

# InQwire®

## DIAGNOSTIC GUIDE WIRES

**Description:** Merit Medical guide wires are fabricated from high quality stainless steel utilizing a sophisticated construction process and are available with or without a PTFE coating. Guide wires are supplied sterile, non-pyrogenic, and are intended for single use only.

Merit Medical guide wires are packaged in a plastic hoop, which is fitted with a luer hub. This packaging is provided to facilitate compliance with the manufacturer recommended guidelines that the wire be flushed with saline or heparinized saline prior to use (See directions for use - **Note**).

**Indications:** Merit Medical guide wires are used to facilitate the placement of devices during diagnostic and interventional procedures.

**Contraindications:** Inqwire diagnostic guide wires, are contraindicated for use in the coronary and cerebral vasculature.

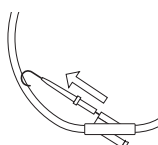
**Precautions:** Angiography should be undertaken only by an experienced angiographer.

**For One Time Use Only.** Guide wires will collect blood and other foreign material in their lumens; neither autoclaving nor ultrasonic cleaning will completely remove foreign material, therefore guide wires are recommended for one time use.

Inspect all guide wires prior to use. Do not use any unit if the package is open or damaged.

Employ an aseptic technique during removal from the package and during use.

All guide wires are secured in the hoop dispenser by the locking J-tip straightener. To avoid damaging the guide wire during removal from the flush hoop, grasp the J-tip straightener near the base and slide it forward approximately 5mm or until the J-tip straightener is no longer attached to the flush hoop adaptor. Holding both the guide wire and J-tip straightener, continue to dispense guide wire from the hoop.



Do not use excessive force to advance the moveable core while the guide wire is in a vessel. Advancement with excessive force may cause coil penetration and vessel damage.

Avoid withdrawing PTFE coated guide wires back through a metal needle. The sharp edge of the needle may scrape the coating. It is suggested that a catheter or PTFE vessel dilator replace the needle as soon as the guide wire has reached the appropriate position.

During advancement of the catheter and guide wire within the aorta, it is recommended that the guide wire be removed at the appropriate level of the aorta.

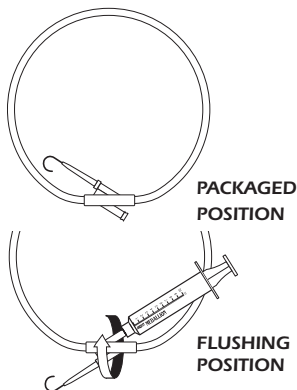
Care should be taken when manipulating a catheter during placement and withdrawal to prevent possible intravascular tissue damage. If resistance is felt when removing a guide wire from a catheter, the guide wire and catheter should be removed as a unit to prevent potential damage to the vessel wall.

A guide wire is a delicate instrument and remains the most fallible instrument used in a percutaneous procedure. Any time that a guide wire is used there is a possibility of thrombus formation/emboli, vessel wall damage, and plaque dislodgement, which could result in myocardial infarction, cardiac arrhythmia, stroke or death. The physician should be familiar with the use of angiography products and the literature concerning the complications of angiography.

### Flush Hoop Instruction Guide:

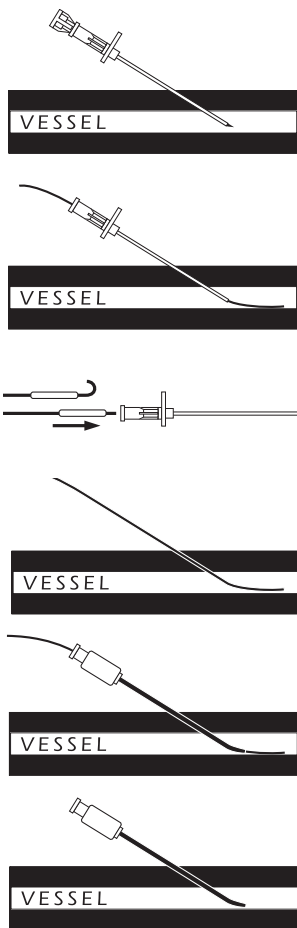
1. Attach flush filled syringe to flush port luer
2. Rotate syringe clockwise (as pictured)
3. Inject saline into hoop
4. Detach syringe from hoop
5. Dispense guide wire

**Note:** In order to reduce the potential of clot formation, it is recommended that the guide wire be flushed with saline or heparinized saline prior to use. Attach a filled syringe to the luer hub located at the end of the plastic hoop, flush several times. After flushing, remove guide wire from hoop and use as described above.



**Directions for use:** The following schematic shows a typical procedure for percutaneous entry utilizing the Seldinger technique. Variations in individual patient anatomy may preclude the utilization of this technique.

1. Vessel puncture with a two part needle
2. When using a two part needle remove stylet leaving cannula in place, insert flexible (distal) end of guide wire through cannula and into vessel
3. "J" guide wires are shipped with "J" straightener to aid in the insertion of the wire into the puncture needle. Advance the straightener until 2-3 mm of the tip extends from the tip. Insert wire into hub and through needle. Remove "J" straightener proximally and discard.
4. Remove needle cannula leaving the guide wire within the lumen of the vessel.
5. Pass dilator or catheter over the guide wire directly into the vessel.
6. Carefully remove the guide wire leaving the catheter in place.



**Note:** Device is sterilized as stated on the package label.

**How Supplied:** Individually packaged 5-10 per box, refer to catalog for ordering information.



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