DELIVERING UNRIVALED PERFORMANCE FOR HEMOSTOSIS

#1 Preferred and Most Used Radial Device On The Market.

APPLICATIONS GUIDELINES

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 larger 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 excess movement.

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

   Note: 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.

4. Confirm radial pulse and evaluate radial artery patency by using the reverse Barbeau’s test.

   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.

5. To inflate the compression balloon, 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.

   Warning: Prior to injection, confirm that you are injecting through the tube marked AIR and do not inject air through any other port.

REMOVAL GUIDELINES

1. To deflate the compression balloon, remove 3-5mL every 10-15 minutes. If bleeding occurs during removal, insert enough air to restore hemostasis; reassess radial artery patency by completing the reverse Barbeau test. Wait 15-30 minutes before resuming deflation.

   Before removing, confirm that bleeding has stopped.

2. 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.

   Apply sterile dressing.

SUGGESTIONS

- If the puncture site is too close to the wrist fold, the band may not perform as intended and bleeding may occur.

- The adjustable straps should be aligned correctly to ensure proper hemostasis.

- Depending on the patient’s wrist size, if the adjustable straps are too long, the straps should be reinforced with tape.

- The patient should be instructed to minimize bending or using his/her wrist while the band is on.

- When first applied, the band must not be fastened too tightly to the wrist.

- When connecting the TR Band® Inflator to the TR Band®, keep the plunger in place with your thumb. Releasing the plunger will cause air to be expelled from the TR Band®. Loss of air compression can cause bleeding.

REFERENCES:
