



SIMPLY SAFE

VASCULAR ACCESS

MicroTaper™ Safety Introducer Set

Eliminates Exchanges | Improves Safety

Reduces Needlestick Injury Risk and Associated Costs

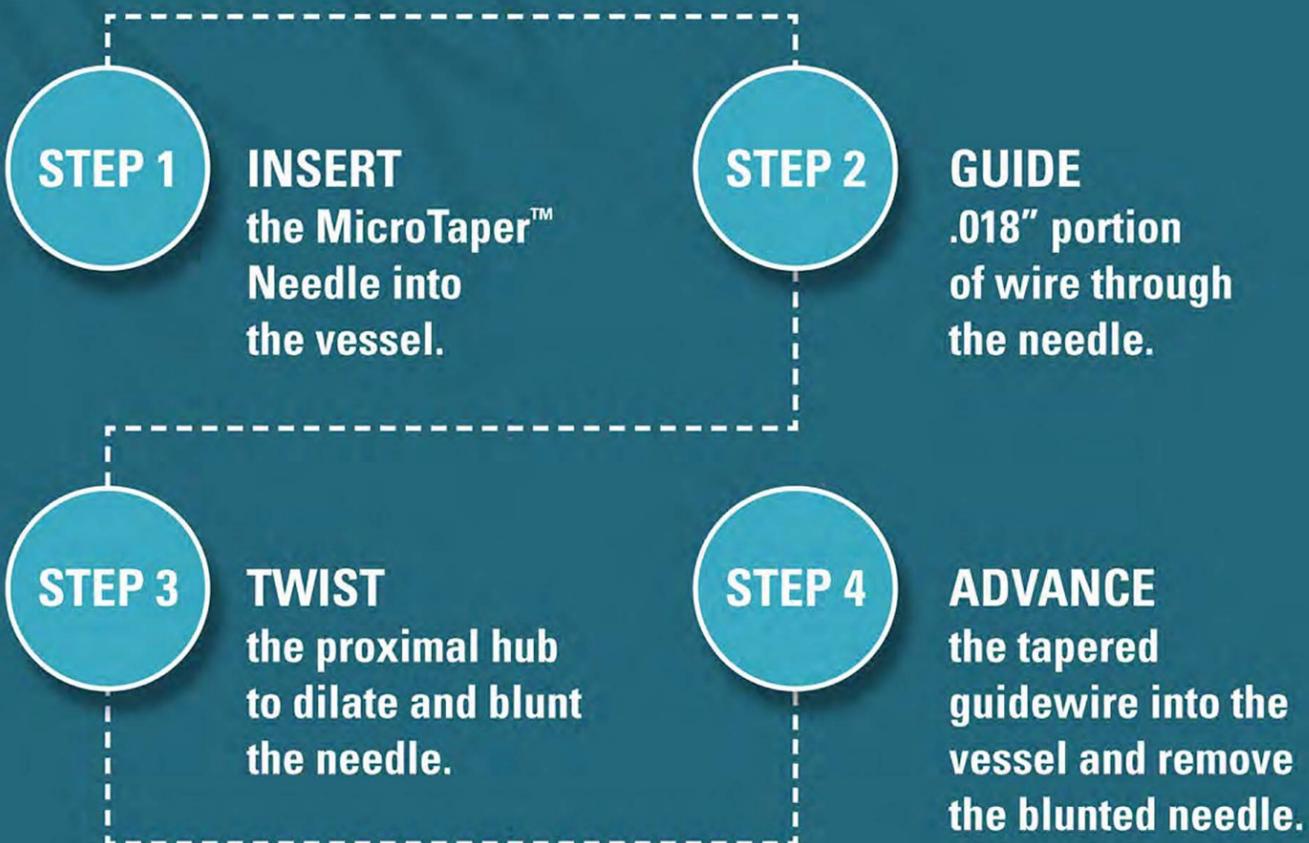
A SIMPLIFIED APPROACH TO VASCULAR ACCESS

The Modified Seldinger Technique (MST) dates back to the 1950s and requires multiple exchanges to achieve .035" guidewire access.

After a 21G needle is inserted into the vessel, a .018" guidewire is advanced through the needle. The needle is removed while the clinician holds the guidewire in place. Then, a coaxial dilator and sheath assembly is threaded over the wire and advanced into the vessel, after which the dilator and guidewire are removed, leaving the sheath in place. Finally, a .035" guidewire is advanced into the vessel to facilitate catheter insertion. This often cumbersome process of performing at least four separate exchanges can lead to vessel spasm and potential loss of vessel cannulation.

The MicroTaper™ Safety Introducer Set streamlines the access procedure. Its tapered, expandable needle facilitates .035" guidewire placement without a single exchange.

MICROTAPER TECHNIQUE:



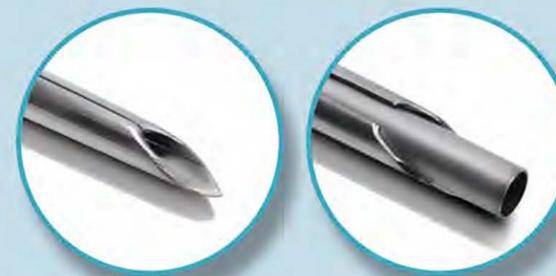
A SAFER APPROACH TO VASCULAR ACCESS

Needlestick injuries in the interventional suite are common, costly and potentially deadly. Because safety needles are often the exception rather than the rule, research shows that needlestick injury rates among interventional staff and trainees are alarmingly high.

In fact, 90% of interventionalists experience at least one needlestick injury during their careers; 38% sustain an injury each year. Of these incidents, 46% are "high risk", meaning the clinician or interventional team member is exposed to a needle tainted with Hepatitis B (HBV), Hepatitis C (HCV) or human immunodeficiency virus (HIV).¹⁻³

The risk, stress, pain and costs of bloodborne pathogen exposure after a needlestick injury are real. The cost of diagnosing and providing prophylactic treatment ranges from \$400 to \$3,000 per incident. The lifetime cost of treating a healthcare worker who was exposed to and contracts one of these viruses ranges from \$25,000 to more than \$480,000. These costs do not account for lost productivity, increases in disability or worker's compensation insurance rates, pain and suffering costs as well as OSHA fines ranging from \$7,000 to \$70,000 per citation.⁴

The MicroTaper Safety Introducer Set's innovative, patented, self-blunting needle dramatically reduces the risk of bloodborne pathogen transmission via needlestick injury. MicroTaper supports Joint Commission and OSHA compliance for needlestick reduction, and the prevention of just one such injury over the course of a year may justify the switch.



SELF-BLUNTING PROTECTION MECHANISM

The MicroTaper Needle has an integrated sharps protection mechanism, consisting of a blunted cannula that passes through the needle's inside diameter. With a simple twist of the proximal hub, the tapered needle dilates and blunts, dramatically reducing the risk of needlestick injury and potential bloodborne pathogen transmission to the interventional team.

CHOOSING SAFETY HAS NEVER BEEN MORE SIMPLE

If you're seeking a way to effectively protect your interventional team while simplifying your access procedure, get in touch to schedule a personal evaluation. We're confident that once you try this intuitive, innovative vascular access system, you'll wonder why you would ever use anything else.

For more information or to arrange a demonstration of the MicroTaper Safety Introducer Set, please call 303-953-5027, or send an e-mail to info@summit-access.com.

EXPERIENCE A NEW TWIST ON VASCULAR ACCESS

Luer-Lock Hub
for syringe aspiration

Transparent, Large-Volume Chamber
enables fast, clear visualization of flashback

Rotational Hub
activates self-dilating and self-blunting needle features

Bevel Indicator
provides easy indication of bevel orientation

Distal Tip
Gold-plated tungsten coils provide enhanced visibility under fluoroscopy

Flexible, atraumatic .018" angled tip enables smooth and safe navigation into the vasculature, increased flexibility and trackability through the vessel, and reduces the potential for vessel perforation

Integrated Sharps Protection

Self blunting tip is automatically activated during dilation, effectively reducing the risk of accidental needlestick injury and exposure to bloodborne pathogens

Designed in accordance with OSHA, Joint Commission, ISO and FDA safety standards

21G Tri-Bevel Tip

is echogenic for enhanced visibility under ultrasound

Tapered Expandable Cannula

Facilitates immediate .035" wire placement while maintaining a small initial incision to reduce the risk of access site bleeding complications

Distal: 21G – Proximal: 18G

Core

Tapered Nitinol core extends to tip of wire to increase transmission of force (steerability), increase durability and improve tactile feedback while providing a delicate, flexible and soft-shaped atraumatic tip to prevent vessel injury

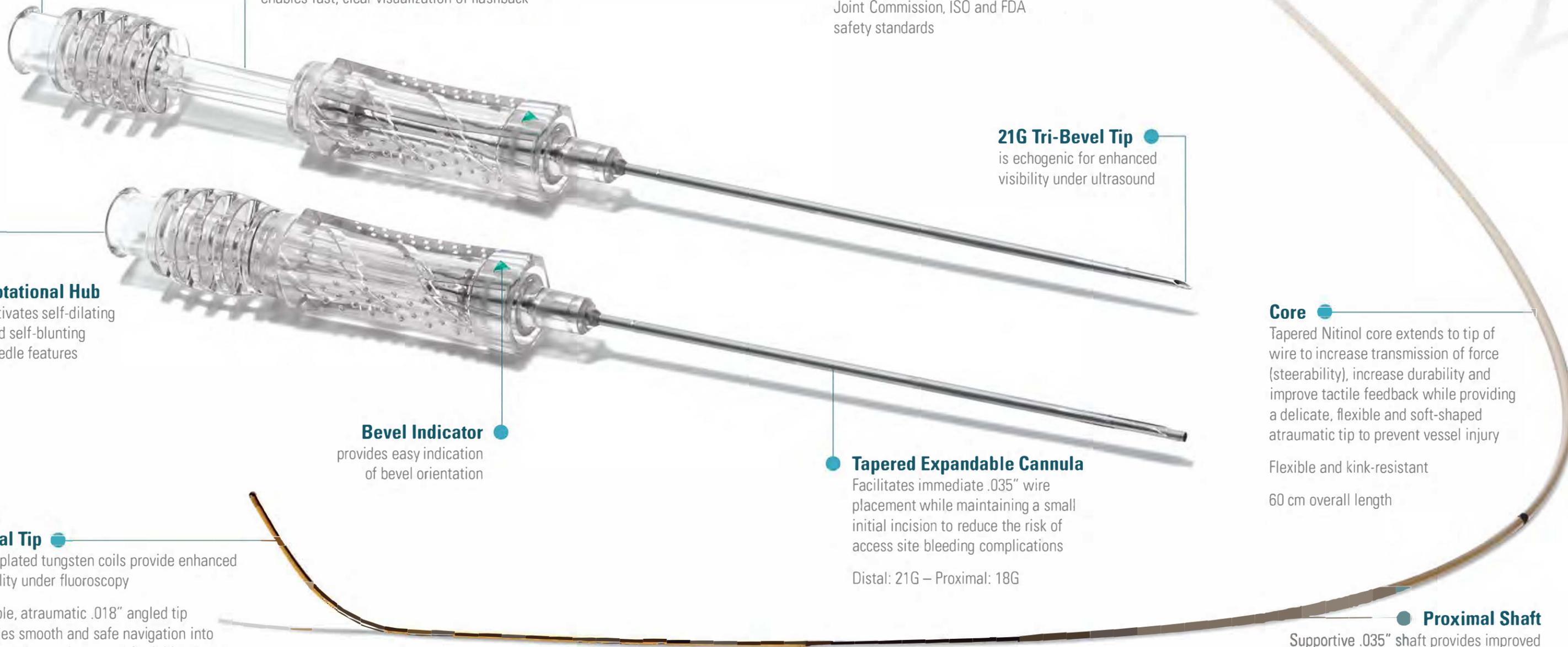
Flexible and kink-resistant

60 cm overall length

Proximal Shaft

Supportive .035" shaft provides improved torquability, increased columnar shaft strength and greater rail support for smooth navigation into the vasculature

Low-friction PEEK coating



MicroTaper™ Safety Introducer Sets

Description	Product Code	Packaging
Echogenic Needle – Tapered 18G - 21G x 7 cm Nitinol/Gold-Plated Tungsten Guidewire – Tapered .035” - .018” x 60 cm	SA-07-G060	10/box

Each kit includes one .035” - .018” tapered guidewire and one 18G - 21G tapered, echogenic needle.

References

1. Tso D, & Athreya S. Reducing blood-borne exposure in interventional radiology: What the IR should know. *Cardiovascular and Interventional Radiology*. 2013; 36(4): 913-6
2. Baffoy-Fayard N, Maugat S, Sapoval M, Cluzel P, Denys A, Sellier N, et al. Potential exposure to hepatitis C Virus through accidental blood contact in interventional radiology. *Journal of Vascular and Interventional Radiology*. 2003; 14(2 Pt 1): 173-179.
3. Prabhakar A, Ergul EA, Harvey H, & Okly R. Prevalence of needle-stick injuries in interventional radiology: Abstract No. 121. *JVIR Scientific Sessions*. 2014; 25(3): S59-S60.
4. Leigh JP, Gillen M, Franks P, Sutherland S, Nguyen, HH, Steenland K, et al. Costs of needlestick injuries and subsequent hepatitis and HIV infection. *Current Medical Research and Opinion*. 2007; 23(9): 2093-2105.



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