



## Reaccess Sheath available on the Impella CP® Heart Pumps

### WHAT'S NEW?

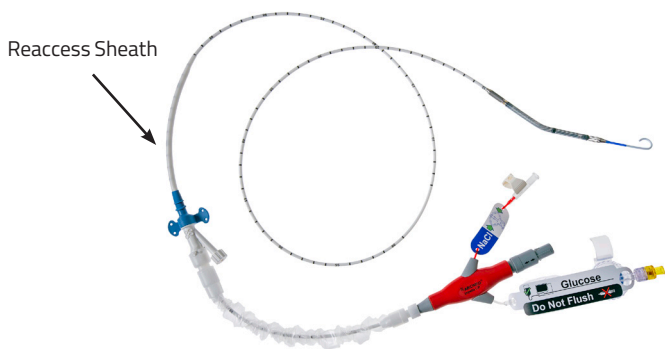
The Reaccess Sheath is now available on all Impella CP heart pumps. This sheath enables reaccess to the artery for the duration of Impella support with up to an 0.035" guidewire.

The additional sheath length may provide improved hemostasis for tissue tracks longer than 6cm.

### BACKGROUND

During instances when longer duration of support is required, Abiomed recommends removing the peel-away sheath post-procedure and inserting the inline repositioning sheath.

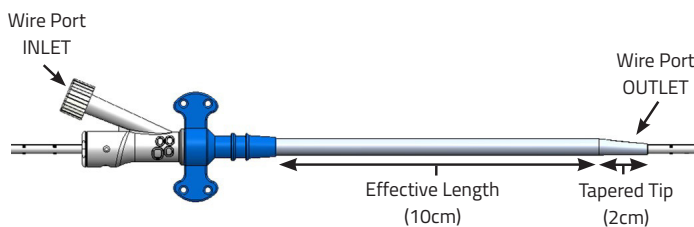
The new Reaccess Sheath, which is replacing the standard repositioning sheath, allows for physicians to maintain access to the arteriotomy after the peel-away sheath is removed.



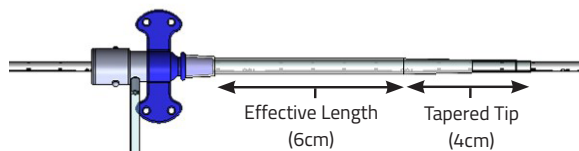
The Reaccess Sheath is comprised of the following:

- Wire port to maintain access with up to an 0.035" guidewire
- 12cm extended sheath body
- Suture pads for stable securement

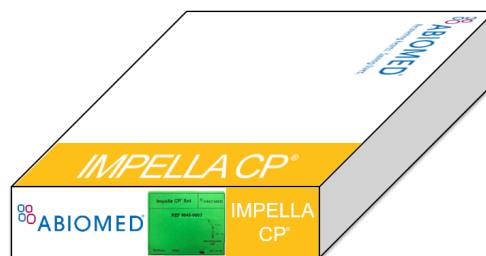
### REACCESS SHEATH:



### STANDARD SHEATH:



**NOTE:** Green label indicates pump set configured with Reaccess Sheath



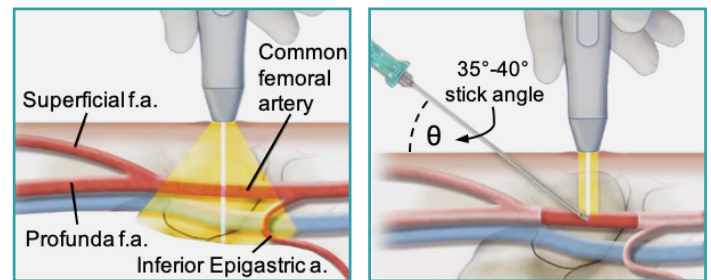
### SUMMARY

The Reaccess Sheath is intended to improve ease of use, enabling access to the arteriotomy and improving hemostasis in longer tissue tracks. If you have any questions or comments, please contact your local Abiomed team.

## BEST PRACTICES FOR USE OF THE REACCESS SHEATH

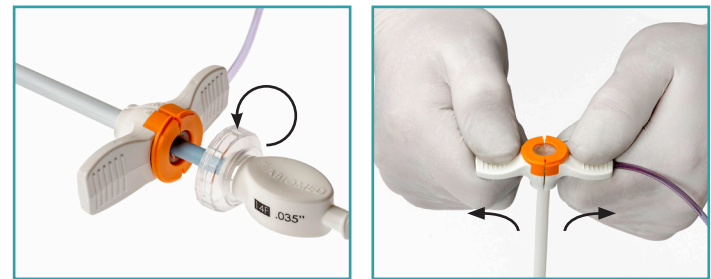
### Initial Access of the Artery

Before puncture, chart the course and depth of the artery. Abiomed recommends the use of ultrasound and micropuncture to obtain access of the artery at 35-40 degree insertion angle relative to the pathway of the artery. Use all subsequent dilators in the pump set prior to insertion of the introducer with dilator. Confirm ACT > 250 seconds before twisting counter-clockwise to remove the dilator.



### Transferring to the ICU with Impella

Hold pressure directly above the access site and ensure the sheath body has been completely removed from the artery, prior to peeling away the introducer. Slide the reaccess sheath into the arteriotomy no farther than the blue tip. Secure the suture pads to the skin with light forward pressure and support with 4x4 gauze before sterilizing and dressing the access site.



Twist clear dilator cap counter-clockwise before pulling back the dilator

Pull the sheath completely out of the body and split hub using side tabs

### RECOMMENDATIONS:

1. Maintain entry angle into the artery by propping up with a 4x4 gauze pad
2. Leave blue tip at edge of skin

