

Avalon Elite Bi-Caval Dual Lumen Catheter

This document is intended to provide information to an international audience outside of the US.



Take the advantage Single-site venous vessel access during ECMO

Minimizing patient trauma

For critically ill patients requiring extracorporeal membrane oxygenation (ECMO), cannulation can be traumatic to the vasculature. With the Avalon Elite Bi-Caval Dual-Lumen Catheter, only one cannula is inserted into the patient's internal jugular vein.



The Avalon Elite Bi-Caval Dual-Lumen Catheter

Is the world's first single site, kink resistant, veno-venous device designed to enable optimal extracorporeal life support. It matches the body's natural flow ratios by simultaneously removing deoxygenated blood from both the superior vena cava (SVC) and inferior vena cava (IVC), and returning oxygenated blood to the right atrium (RA).

Advantages of single-site venous vessel access include freeing the femoral vein, which facilitates patient participation in physical therapy or preserves it as another access point. If extubated on ECMO, the patient can be more easily mobilized. In addition, by not cannulating the femoral vein and using just one site for vessel access, there is one less site for infection and a reduction in nursing care. It also decreases chances for accidential dislodgement.¹

A special advantage of the bi-caval catheter design is the decreased risk of recirculation.¹

Avalon Elite advantages

- A broad range of sizes for all patient types: neonatal, pediatric or adult
- Radiopaque to assist in catheter insertion and placement for excellent positioning control
- Constructed with an exclusive material that combines the durability of polyurethane with the flexibility and biostability of silicone
- Ultra-thin membrane deviding reinfusion from drainage lumen enables large inner lumen diameters for excellent flow characteristics
- Wire reinforcement for increased kink resistance
- Smooth transition between introducer and catheter tip
- Tapered introducer tip for percutaneous insertion
- Physicians can customize the introducer tip extension based on personal preference



Seven sizes

to accommodate all patients



Product	Product Code (non-us)	SAP Code (non-us)	B Size	C Insertable Length	A Connector Size	Order Unit
13 Fr. Catheter	10013-CE	70107.3603	13 Fr. (4.3 mm)	11 cm (4.3")	1/4"	1/Carton
16 Fr. Catheter	10016-CE	70107.3604	16 Fr. (5.3 mm)	14 cm (5.5")	1/4"	1/Carton
19 Fr. Catheter	10019-CE	70107.3605	19 Fr. (6.4 mm)	21 cm (8.3")	1/4"	1/Carton
20 Fr. Catheter	10020-CE	70107.3606	20 Fr. (6.7 mm)	31 cm (12.2")	3/8"	1/Carton
23 Fr. Catheter	10023-CE	70107.3607	23 Fr. (7.7 mm)	31 cm (12.2")	3/8"	1/Carton
27 Fr. Catheter	10027-CE	70107.3608	27 Fr. (9.0 mm)	31 cm (12.2")	3/8"	1/Carton
31 Fr. Catheter	10031-CE	70107.3609	31 Fr. (10.3 mm)	31 cm (12.2")	3/8"	1/Carton

Tolerances may vary, specifications for reference use only and are subject to change.

Flow characteristics





Above flows with water at ambient temperature. Patient flow may vary depending on blood viscosity, patient anatomy, and circuit configuration.

Avalon Elite Vascular Access Kits*

Benefits

- Support vascular cannulation procedures to ensure safe vascular access.
- Enables vascular access by Seldinger Technique
- Extended dilator tip designed for smooth vessel insertion and guide wire tracking
- Large range of dilator sizes accept standard 0.038" guide wires
- Non-coated stainless steel guide wire displays 10 cm incremental depth markings



Vascular access kit specifications

Article No.	Guide wire	length	Dilators size	J-tip	Order unit
12100*	100 cm	0.97 mm x 100 cm (0.038" x 39.4")	10 Fr, 12 Fr, 16 Fr, 20 Fr, 24 Fr	radius 3 mm	5/carton
12210*	210 cm	0.97 mm x 210 cm (0.038" x 82.7")	10 Fr, 12 Fr, 16 Fr, 20 Fr, 24 Fr, 26 Fr, 30 Fr	radius 3 mm	5/carton

Kits include dilators; guide wire with 10 cm depth mark increments; 18 Gauge (1.3 mm) puncture needle; mini scalpel; 10 ml syringe * These products are currently pending CE certification.

References

1 "Use of Bicaval Dual-Lumen Catheter for Adult Venovenous Extracorporeal Membrane Oxygenation"; Jeffrey Javidfar, MD, Daniel Brodie, MD, Dongfang Wang, MD, PhD, Ali N. Ibrahimiye, MD, Jonathan Yang, MD, Joseph B. Zwischenberger, MD, Joshua Sonett, MD, and Matthew Bacchetta, MD; Ann Thorac Surg 2011;91:1763–9

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