Venafloro® II
Vascular Graft
Access the Power of Hemodynamics
Hemodynamics have been proven to have an effect on the formation of intimal hyperplasia and patency rates in AV access grafts.\textsuperscript{1-7}

**Shaping the fight against Intimal Hyperplasia with the Power of Hemodynamics**

Hemodynamics have been proven to have an effect on the formation of intimal hyperplasia and patency rates in AV access grafts.\textsuperscript{1-7}

The superiority of ePTFE grafts with a hemodynamic cuff has been proven with a statistically significant increase in both blood flow and patency rates\textsuperscript{6}, and in lessening the severity of venous stenosis.\textsuperscript{9}

The VenaFLO\textsuperscript{®} II Vascular Graft, with its hemodynamic cuff at the venous anastomosis, is designed to improve patency through advanced flow and carbon surface technology.\textsuperscript{1, 6, 8, 10, 11}

**Proprietary HEMODYNAMIC CUFF**

- Reduces Turbulence, Provides More Harmonic Blood Flow
- Offers 3x More Surface Area,* Unable to be Replicated With a Standard, Non-Cuffed Graft
- Cuff Edges Evert Naturally, Enhancing Graft-to-Vein Interface

* When comparing 6 mm and 7 mm straight Impra\textsuperscript{®} ePTFE grafts.

**Carbon Impregnation**

- Designed to Reduce Platelet Adhesion

**TRIM LINES**

- For Customization to Veins of 3 mm and Larger
- Providing Consistent, Optimal Cuff Shape

**Improved clinical benefits for your patients compared to standard, non-cuffed grafts**\textsuperscript{1, 6, 10}
Venaflo® II Vascular Grafts

**Dimensions**

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<th>Product Code</th>
<th>Diameter (mm)</th>
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<th>Configuration</th>
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**Adverse Reactions:**

- Potential complications that may occur with any surgical procedure involving a vascular prosthesis include, but are not limited to:
  - Aneurysm formation
  - Arterial steal syndrome
  - Blood leakage
  - Disruption or tearing of the suture line, graft, and/or host vessel
  - Embolic events
  - Formation of hematoma or pseudaneurysm
  - Graft redundancy
  - Hemorrhage
  - Infections
  - Occlusion or stenosis
  - Seroma formation
  - Skin erosion
  - Thrombosis
  - Ulceration

Please consult product labels and package inserts for indications, contraindications, hazards, warnings, cautions and instructions for use.

**PRODUCT CODE**

- VL1006C
- VL1007C
- VL2006C
- VL2007C
- VL3006C
- VL3007C
- VL4006C
- VL4007C
- VL5006C
- VL5007C
- VLT4006C
- VLT4007C
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**Dimensions**

- Diameter: mm
- Length: cm

**Configuration**

- Straight
- Stepped
- CenterFlex™

**References**

10. Bard Peripheral Vascular, Inc. Venaflo® II Vascular Grafts in Straight, Stepped, CenterFlex, and Stepped CenterFlex configurations are indicated for use as subcutaneous arteriovenous conduits for blood access only.

**Contraindications:**

- None known.

**Warnings:**

1. **All Venaflo® II PVTFE vascular grafts** are supplied sterile and non-pyrogenic unless the package is opened or damaged. Venaflo® II grafts are sterilized by ethylene oxide. Each graft is intended for single patient use only. **DO NOT RESTERILIZE.**
2. **Do not use after expiration date printed on the label.** **DO NOT contaminate the externally supported portion of any Venaflo® II PVTFE vascular graft due to the risk of bonding, embolization and/or pseudoeMBOLISM.**
3. **DO NOT REMOVE THE EXTERNAL SPRING, BEAD SUPPORT FROM ANY CenterFlex CONFIGURED GRAFT.** Attempts to remove the inflated balloon size must match the inner diameter of the graft. Over-inflation may lead to separation of the spiral beading and/or graft breakage. **DO NOT pass the graft, the inflated balloon size must match the inner diameter of the graft. Over-inflation may lead to separation of the spiral beading and/or graft breakage. **DO NOT put the suture line, graft, and/or host vessel in the suture hole, balloon, or fill the graft with fluid prior to pulling it through the tunnel as loss of the graft wall leakage.**
4. During tunneling, be sure to create a tunnel that closely approximates the graft, or fill the graft with fluid prior to pulling it through the tunnel as loss of the hydrophobic barrier may result in graft wall leakage. Loss of the hydrophobic barrier may result in graft wall leakage. Do not clamp the cuffed portion of the graft. During tunneling, be sure to create a tunnel that closely approximates the inner diameter of the graft. Over-inflation may lead to separation of the spiral beading and/or graft breakage. **DO NOT pass the graft, the inflated balloon size must match the inner diameter of the graft. Over-inflation may lead to separation of the spiral beading and/or graft breakage.**
5. **Avoid excessive graft manipulation after the suture line, graft, and/or host vessel in the suture hole, balloon, or fill the graft with fluid prior to pulling it through the tunnel as loss of the hydrophobic barrier may result in graft wall leakage.**

**Adverse Reactions:**

1. Only physicians qualified in vascular surgery techniques should implant this prosthesis. The healthcare provider is responsible for all appropriate postoperative care instructions to the patient. The healthcare provider must observe acute technique during implantation, postoperatively, and during cannulation. When suturing, avoid excessive tension on the suture line, inappropriate suture spacing and bites, and gaps between the graft and host vessel. Failure to follow correct suturing techniques may result in suture-hole elongation, suture pull-out, anastomotic bleeding and/or disruption. Refer to “Suturing” for further instructions. **DO NOT** cannulate the cut portion of the graft. For further instructions, refer to the “Vascular Access” section. **Consider** infrarterial and postoperative anticoagulation therapy for each patient as appropriate.