



**Introducing...**



**Hemodialysis Reliable Outflow**

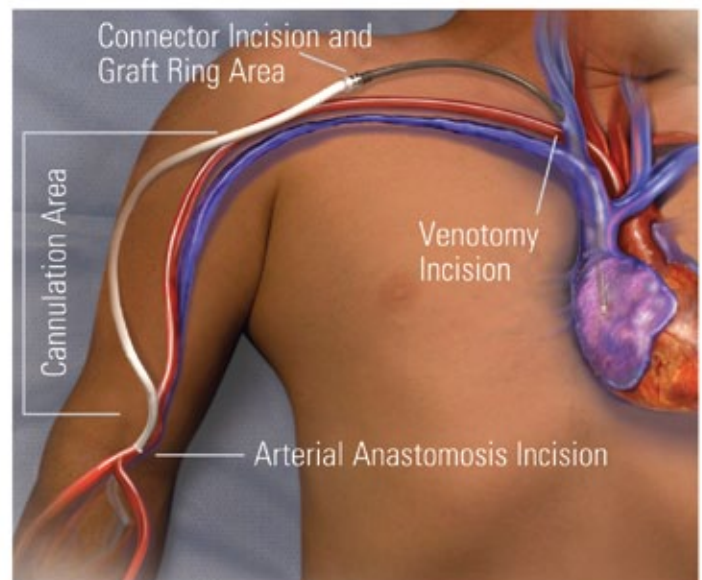
Your solution for  
access-challenged patients

**CARE & CANNULATION**



HeRO® (Hemodialysis Reliable Outflow) is a fully subcutaneous device implanted by a surgeon that provides continuous blood flow directly from an artery into the central venous system.

HeRO is FDA classified as a graft and is cannulated like a conventional upper arm graft. Follow KDOQI Guidelines for cannulation.



### Pre Cannulation Assessment:



**LOOK** for a uniform sized graft in the upper arm with NO irregularities or aneurysm formations.



**LISTEN** for low pitch, continuous diastolic & systolic flow. HeRO bruit may be softer due to absence of a venous anastomosis.



**FEEL** the thrill. It will be strongest at the arterial anastomosis, but can be felt over the entire course of the graft. HeRO should be easy to compress; however, note that HeRO thrill may be less prominent due to the elimination of the venous anastomosis.

#### Cautions:

- Never cannulate the HeRO outflow component
- To reduce potential infection, remove bridging catheter immediately post successful HeRO cannulation

### KDOQI Graft Cannulation Guidelines:

- Aseptic technique should be used for all cannulation
- Grafts generally should not be cannulated for at least two weeks after placement
- Swelling should have subsided so that palpation of the course of the graft can be performed
- Rotation of cannulation sites is needed to avoid pseudoaneurysm formation

### HeRO Considerations:

- A light tourniquet may be used to slightly dilate the graft
- Cannulate 3" (8 cm) from the connector incision to avoid damage to the graft rings
- Follow dialysis unit protocol for cannulation distance from the arterial anastomosis incision
- If cannulating toward the anastomosis incision, stay at least the length of the fistula needle from the incision site
- Avoid the use of fistula clamps for hemostasis



Please tell us about your HeRO device experience at [www.herograft.com](http://www.herograft.com) or [DeviceExperience@hemosphere.net](mailto:DeviceExperience@hemosphere.net)

### Recognizing HeRO (Hemodialysis Reliable Outflow) Patients:

HeRO patients will typically have 3 incision sites:

- Venotomy site usually near the neck
- Connector site usually near the shoulder
- Arterial anastomosis site usually on the upper arm near the elbow or axilla

A HeRO Patient Identification Card is also provided to patients following implant.



Please see the Instructions for Use document provided in the HeRO device packaging and online at [www.herograft.com](http://www.herograft.com) for the full list of anticipated adverse events, contraindications, and complications.  
**WARNINGS:** DO NOT attempt intervention without device information and DO NOT place central lines or other medical devices on the same side as the HeRO device.

For more information, please contact:

<b>Hemisphere, Inc.</b>	<b>Customer Service</b>
6545 City West Parkway	888.313.8233 phone
Eden Prairie, MN 55344	888.313.9427 fax

The FDA regulation name for the HeRO Graft is vascular graft prosthesis.

**INDICATIONS FOR USE:** The HeRO Graft is indicated for end stage renal disease patients on hemodialysis who have exhausted all other access options. See instructions for use for full indication, contraindication and caution statements. Rx only.

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