that slide clamps may be inadvertently removed.
12. Clinicians must be aware of complications/undesirable side-effects associated with central venous catheters including, but not limited to:
  - cardiac tamponade secondary to vessel, atrial, or ventricular perforation
  - pleural (i.e., pneumothorax) and mediastinal injuries
  - air embolism
  - catheter embolism
  - catheter occlusion
  - thoracic duct laceration
  - bacteremia
  - septicemia
  - thrombosis
  - inadvertent arterial puncture
  - nerve injury
  - hematoma
  - hemorrhage
  - fibrin sheath formation
  - exit site infection
  - vessel erosion
  - catheter tip malposition
  - dysrhythmias
  - extravasation
  - phlebitis
  - central vascular trauma

#### Precautions:

1. Do not alter the catheter, guidewire or any other kit/set component during insertion, use or removal.
2. Procedure must be performed by trained personnel well versed in anatomical landmarks, safe technique and potential complications.
3. Use standard precautions and follow institutional policies for all procedures including safe disposal of devices.