DEPLOYMENT GUIDE

SIMPLE HEMOSTASIS CLEAR PERFORMANCE



ZEPHYR®
VASCULAR
COMPRESSION
BAND

Cordis

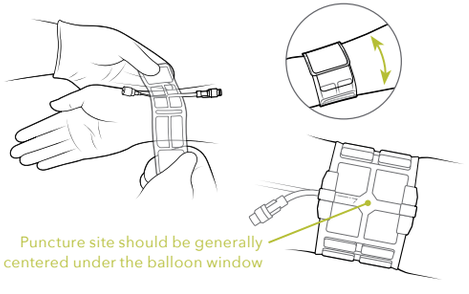
ZEPHYR® VASCULAR COMPRESSION BAND (VCB) DEPLOYMENT AND PATIENT HEMOSTASIS

1. PREPARATION

- Use sterile or aseptic technique to remove the ZEPHYR® VCB from the pouch.
- Withdraw the sheath approximately 2–3cm out of the puncture site. Ensure the puncture site area is dry.
  - Note: Refer to institutional protocols for patient preparation pre-compression band application.

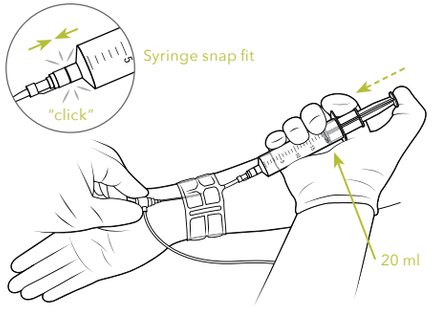
2. PLACEMENT

- Place the Strap (with balloon uninflated) around the wrist with the tube facing towards the patient (right wrist). For left wrist deployment, the tube faces away from the patient.
- Valve tubing can face either direction.
  - Recommend valve tubing is on the opposite side of sheath.
- Place balloon 'window' over sheath and puncture site.
  - The sheath and skin puncture site should be clearly visible under the balloon 'window'.
  - The transparent cross-hairs of the compression balloon must be facing up. The ZEPHYR® VCB logo must be legible (not mirror-image).
- Snugly fasten the device around the extremity by placing the hook material over the loop material and pressing. At least half of the hook material must be in contact with the loop material.



3. INITIAL BALLOON INFLATION

- Draw 20ml of air into the syringe.
- Snap syringe nozzle into valve of balloon so that it 'clicks' into place
- Inject the air into the balloon and pull the sheath.
- Ensure no bleeding or oozing from puncture site.



4. ENSURE PATENCY

- Remove air until a flash of blood is observed.
- Immediately re-inflate with 2ml of air (or until bleeding stops).
- Assess distal radial perfusion to ensure Patent Hemostasis while occluding the ulnar artery proximal to the wrist.
  - If patency is not observed, slowly remove air from balloon until patency is observed without puncture site oozing.
  - Hold the syringe plunger continuously to prevent air from escaping suddenly.

5. COMPRESSION TIME

- Refer to institutional protocols for post-procedure radial artery hemostasis compression time.

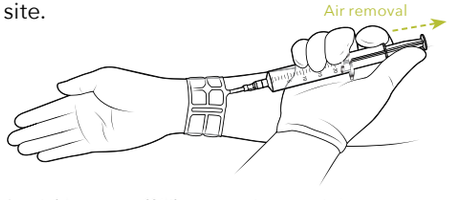
ZEPHYR® VCB ADJUSTMENT AND REMOVAL

1. ENSURE PATENCY

- Check to ensure vessel patency every 15 minutes starting with patient's arrival in recovery area.
  - Note: Refer to institutional protocols for post-procedure hemostasis.

2. COMPRESSION ADJUSTMENT

- In accordance with institutional protocol, compression may be reduced during the hemostasis period if no oozing at the puncture site.
- Control the syringe plunger when removing air from the balloon.
  - Note: if oozing or re-bleed occurs, re-inflate the balloon until bleeding stops. Check vessel patency.
  - Note: To prevent air loss, rapidly attach and detach the syringe. Angle and press firmly to attach; angle and quickly snap off (like snapping a twig) to remove. For Luer-Lok syringes, rapidly twist and detach.



3. REDUCING COMPRESSION

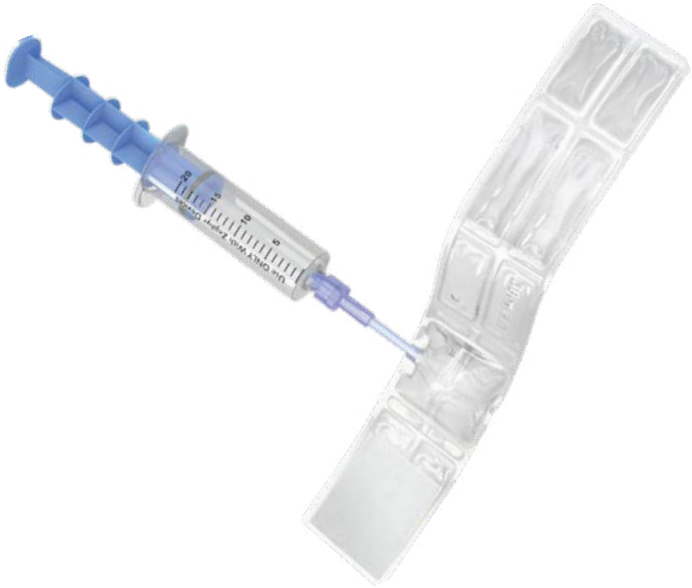
- At the end of the recommended compression time, slowly remove air from the balloon until all compression is removed according to institutional protocol.
- If bleeding is present, re-inflate balloon to restore Patent Hemostasis and re-check vessel patency. Wait 30 minutes and then repeat this step (step 3).

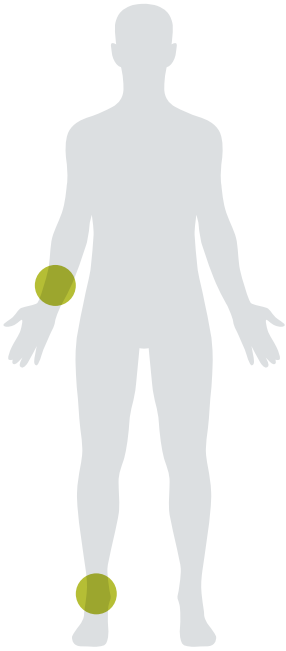
4. DEVICE REMOVAL

- Once all compression is released and hemostasis confirmed, gently separate the hook and loop fastener and palpate under the balloon to separate the strap from the skin.
- Carefully remove the ZEPHYR® VCB from the puncture site, taking care not to disrupt the clot.
- Apply dressing and discard the device per institutional protocol.

5. COMPRESSION TIME

- Refer to institutional protocols for post-procedure radial artery hemostasis compression time.





CAUTION: Federal (USA) law restricts this device to sale by or on the order of a physician.

Important information: Prior to use, refer to the instructions for use supplied with this device for indications, contraindications, suggested procedure, warnings and precautions.

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