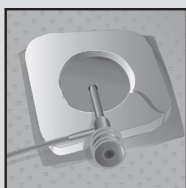


Practice makes perfect

Before using in procedures, we encourage you and your team to practice on a demo device: Applying the PCD, pouring powder, and holding pressure over and around the PCD.

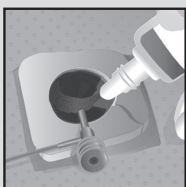
Protocol tips

Placing the PCD



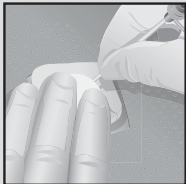
- Try to make application area as flat as possible (less vertical)
- Place PCD around sheath, with sheath in center of PCD
- Make sure gloves are completely dry

Applying Powder

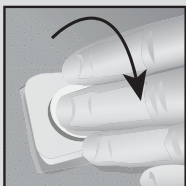
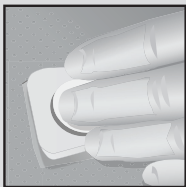


- Fill powder to the brim of PCD; extra powder is in the bottle in case of re-bleed
- Powder should flow out freely; if needed, tap the bottom of bottle, don't squeeze
- If pouring at an angle, try to rotate surface to lessen angle or catch extra powder on downside of PCD with dry gloved fingers
- Avoid using gauze, as it may adhere to the powder and disrupt the seal when removed

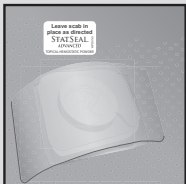
Holding Pressure



- When removing sheath, pull slowly to reduce surge of blood/pressure and minimize displacement of powder
- Apply pressure over the arteriotomy and over the insertion site
- Hold continuous pressure over the insertion site (don't peek within first 4 minutes)
- Follow your normal protocol of occlusive or semi-occlusive pressure
- In initial uses, start with current manual pressure times then gradually adjust downward.
- Extend hold times as needed based on:
 - Anti-coagulation levels, low platelets, ACT levels <or>
 - Larger sheath sizes
- When releasing pressure, roll fingers off slowly to leave powder in place



Finishing the Case



- Cover with transparent dressing; make sure entire site is covered
- Apply StatSeal Advanced sticker on dressing making sure powder/site is still visible
- Provide Patient Discharge Instructions – please remind patients not to remove the seal