The Alphacurve® Catheter Standard Kit comes with the same contents as the Straight Standard Kit with the exception of the Insertion Stylet.

Exceptional Performance and Ease of Placement

Smooth Tapered Tip

ALPHACURVE® Catheter

Straight
GLIDEPATH™ catheters demonstrate high flow rates & low pressure performance due to its improved inner lumen design.

**High Flow Rates**

**Blood Simulant***
At Max Arterial Pressure (-250 mmHg)

<table>
<thead>
<tr>
<th></th>
<th>Forward</th>
<th>Reverse</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLIDEPATH™ Catheter</td>
<td>505 (n=40)</td>
<td>501 (n=40)</td>
</tr>
</tbody>
</table>

**Low Pressures**

**Blood Simulant***

<table>
<thead>
<tr>
<th></th>
<th>Venous Average Pressure (mmHg)</th>
<th>Arterial Average Pressure (mmHg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLIDEPATH™ Catheter</td>
<td>111 (n=40)</td>
<td>-116 (n=40)</td>
</tr>
<tr>
<td>GLIDEPATH™ Palindrome™ Catheter</td>
<td>160 (n=40)</td>
<td>-175 (n=40)</td>
</tr>
</tbody>
</table>

**Excellent Recirculation Rates** - 1% or less on average in both Forward and Reverse*

Tip Designed to Resist Positional Occlusion

*Symmetric Tip Design

*Bench data on file. May not necessarily correlate to clinical performance. Data using 23 cm catheters.
**Catheter Size**

**Introducer Size**

<table>
<thead>
<tr>
<th>Catheter / Introducer Relationship</th>
<th>Catheter Size</th>
<th>Introducer Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>GlidePath™ Catheter</td>
<td>14.5 F</td>
<td>15 F</td>
</tr>
</tbody>
</table>

*Straight codes only.*
**GLIDEPath™ Long-Term Dialysis Catheter**

**Indications for Use**

The GLIDEPath™ long-term hemodialysis catheters are indicated for use in attaining short-term or long-term vascular access for hemodialysis, hemoperfusion or apheresis therapy. Access is attained via the internal jugular vein, external jugular vein, subclavian vein, or femoral vein. Catheters longer than 40 cm are intended for femoral vein insertion.

**Contraindications**

- Punctured or infected site
- Femoral vein insertion
- Femoral vein catheters
- Bronchial or vascular compression
- Femoral vein cannulation in adults.

**Warnings**

- Precautions when inserting and maintaining this device.
- Cardiac arrhythmias may result if the guidewire and/or stylet touches the walls of the right atrium.
- Use cardiac rhythm monitoring to detect arrhythmias.
- Close all clamps only in the order of a physician.
- CAUTION: Federal (USA) law restricts this device to sale by or on the order of a physician.
- Left sided placement in particular, may provide unique challenges due to the right angles formed by the innominate vein and at the left brachiocephalic junction with the SVC.
- Care should be taken NOT to force the dilator sheath introducer assembly into the vessel during insertion as vessel damage including penetration could result. • Stylet is intended for use over a guidewire to aid in placement. Inserting the stylet into the vein without tracking over a guidewire could result in vessel damage including penetration.
- Failure to retract the stylet when inserting the tunneler into the catheter tip can result in damage to the stylet. • Ensure that the catheter does not move out of the vein while removing the insertion stylet. • Care should be taken not to advance the split sheath too far into the vessel as a potential kink would create an impossibly large exit site. • Placement and care of the catheter should be carefully considered before placing the catheter. Placement and care of the catheter should be carefully considered before placing the catheter and use of an indwelling central venous catheter provides an important means of vascular access for critically ill patients; however, the potential exists for various complications including the following: • Air Embolism, Arterial Puncture, Bleeding, Hemostasis, Hemothorax, Hydrothorax, Inflammation, Necrosis or scarring, Exit Site Infection, Exit Site Necrosis, Extravasation, Fibrin Sheath Formation, Hematoma, Venous Thrombosis, Venous Thrombotic, Ventricular Thrombosis.
- CLINICAL: If the microcatheter guidewire must be withdrawn while the needle is inserted, remove both the needle and wire as a unit to prevent the needle from damaging or shearing the guidewire. • Before attempting the insertion of GlidePath™ catheters, ensure that you are familiar with the complications listed below and that your emergency treatment plan should be in place. The complications listed below as well as other complications are well documented in medical literature and should be carefully considered before placing the catheter. Placement and care of GlidePath™ catheters should be performed by persons knowledgeable of the risks involved and qualified in the procedures.

**Possible Complications**

- Air Embolism
- Arterial Puncture
- Bleeding
- Hemostasis
- Hemothorax
- Hydrothorax
- Inflammation
- Necrosis or scarring
- Exit Site Infection
- Exit Site Necrosis
- Extravasation
- Fibrin Sheath Formation
- Hematoma
- Hemostasis
- Hemothorax
- Hydrothorax
- Inflammation
- Necrosis or scarring

**Product and Packaging Do Not Contain Natural Rubber Latex**

**Please consult package inserts for more detailed safety information and instructions for use.**

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Fax: 1 480 966 7062 / 1 800 440 5376

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