



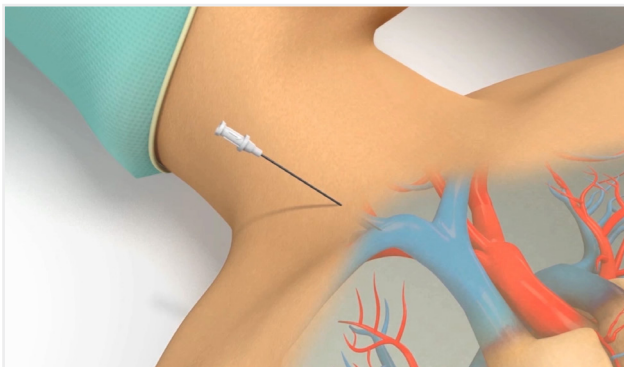
Insertion Guide

Palindrome™ Precision chronic dialysis catheters

Modified Seldinger technique using a valved pull-apart sheath introducer

1. Fill the catheter with sterile heparinized saline and clamp the extensions immediately.

Warning: To prevent air embolism, keep the catheter clamped at all times when not attached to a syringe, IV tubing, or bloodlines.

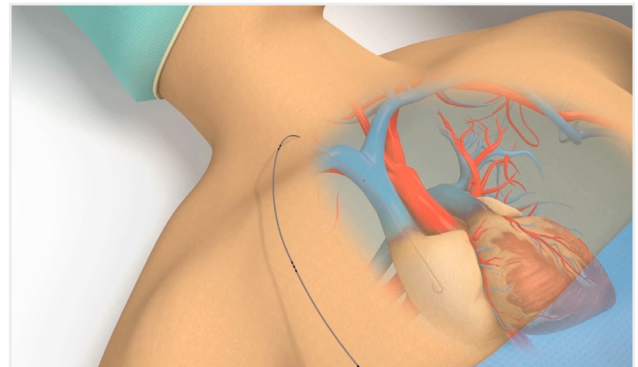


2. Access vessel and insert guidewire. Stabilize guidewire and remove needle.

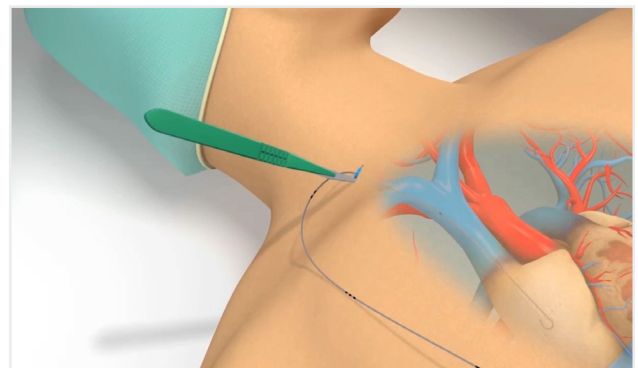
Caution for jugular and subclavian insertion:

The length of wire inserted is determined by the size of the patient. Cardiac arrhythmia may result if the guidewire passes into the right atrium. If symptoms occur, pull back the guidewire until they disappear. If the guidewire meets resistance, do not pull it back through the needle. Remove the wire and the needle together as a unit and begin again with new needle and guidewire.

Note: If utilizing the stylets for insertion, the guidewire provided is recommended. Otherwise, greater than a 0.035" hydrophilic or greater than a 0.038" stainless steel wire is contraindicated.

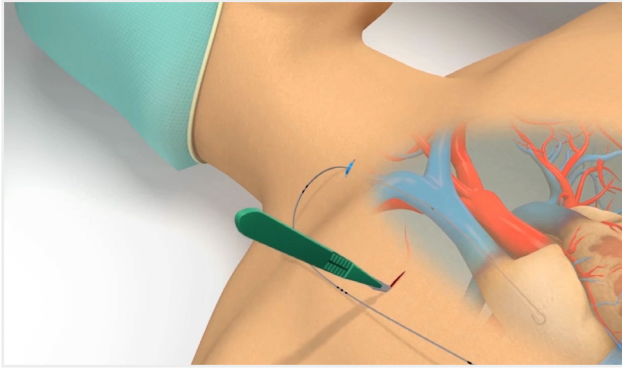


3. Identify the tunnel tract. Mark the exit site.



4. Make a small incision (1–1.5 cm) at the insertion site.

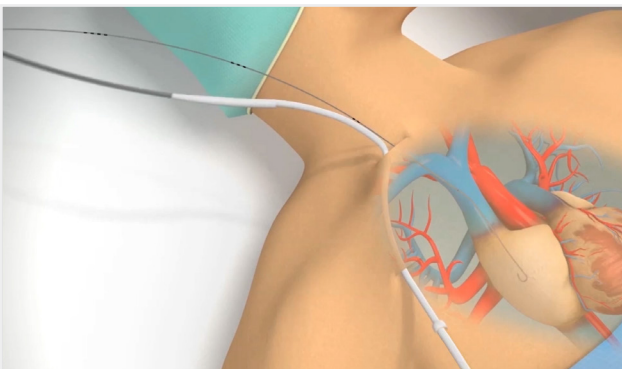
Note: The right internal jugular is the preferable site for percutaneous placement.



5. Make a second incision parallel to the first at the exit site. Make the exit incision just long enough to accommodate the cuff, approximately 1 cm.

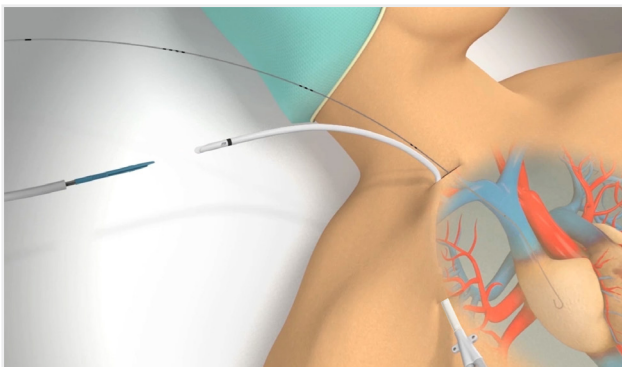


6. Attach the catheter to the tunneler and slide the sheath completely over the connection until it stops.

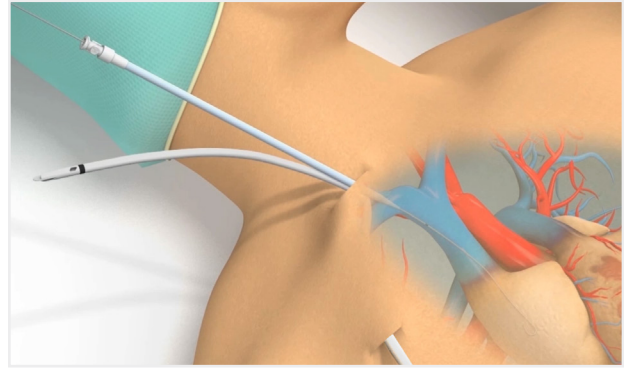


7. Insert the tunneler into the exit site to create a short subcutaneous tunnel, emerging at the insertion site.

Note: The tunnel should be short enough to keep the Y-hub of the catheter from entering the exit site, yet long enough to keep the cuff a minimum of 2 cm from the exit site.



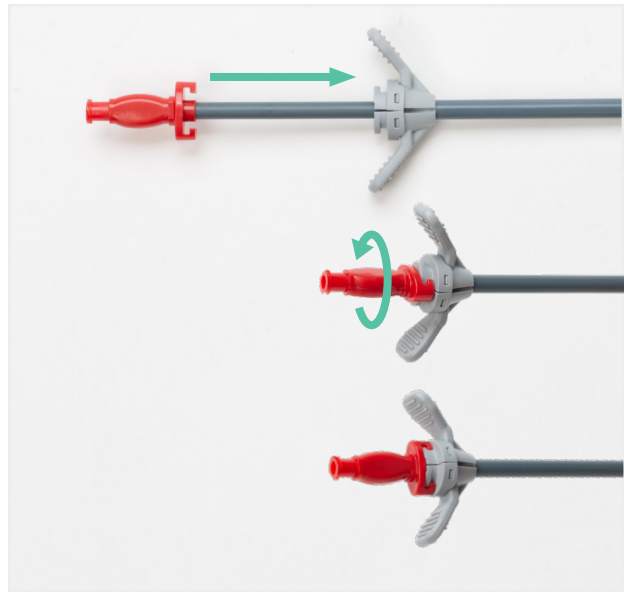
8. Remove the catheter carefully from the tunneler.



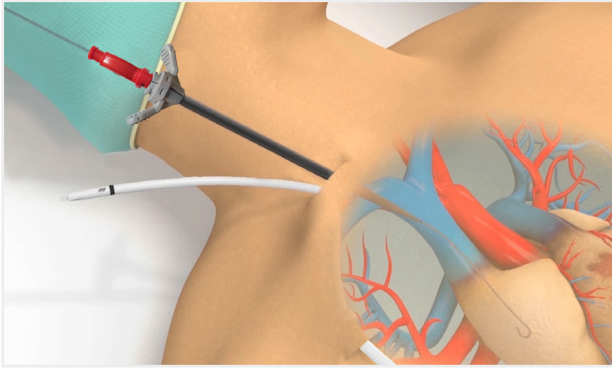
9. Thread the 12 Fr dilator over the guidewire and dilate the vein. Repeat with the 14 Fr dilator if necessary.



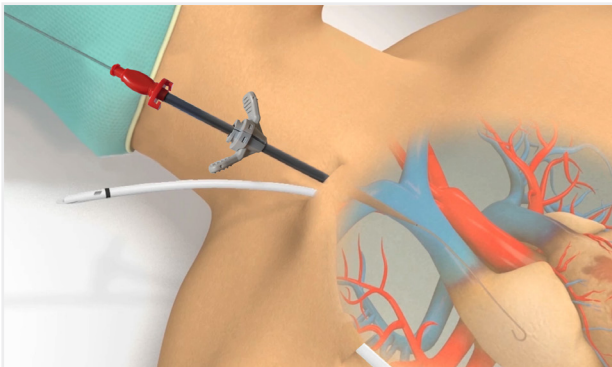
10. Remove the dilator from the valved pull-apart sheath and discard the clear sheath guard.



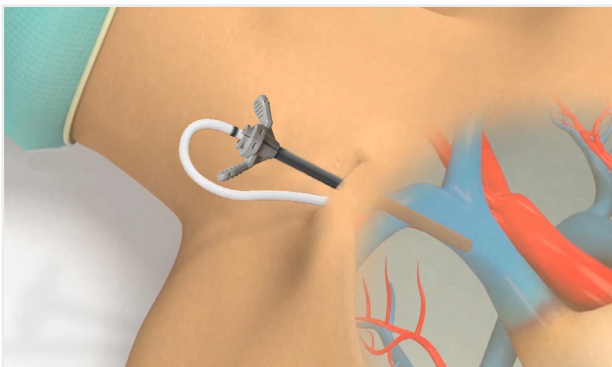
11. Insert the dilator through the valve sheath opening and lock in place using the rotating red hub.



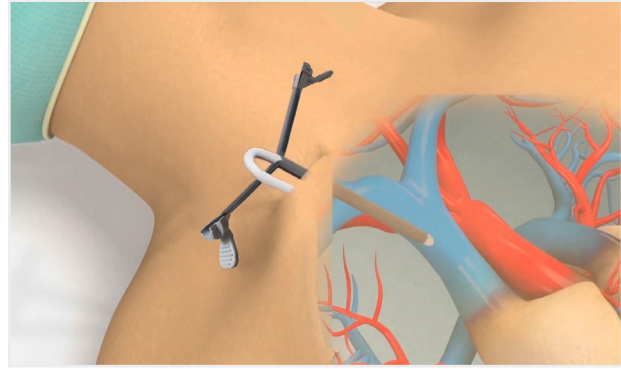
12. Thread the locked valved pull-apart safety sheath over guidewire and advance into the vessel with a rotational motion.



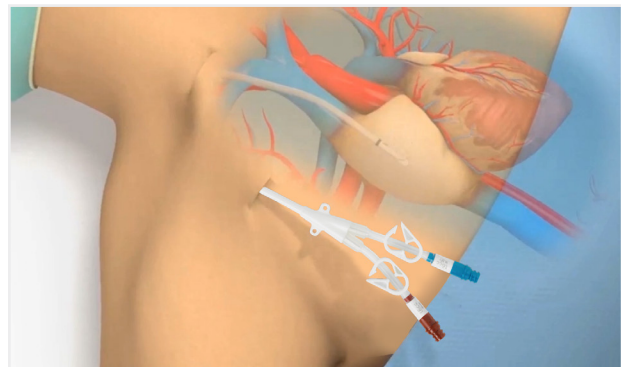
13. Hold the sheath in place, unlock the rotating red hub, and gently remove the dilator and guidewire together.



14. Insert the catheter through the valve in small steps and advance catheter through the valve.



15. After the catheter has been positioned, crack the sheath handle in half. Peel the sheath partially away from the catheter. Hold the catheter firmly in position and pull the valve off the catheter. Remove the pull-apart sheath from the patient by holding the catheter in place and simultaneously pulling the separated tabs away from the entry site at a 180° angle. Verify proper tip placement in right atrium with fluoroscopy or x-ray.



16. Confirm correct placement and catheter function by aspirating venous blood from both the arterial and venous lumina, then flush 5 mL of sterile normal saline into each lumen. Follow with heparinized saline. Clamp the extensions immediately utilizing the positive pressure technique. Attach a sterile sealing cap to each adapter. Secure catheter to skin.

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IMPORTANT: Please refer to the package insert for complete instructions, contraindications, warnings and precautions.

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