

Ultra-Low Profile with Kink Recovery Technology™







DESIGNED TO REDUCE THE RISK OF RADIAL



LOW PROFILE DESIGN

ARTERY TRAUMA AND SPASM

Available in: 7F in 6, 6F in 5, 5F in 4, 4F in 3

Enables maximum operating space while minimising puncture size



PROPRIETARY KINK RECOVERY TECHNOLOGY™

Elastomeric properties allow the RAIN Sheath® Introducer to bend and flex to maintain lumen integrity



LUBRICIOUS HYDROPHILIC COATING

Facilitates smoother, easier insertion and removal

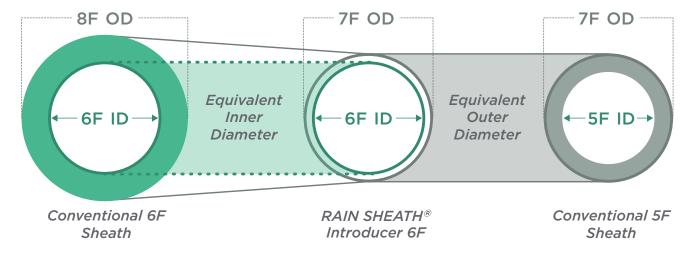


HEXACUSPID HAEMOSTASIS VALVE

Designed to preserve haemostasis and reduce risk of bleedback





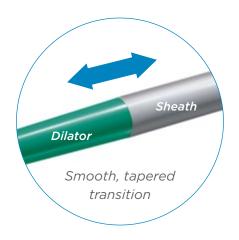


Lower profile means same sheath ID with a smaller OD. "6F in 5" means you are getting a 6F lumen operating area with a sheath OD that is the same OD as the conventional 5F.

LOW PROFILE WITH OPTIMAL GUIDE CATHETER SUPPORT

Available in 4F, 5F, 6F, 7F and 10 cm and 16 cm lengths

- Provides structure and stability without adding thickness
- Optimises operating space while minimising the access size
- Minimises radial puncture size, a key factor in reducing vessel spasm and radial artery occlusion¹



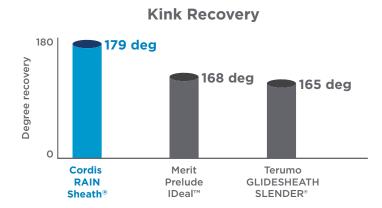
OPTIMISED TRANSITIONS

- Designed for atraumatic insertion
- Smooth transitions and tapered tip to reduce insertion force



DESIGNED TO REDUCE THE RISK OF KINKING AND LIKELIHOOD OF ARTERIAL SPASM

- Elastomeric KINK RECOVERY TECHNOLOGY™ enables the RAIN Sheath® Introducer to maintain its atraumatic shape throughout the procedure
- Kink recovery feature reduces the need to exchange sheaths mid-procedure



180 degree is complete recovery Data on file at Cordis.

RAIN SHEATH® INTRODUCER

OTHER LEADING BRANDS



INITIAL PROFILE Catheter is smooth and symmetrical.





KINK OCCURS Upon encountering a kink,







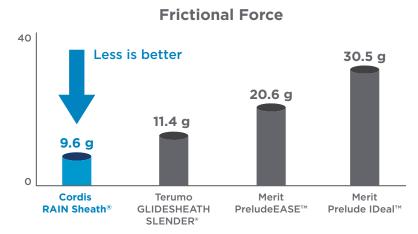
REBOUNDED SHAPE

Other leading brands retain their traumatic shape, potentially inducing vessel trauma and spasm, while RAIN Sheath® Introducer rebounds to near complete recovery.



MAXIMUM LUBRICITY AND DURABILITY

- Lubricious hydrophilic coating designed to reduce the risk of radial spasm
- Hydrophilic coating facilitates smooth insertion and removal



Data on file at Cordis.



DESIGNED TO MINIMISE BLEEDBACK

- Designed to optimise device control while preserving haemostasis
- Optimises sealing, helping to minimise blood loss



3 TYPES OF NEEDLES

Cordis offers a variety of needles designed for radial access. Options include a 21G metallic needle for anterior wall puncture methods, and two sizes of IV catheter needles for double-wall puncture.



21G METALLIC NEEDLE

- Best-in-class needle sharpness*
- Reduced insertion force*
- Echogenic



22G IV CATHETER

- Double-wall puncture method
- Translucent hub to visualise bleedback
- 22G x 2.5cm length



20G IV CATHETER

- Double-wall puncture method
- Translucent hub to visualise bleedback
- 20G x 3.2 cm length

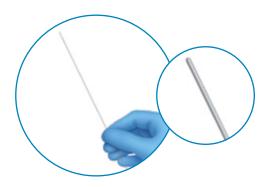
 $^{^*}$ Bench testing results compared to competitive 21G metallic needles (Merit, Terumo, Cook)





3 TYPES OF MINI-WIRES

Cordis offers a wide range of shapes and wire configurations, to accommodate various needle types and user preferences.



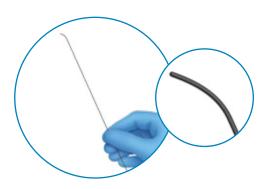
STAINLESS STEEL WIRE

- Flex Straight tip
- 0.021" diameter x 45cm length
- For use with 21G metallic needles



NITINOL WIRE

- Floppy tip
- 0.021" diameter x 45cm length
- Bare wire: For use with 21G metallic needles
- Hydrophilic wire: For use with 20G IV catheters



POLYMER WIRE

- Short angle tip
- 0.021" diameter x 45cm length
- For use with 20G and 22G IV Catheter needles



REFERENCES

- 1. Data on file at Cordis.
- 2. RAIN Sheath® Introducer Instructions for Use.

CONTRAINDICATIONS AND WARNINGS FOR THE RAIN SHEATH®INTRODUCER

WARNINGS

- · Use of alcohol, antiseptic solutions, or other solvents should be avoided, as they may adversely affect the device.
- For the IV Catheter needle, do not reinsert the needle into the IV catheter at any time. The needle could damage the IV catheter, resulting in an IV catheter embolus.
- · Do not leave the CSI in place for extended periods of time without a catheter in place.
- If using a hydrophilic or polymer wire, do not use with a bare needle, as this may damage the integrity of the coating or jacket.
 Manipulate the mini-guidewire slowly and carefully to avoid damage to the vessel wall, while monitoring the tip position and movement using standard catheterisation technique.
- Once the vessel dilator is removed, manipulate the sheath introducer slowly and carefully to minimise the chances of kinking.
- · Persons with allergic reactions to nickel may suffer an allergic response to components of this device.
- During the procedure, provide a proper anticoagulant or antiplatelet therapy to the patient.
- Do not use power injector for contrast media injection from the side port.
- Prior to radial access procedures, it is recommended to verify adequate collateral flow through the ulnar artery, such as with an Allen test. If collateral blood supply to the hand is considered inadequate, an alternate access site should be considered.
- Do not manually re-shape the tip of the mini-guidewire by applying external force intended to bend or affect the shape of mini-guidewire.

FOR MORE INFORMATION CONTACT YOUR CARDINAL HEALTH, CORDIS REPRESENTATIVE

For Healthcare Professionals Only.

Important information: Prior to use, refer to the "Instructions for Use" supplied with these devices for indications, contraindications, side effects, suggested procedure, warnings, and precautions. As

part of the Cordis policy of continuous product development, we reserve the right to change product specifications without prior notification.

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RADIAL 360