TR Band®

Radial Compression Device

APPLICATION GUIDELINES

Patent Hemostasis Technique

1. Upon completion of procedure withdraw introducer sheath 2-3cm.

2. Apply the TR BAND Compression Device by aligning green marker, which is located on the center of the compression balloon (large) 1-2mm proximal to the puncture site, and fix the strap on the wrist with the adjustable fastener. The TR BAND Compression Device should be fixed tight enough to prohibit the band from spinning.

   This device must be positioned differently when used on the left or right wrist. When attaching the device, ensure that the Terumo logo on the support plate is closest to the patient's little finger.

3. Slowly inject 15-18mL of air while simultaneously removing sheath. Air should be fully inserted when sheath is completely removed.

   NOTE: The goal is for bleeding to cease when the sheath is completely removed.

4. Begin titration of air using the patent hemostasis technique by removing 1mL per second while observing the access site for bleeding. When bleeding occurs, inject 1-2ccs of air or until bleeding stops.

5. Confirm radial pulse and evaluate radial artery patency by using the reverse Barbeau's test[1,2]:

   - Place the plethysmographic sensor on the thumb or index finger of the involved upper extremity with the observation of pulsatile waveforms.
   - Compress the ulnar artery at the level of the wrist, and observe the behavior of the waveform.
   - Absence of plethysmographic waveform is indicative of interruption of radial artery flow.

   If this occurs, the hemostatic compression pressure should be lowered to the point where plethysmographic waveform returns and hemostasis is maintained. This is evidence of antegrade radial artery flow.

1. Patel T. *Patel's Atlas of Transradial Intervention: The Basics and Beyond.* 2012; 8-17.
2. Barbeau et al. *Am Heart J.* 2004;147:489-93.

TERUMO
INTERVENTIONAL SYSTEMS

TR Band®

Radial Compression Device

REMOVAL GUIDELINES*

Heparin 50 units/kg or less—band remains in place 60 minutes. Heparin (or comparable agent) greater than 50 units/kg —band remains in place for 120 minutes.

1. Place oxygen saturation probe on thumb or index finger of access site hand to confirm patent hemostasis.
2. Remove 3-5mL every 10-15 minutes.

   NOTE: As an alternative, to accelerate the removal of the TR BAND Compression Device, the operator can slowly deflate the TR BAND Compression Device in one step.
3. If bleeding occurs during removal, insert enough air to restore hemostasis; confirm patent hemostasis. Wait 15-30 minutes, repeat step 2.
4. Once air has been completely removed from band, confirm bleeding has stopped. Unfasten the adjustable band while stabilizing access site with gentle pressure. Remove band by lifting slowly toward palm of hand.
5. Apply sterile dressing.

* NOTE: Guidelines are based on compilation of best practices. TR BAND Compression Device removal protocols should be consistent with needs of the provider(s) and patient. Air injection volume and compression time may differ according to the patient's condition, anticoagulation, and the size of the puncture site. Check the puncture site frequently and adjust accordingly.

RX ONLY. Refer to the product labels and package insert for complete warnings, precautions, potential complications, and instructions for use.

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TERUMO INTERVENTIONAL SYSTEMS