Decathlon® DF
Long-Term Hemodialysis Catheter

Built for your Business
Decathlon® DF Hemodialysis Catheters

### Indications for Use:

The Decathlon® DF long-term hemodialysis catheter is indicated for use in attaining short-term or long-term vascular access for hemodialysis, hemoperfusion or apheresis therapy. Access is attained via the internal jugular vein, external jugular vein, subclavian vein, or femoral vein.

### Contraindications:

- Smooth-edged, atraumatic clamp.
- Failure to clamp extensions when not in use may lead to air embolism.
- The heparin solution must be aspirated out of both lumens immediately prior to using the catheter to prevent systemic heparinization of the patient.
- The risk of infection is increased with femoral vein insertion.
- Alcohol or alcohol-containing antiseptics (such as chlorhexidine) may be used to clean the catheter/skin site; however, care should be taken to avoid prolonged or excessive contact with the solution(s). Solutions should be allowed to completely dry before applying dressing.
- Avoid long-term use of alcohol-based antiseptics (≥70% alcohol content) because skin irritation may result. After use, skin should be washed vigorously with soap and water; the catheter should then be flushed with heparin solution and flushed again with saline solution.

### Accessories and components used in conjunction with this catheter should incorporate Luer-lock adapters.

### Precautions:

- Repeated clamping near or on the Luer-lock connectors may cause tubing fatigue and possible disconnection.
- Close all clamps only in the center of the extension legs. Extensions may develop cuts or tears if subjected to excessive pulling or contact with rough edges. Repeated clamping near or on the Luer-lock connectors may cause tubing fatigue and possible disconnection.
- Care should be taken not to advance the split sheath too far into vessels as a potential kink would create an impass to the catheter.
- Care of catheters should be implemented carefully.
- Any sharp or acute angles that could compromise the opening of the catheter lumen need to be avoided.
- To prevent air embolism and/or blood loss put patient in Trendelenburg position and always place thumb over the exposed orifice of the catheter or accessories.
- Cannulation of the right internal jugular vein was reportedly associated with a lower incidence of complications compared to catheter placement in the right internal jugular vein. In the rare event of a leak, the catheter should be clamped immediately. Necessary remedial action must be taken prior to resuming dialysis or infusion procedure.
- The risk of infection is increased with femoral vein insertion.
- Do not reenter the catheter or components by any method. The manufacturer will not be liable for any damages caused by reuse of the catheter or accessories.
- Cannulation of the left internal jugular vein was reportedly associated with a higher incidence of complications compared to catheter placement in the right internal jugular vein.
- Alcohol should not be used to lock, soak, or decontaminate Dialysis Catheters because alcohol is known to degrade polyethylene catheters over time with repeated and prolonged exposure.
- Intended for Single Use. DO NOT REUSE. Reuse and/or repackaging may create a risk of patient or user infection, compromise the structural integrity and/or essential material and design characteristics of the device, which may lead to device failure, and/or lead to injury, illness or death of the patient.

### Use of an indwelling central venous catheter provides an important means of venous access for critically ill patients; however, the potential exists for serious complications including the following:

- Air Embolism, Atrial Puncture, Bleeding, Bruachal Pneumothorax, Cardiac Atribhiasis, Cardiac Tamponade, Catheter or Cuff Erosion Through the Skin, Catheter Embolism, Catheter Occlusion, Catheter Occlusion or Breakage due to Compression Between the Clavicle and First Rib, Catheter-related Sepsis, Endocarditis, Exit Site Infection, Exit Site Necrosis, Extravasation, Fibrin Sheath Formation, Hematoma, Hemomediasentum, Hemorrhage, Hydrothorax, Inflammation, Necrosis or scarring of skin over implant area, Intolerance, Reaction to Implanted Device, Laceration of Vessels or Viscus, Perforation of Vessels or Viscus, Pneumothorax, Thoracic Duct Injury, Thromboembolism, Venous Stenosis, Venous Thrombosis, Venous Thrombosis, Venous Thrombosis, Vascular Thrombosis, Vessel Erosion, Walls Normally Associated with Local and General Atherosclerosis, Surgery, and Post-Operative Recovery