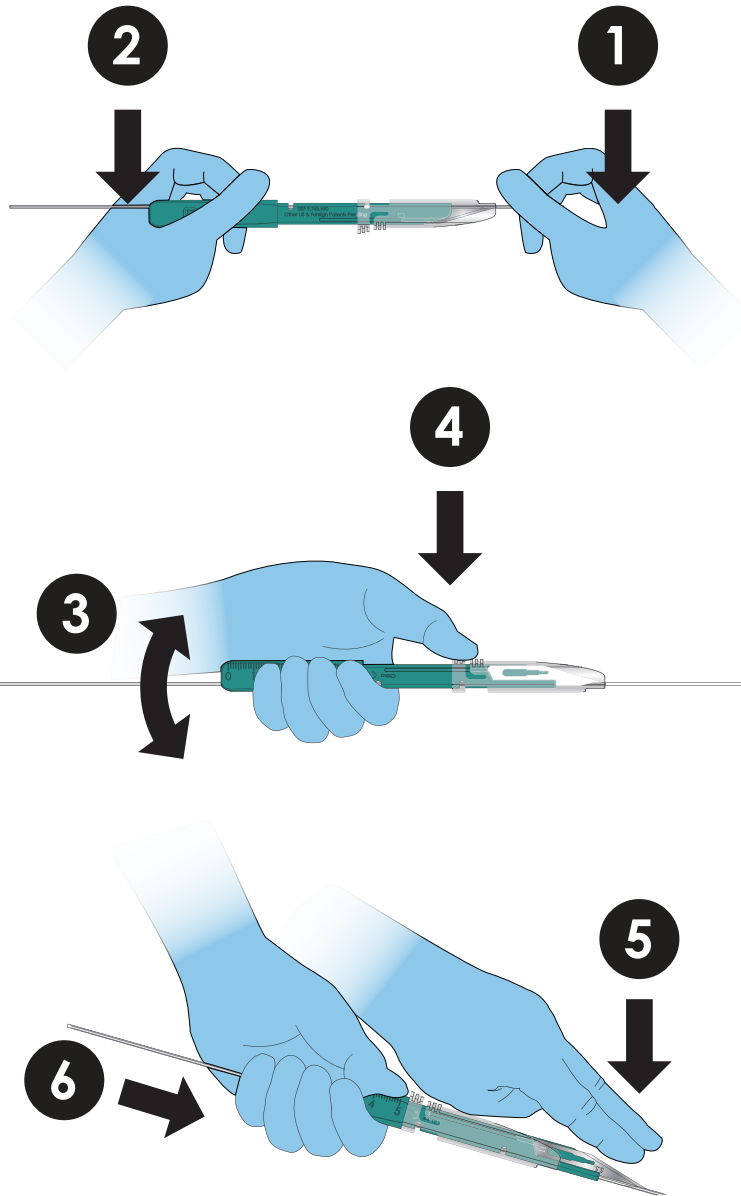


## Instructions for use during central venous access placement

Per Seldinger technique/protocol, always control guidewire for patency throughout procedure

While the concept and design are intuitive, follow this sequence for best results:



1. With the scalpel blade facing down and the safety sheath locked in the covered position, thread the end of the guidewire through the channel lumen adjacent to the scalpel tip.
2. Advance the GuideBlade and/or withdraw the guidewire until the end of the wire exits the handle of the GuideBlade.
3. Rotate the GuideBlade so that the cutting edge of the scalpel is facing up.
4. Press the safety sheath latch and withdraw the sheath to expose the scalpel.
5. Hold counter-traction on the skin (*i.e.*, ***pull skin towards the operator to create a smooth target for incision***).
6. **Rotate the GuideBlade 30 degrees** and advance it over the wire and through the skin to the desired depth of incision. For standard caliber lines, advancing the blade all the way to the hub is not necessary. Typically a depth of 1/3 to 1/2 the length of the blade is sufficient.
7. Remove the GuideBlade from the wire, taking care that the wire is fixed in place and is not inadvertently removed as well and place protective sheath over the scalpel for proper disposal.
8. Continue with CVC placement.



Scan to view in-service video utilizing GuideBlade for CVC procedure