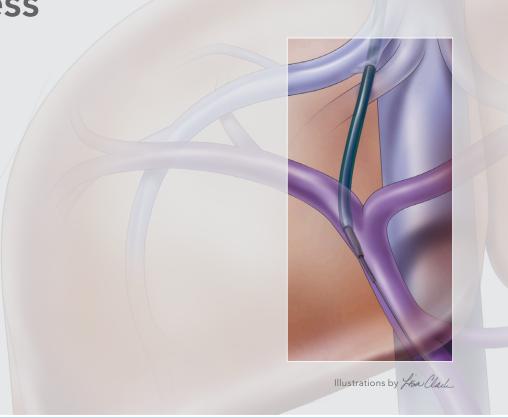
Transjugular liver access

An illustrated guide



## Haskal

TRANSJUGULAR INTRAHEPATIC PORTAL ACCESS SET



#### **Customer Service**

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# Support your procedures by using products that are specifically designed for transjugular liver access.

#### Features and benefits

- The set includes the necessary components for each step of your procedure.
- The 16 gage Ross Modified Colapinto Needle facilitates vascular access within the liver.
- The Micropuncture Introducer Set provides reliable, less traumatic access.
- Four different wire guides help you meet specific needs throughout the entire procedure.
- The uniquely fabricated Flexor introducer sheath design provides flexibility and avoids kinking or compression. The radiopaque band facilitates positioning accuracy.
- The Aurous Centimeter Sizing Catheter allows easy and accurate vessel sizing for correct stent placement.



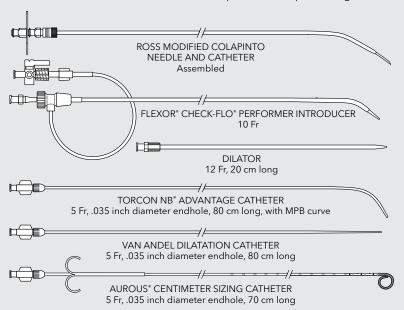
Order Number	Reference Part Number	Ross Modified Colapinto Needle gage	Ross Modified Colapinto Needle Length cm	Flexor Check-Flo Performer Introducer* Fr	Flexor Check-Flo Performer Introducer* Length cm
G36126	HTPS-100	16	50.5	10	38.5

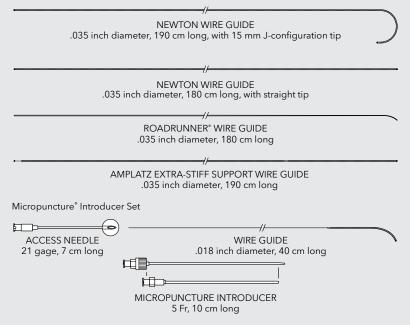
<sup>\*</sup>Before you introduce a catheter or other instrument, determine its maximum diameter in order to ensure that the instrument will fit through the sheath. Some products or part numbers may not be available in all markets. Contact your local Cook representative or Customer Service for details.

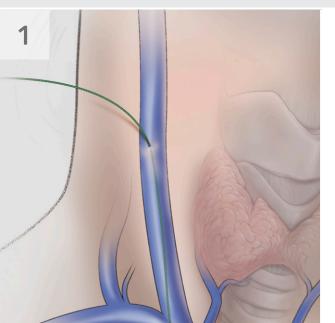
## Transjugular liver access

### An illustrated guide

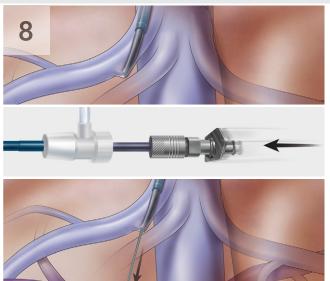
Refer to the Instructions for Use (IFU) for complete use and prescribing information.





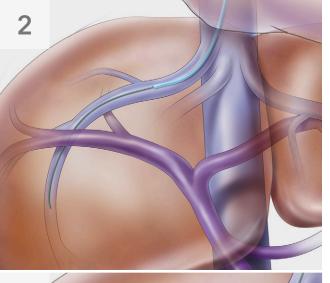


Use microaccess or standard 18 gage access techniques to introduce an appropriate .035 inch diameter wire guide into the inferior vena cava via the jugular vein.



Wedge the Ross Modified Colapinto Needle-and-PTFE-Catheter assembly against the vein wall.

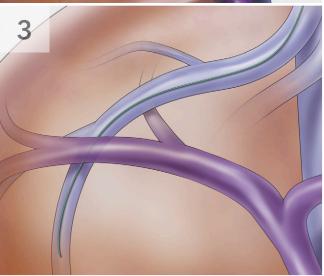
In one forward movement, thrust the needle through the hepatic parenchyma and toward the portal system.



Using the Torcon NB
Advantage Catheter and a
wire guide of your choice,
catheterize the right
hepatic vein (RHV) or
the most adequate hepatic
vein branch.



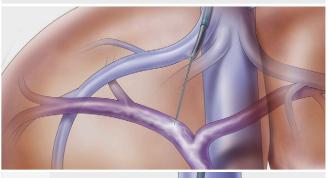
Connect a syringe filled with contrast medium to the needle, apply suction to the syringe, and withdraw the needle until blood is seen.



Leave the wire guide in a safe, distal position and remove the Torcon NB Advantage Catheter.



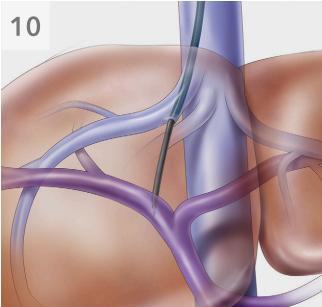
Inject a small amount of contrast medium.



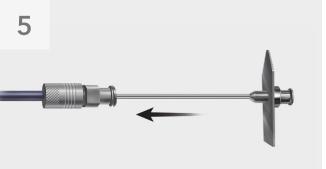
Confirm the needle's position in the portal system.



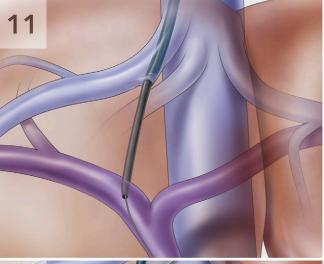
Dilate the access site with the 12 Fr dilator. Advance the Flexor introducer sheath assembly over the wire guide as distal as possible into the hepatic vein. Remove the wire guide and the Flexor Check-Flo Performer Introducer's 10 Fr dilator.



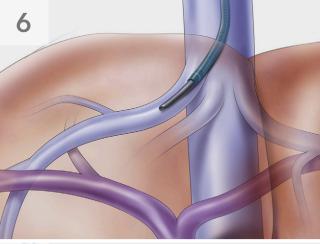
Advance the Ross Modified Colapinto PTFE transjugular catheter over the transjugular needle further into the portal vein. Remove the transjugular needle.



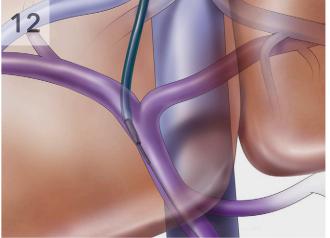
Introduce the Ross Modified Colapinto Needle-and-PTFE-Catheter assembly through the sheath. The needle should not protrude past the catheter endhole.



Introduce a Newton wire guide of your choice into the portal branch and select the main portal vein (MPV).



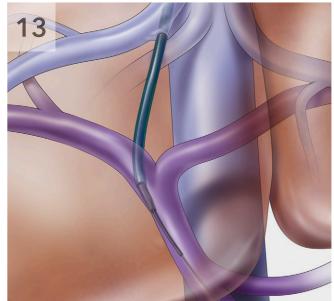
Advance the Ross Modified Colapinto Needle-and-PTFE-Catheter assembly into the hepatic vein.



Advance the Ross
Modified Colapinto PTFE
transjugular catheter and
Flexor Introducer sheath
into position across the
parenchymal tract. Advance
the Van Andel catheter
through the Ross Modified
Colapinto PTFE
transjugular catheter into
the portal vein.



Orient the Ross Modified Colapinto Needle-and-PTFE-Catheter assembly inferiorly and rotate it anteriorly.



Proceed with any indicated interventional procedures. For critical measurement of the tract length or to ascertain the magnification factor, the Aurous Sizing Catheter may be placed across the tract and used for injection.

(The arrow baseplate on the needle indicates the direction of the needle curve.)

