HeRO GRAFT — CARE AND CANNULATION

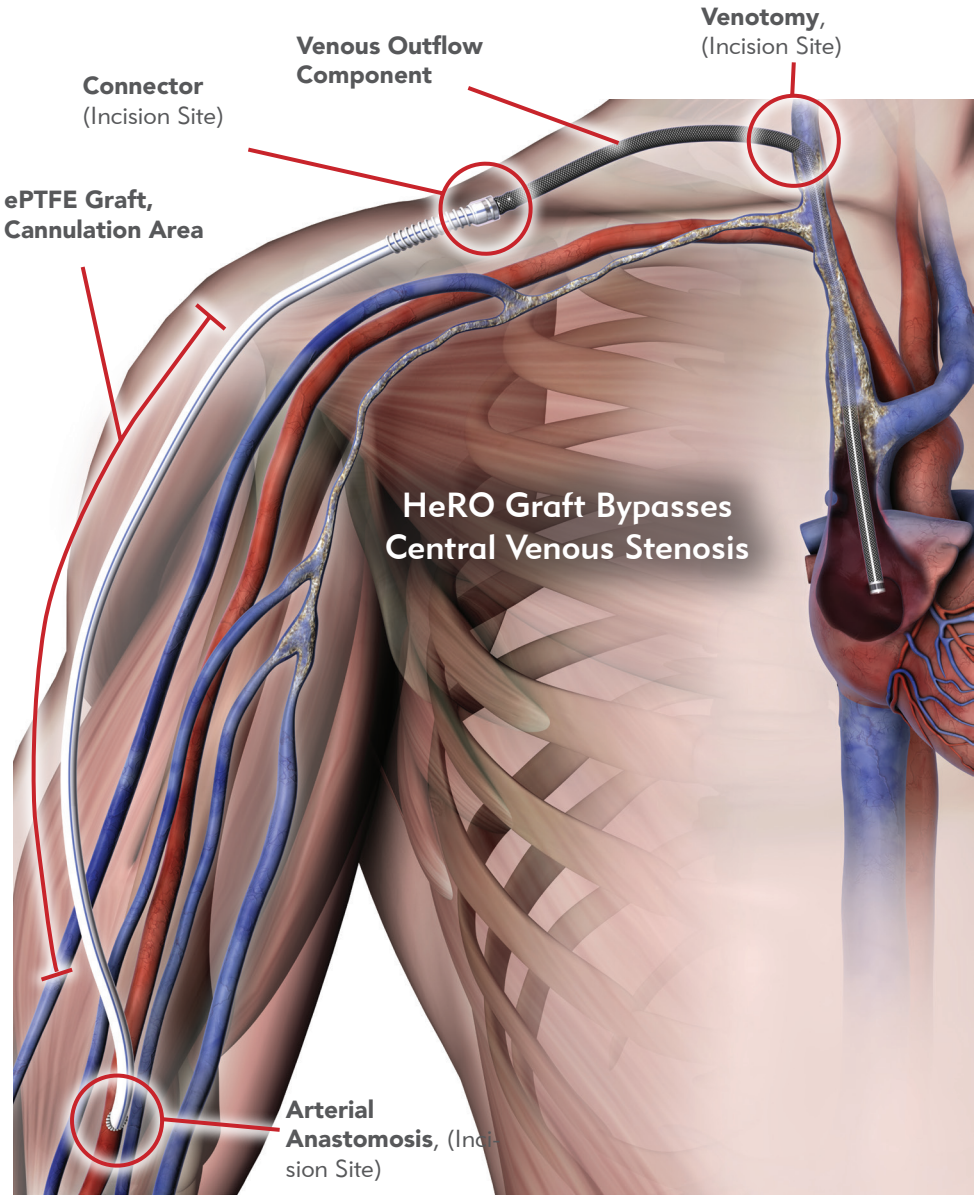
NOTE: Follow your standard facility protocol for care and cannulation.

1) Identify the Patient

- Patient Identification Wallet Card
- HeRO Graft patients will typically have 3 incision sites (see circled areas below). **LOCATE** these incision sites

2) Timing of Cannulation

Assess the HeRO Graft to evaluate for first cannulation approximately two weeks post implant per KDOQI guidelines.

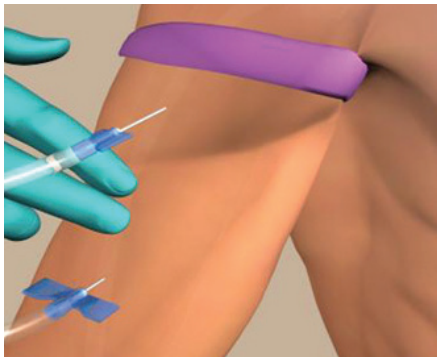


3) Assessment

- **LOOK** for a uniform sized graft with NO irregularities or aneurysm formations.
- **LISTEN** for low pitch, continuous diastolic and systolic flow. HeRO Graft bruit may be soft due to absence of a venous anastomosis.
- **FEEL** the thrill; strongest at the arterial anastomosis. May be less prominent due to absence of a venous anastomosis.

4) Cannulation

- A light tourniquet may be used to dilate the graft.
- If cannulating toward the arterial anastomosis incision, stay at least the length of the fistula needle from the incision site.
- **NEVER** cannulate the Venous Outflow Component. Cannulate 3" (8 cm) from the Connector incision site to avoid damage to the graft rings.



- Avoid the use of fistula clamps for hemostasis.

NOTE: Remove bridging catheter as soon as possible after successful HeRO Graft cannulation.

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