



## Removing an Arterial Cannula and Maintaining Vascular Access

When it is desired that arterial access be maintained after discontinuation of the arterial cannula, here is a simple method that can be used to minimize bleeding.

- With the TandemHeart Pump off, clamp the arterial cannula distal to the Luer Lock connector on the cannula.
- If sterility to the male Luer Lock portion of the arterial cannula has been broken, clamp proximal to the connection and use appropriate solution to clean the site.
- Using a stop-cock or Luer Lock cap, block the side port of an interventional hemostasis valve.
- Connect the interventional hemostasis valve to the male Luer Lock connection point on the arterial cannula.
- A long "J" wire can then be introduced through the hemostasis valve and guided into the artery via the arterial cannula.
- Once sufficient depth is reached with the wire, the arterial cannula can be removed with the wire remaining for continued arterial access.
- Hemostasis is best maintained if an arterial closing device (such as Perclose®) is placed prior to the arterial cannula at the beginning of the case.
- Finally, a smaller arterial introducer may be threaded over the wire and suture used to approximate the arteriotomy around the smaller introducer.

This method was brought to our attention by Dr. James Revenaugh of LDS Hospital.

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