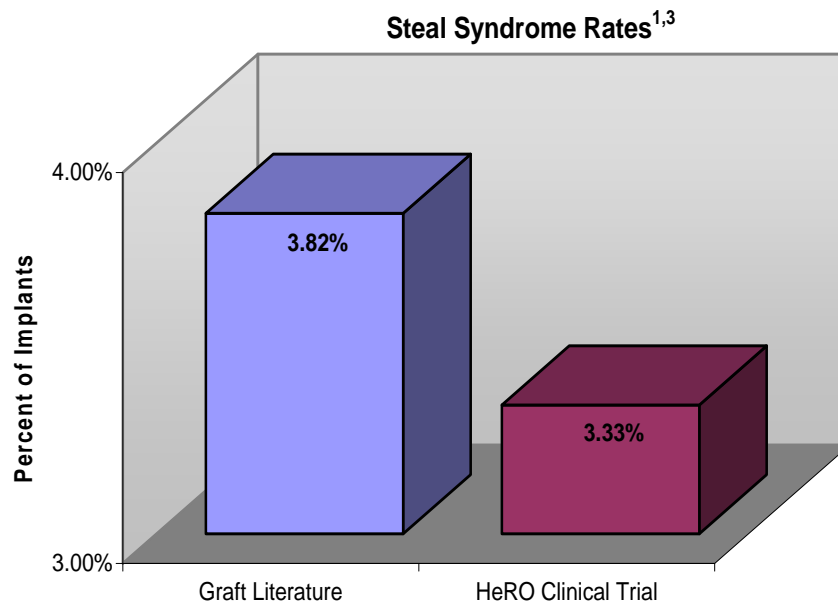


## Steal Syndrome Considerations

HeRO<sup>®</sup> (Hemodialysis Reliable Outflow) is a solution for access-challenged hemodialysis patients with central venous stenosis. HeRO is FDA classified as a graft. As with any conventional graft, steal syndrome is a potential complication.<sup>1</sup> Steal symptoms include hand pain, paraesthesia, neurologic deficits and gangrenous ulcers.

The rate of steal syndrome was comparable to graft literature in the HeRO clinical trial.<sup>1</sup>



Considerations to decrease the risk of steal syndrome:

- Confirm the brachial artery has a minimum ID of 3mm with vessel mapping (angiography or duplex ultrasonography) prior to implant.
- Confirm with angiography or duplex ultrasonography that there is no significant arterial occlusive disease on the implant side that would preclude safe placement of an upper extremity access.

Evaluate for steal syndrome during the implant procedure with Doppler of the radial and ulnar arteries. If steal syndrome symptoms occur, consider the following:

- DRIL (distal revascularization-interval ligation) procedure<sup>2</sup>
- Banding, though this may reduce the flow in the HeRO graft
- Proximalization of the inflow
- Explant of the HeRO Device, if other corrective measures are not successful

**For additional information, please refer to the HeRO Instructions for Use or contact Hemsphere Customer Service at 888.313.8233.**

### References:

1. Lucas, George F. 2007. Scientific Literature Review of Adverse Events in Hemodialysis Grafts. On file at Hemsphere, Inc.
2. Knox RC, Berman SS, Hughes JD, Gentile AT, Mills JL. Distal revascularization-interval ligation: a durable and effective treatment for ischemic steal syndrome after hemodialysis access. J. Vasc. Surg. 36(2):250-5; 2002.
3. On file at Hemsphere, Inc.