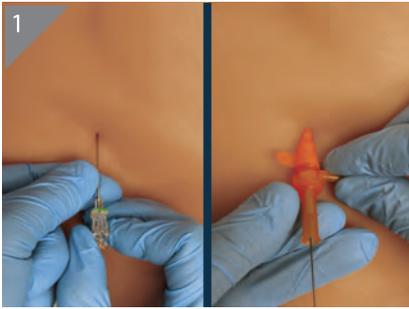
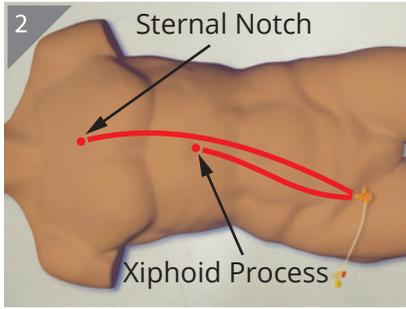


The ER-REBOA™ Catheter Quick Reference Guide

*This instruction is not a replacement for the Instructions for Use (IFU). The ER-REBOA™ Catheter IFU should be read in its entirety before using the device



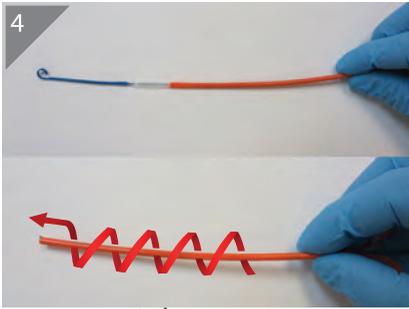
1 Obtain access
Using standard techniques



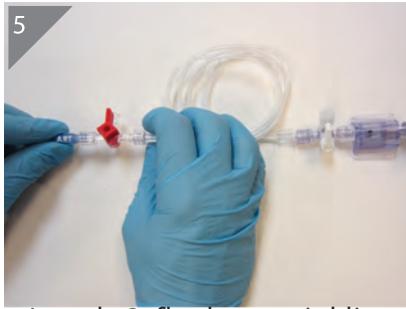
2 Estimated placement^{1,2}
Zone 1 Placement: P-tip* below the sternal notch
Zone 3 Placement: P-tip* below the xiphoid process
Recommend use of confirmatory imaging techniques



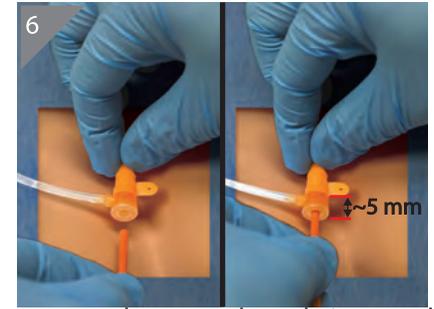
3 Flush & deflate balloon
Ensure balloon is fully deflated & hold vacuum for **5 seconds**
Close stopcock with vacuum held



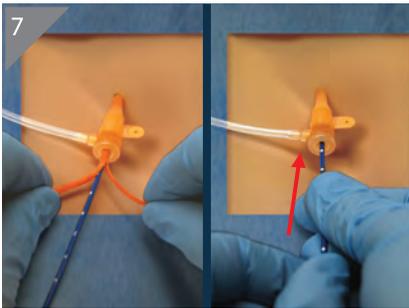
4 Advance & twist peel-away to P-tip*
Ensure the balloon and P-tip* are captured



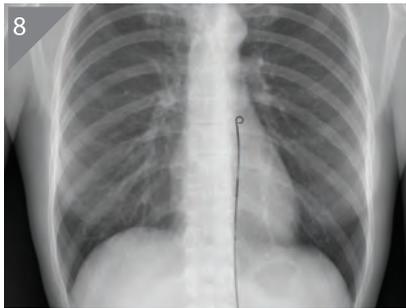
5 Attach & flush arterial line
Using standard techniques ensure all air is purged from arterial line



6 Insert peel-away sheath into valve
Ensure peel-away sheath has entered past the introducer sheath valve approximately 5mm



7 Advance catheter into vessel
Peel-away sheath can be removed as needed to facilitate advancement

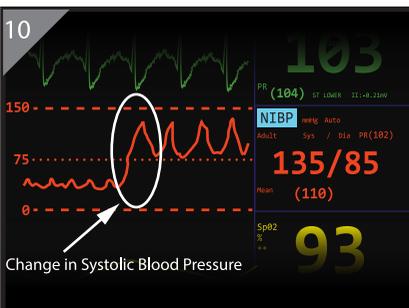


8 Position catheter
If available, use of conventional x-ray or fluoroscopy is recommended to confirm position using radiopaque markers

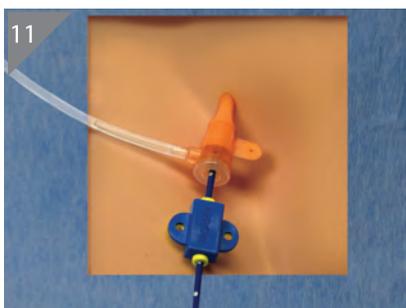
| BALLOON | INFLATION VOLUME |
|-----------------|------------------|
| 15mm | 5cc |
| 20mm | 8cc |
| 25mm | 13cc |
| 30mm | 20cc |
| MAX 32mm | MAX 24cc |

9 Fill syringe with appropriate volume¹

For zone 1 - approximate vessel diameter 20mm-young adult male
For zone 3 - approximate vessel diameter 16mm-young adult male



10 Monitor arterial waveform feedback
Look for the change in systolic blood pressure



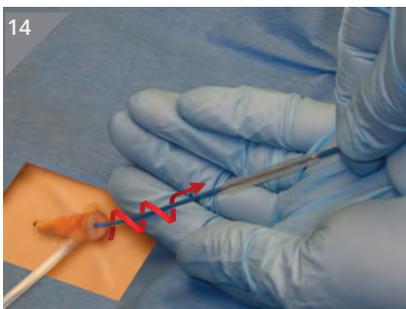
11 Secure catheter
Close to the hub of the introducer sheath



12 Provide Definitive Treatment
Remain vigilant of total balloon inflation time



13 Fully Deflate balloon
Ensure balloon is fully deflated & hold vacuum for **5 seconds**
Close stopcock with vacuum held



14 Remove catheter
Corkscrew twist the catheter to facilitate removal
If necessary, remove catheter and introducer sheath as a unit



ADV-006 | Revision C

1. Stannard A, Morrison JJ, Sharon DJ, Elason JL, Rasumussen, TE. Morphometric analysis of torso arterial anatomy with implications for resuscitative aortic occlusion. J Trauma Acute Care Surg. 2013; Vol 75:5169-5172

2. Morrison JJ, Stannard A, Midwinter MJ, Sharon DJ, Elason JL, Rasumussen, TE. Prospective evaluation of the correlation between torso height and aortic anatomy in respect of a fluoroscopy free aortic balloon occlusion system. J Trauma Acute Care