

# Safety Fistula Needles

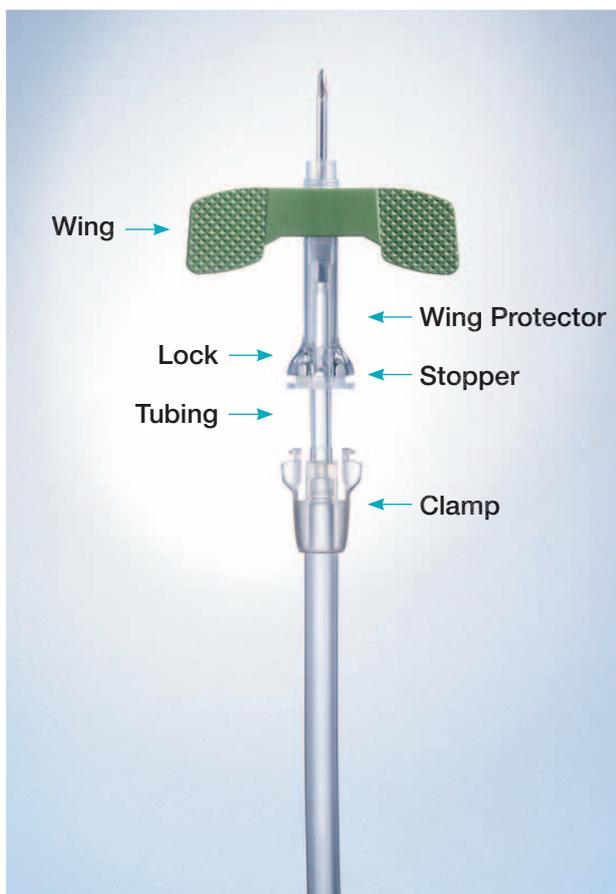


# Safety Fistula Needles

## The Facts

- Up to 3.5 million needle stick injuries are estimated to occur worldwide annually<sup>1</sup>.
- These injuries may result in transmission of hepatitis B and C, HIV and more than 20 other diseases (tuberculosis, syphilis, malaria, herpes,...)<sup>2</sup>.
- Up to 86 % of these injuries could be prevented with the use of protective and safe instruments<sup>3</sup>.

Special safety needles with an integrated safety mechanism reduce the risk of injury, especially during removal and disposal of the needle. For protection against needlestick injuries the sharp tip of the needle is pulled completely into a wing protector. A simple locking mechanism prevents loosening.



Legislation is tightening:

- European Parliament resolution on protecting healthcare workers from blood-borne infections due to needlestick injuries (2006) specifies the adoption of medical technology incorporating sharps protection mechanisms.
- TRBA 250 (Germany) regulates the use of safety needles for infectious patients.
- U.S.: Needlestick Safety and Prevention Act (2001) and the Occupational Safety and Health Administration (OSHA) proclamation mandate the use of safety needles.

## Recommended Use of Fresenius Medical Care Safety Needles:

After removal from the package, check to ensure that the wing protector is securely locked in the stopper before starting the treatment.

At the end of the treatment, close the clamp, apply pressure to the puncture site and, using the same hand, hold down the wing protector.



## Effective prevention

- Integrated safety feature reduces the risk of accidental needle puncture and leads to improved safety in the workplace
- Compliance with new needle guard legislation
- Reduced risk of needlestick injury resulting in potential cost savings

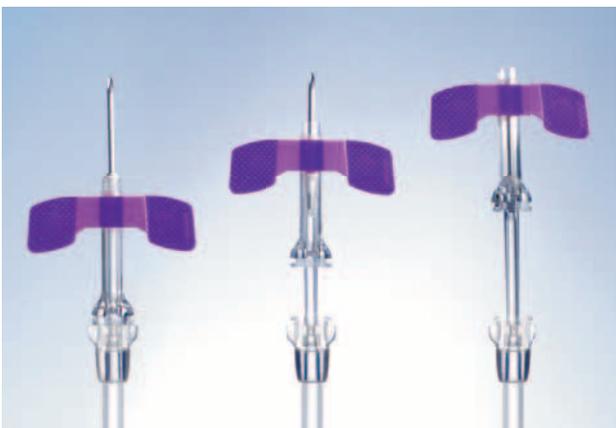
## Easy, user-friendly application

- High precision and pain-free puncture as well as fast and safe needle withdrawal
- Compatible with current clinical procedures
- Textured wings provide a secure grip

## Reliable activation

- Pre-removal activation: Immediate shielding of the needle upon withdrawal from the fistula
- Once locked, it stays locked: To protect the user from needle stick injuries after use, the tip of the needle is pulled completely into a wing protector and then locked to prevent accidental loosening.

Release the lock by pressing both sides of the stopper, sliding the stopper back until it becomes fixed with an audible or tactile click.



Once the wing protector is fully engaged, dispose of the protected needle in an approved sharps container.



For complete information, please refer to the instructions for use provided with each package of Fresenius Medical Care safety needles.

# Safety Fistula Needles

## Product Range

Colour code of wing	Type	Needle (diameter x length)	Tubing length	Art. No.	
	14 G	S-14GA-R25L-R	2.0 x 25 mm	300	507 832 1
		S-14GV-R25L-R		300	507 836 1
	15 G	S-15GA-R25-R	1.8 x 25 mm	150	507 722 1
		S-15GV-R25-R		150	507 725 1
		S-15GA-R25L-R		300	507 833 1
		S-15GV-R25L-R		300	507 837 1
	16 G	S-16GA-R25-R	1.6 x 25 mm	150	507 723 1
		S-16GV-R25-R		150	507 726 1
		S-16GA-R25L-R		300	507 834 1
		S-16GV-R25L-R		300	507 838 1
	17 G	S-17GA-R25-R	1.5 x 25 mm	150	507 724 1
		S-17GV-R25-R		150	507 727 1
		S-17GA-R25L-R	1.5 x 25 mm	300	507 835 1
		S-17GV-R25L-R		300	507 839 1

All safety needles are gamma-sterilised and coated with silicone to reduce the risk of bleeding and to ensure optimal wound healing.

All safety needles are equipped with a rotating wing.

A:	arterial needle
V:	venous needle
L:	long tubing

### Literature:

- 1 Prüss-Üstün A, Rapiti E, Hutin Y: Estimation of the global burden of disease attributable to contaminated sharps injuries among health-care workers. Am J Ind Med 2005; 48: 482–90.
- 2 Sarrazin, Brodt, Sarrazin, Zeuzem: Prophylaxe gegenüber HBV, HCV und HIV nach beruflicher Exposition. Dtsch Arztebl 2005; 102: A 2234–2239 (Heft 33)
- 3 Dale JC, Pruett SK, Maker MD.: "Accidental needlesticks in the phlebotomy service of the Department of Laboratory Medicine and Pathology at Mayo Clinic Rochester. Mayo Clin Proc. 1998 Jul;73(7):611-5.



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