STATSEAL™ Built for every bleed.

Titrate-to-Patency Method
with
Terumo TR Band®

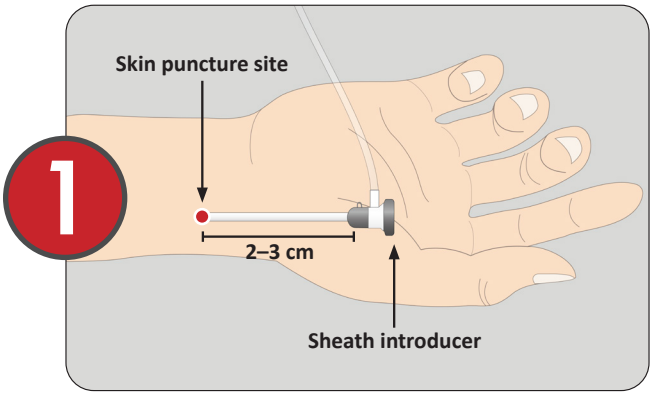
QUICK REFERENCE GUIDE

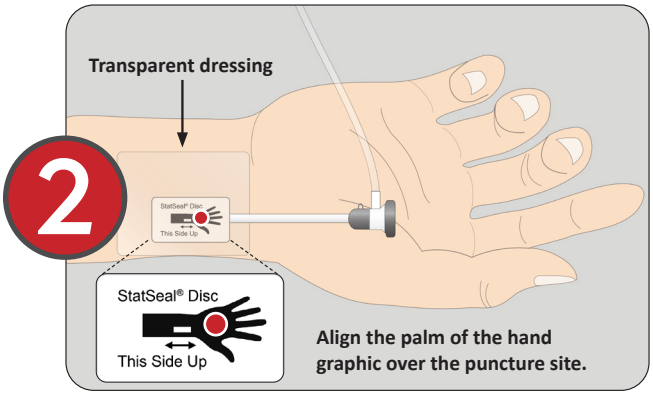
PROXIMAL RADIAL HEMOSTASIS

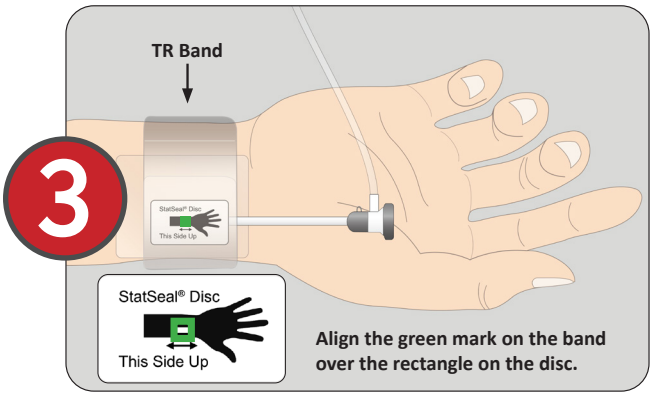
StatSeal Advanced RAD Disc and Terumo TR Band Radial Compression Device

The following guidelines are based on a compilation of best practices and can be adapted to your specific application or facility protocol.* These guidelines pertain to using a Merit Medical StatSeal Advanced RAD Disc with a Terumo TR Band.[1] StatSeal is intended for use under the care of a healthcare professional for the temporary external control of bleeding from sheath and catheter removals and other procedures that result in external bleeding.[2]

In the Procedure Room







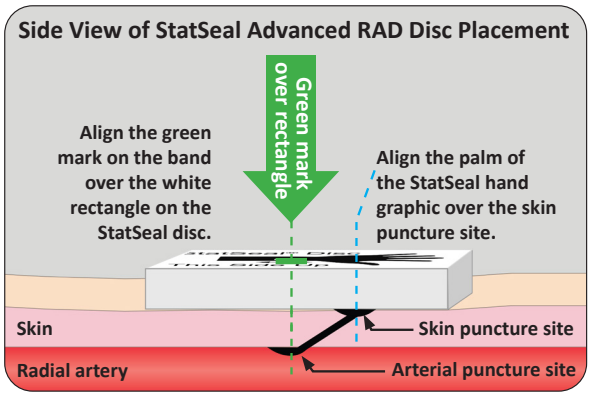
StatSeal Advanced RAD Disc and TR Band placement:

1. Prepare the site by cleaning and drying the wrist area. Pull the sheath back 2–3 cm, and aspirate the sheath to fill with blood.
2. Remove the backing from the disc to expose the adhesive. Align the palm of the hand graphic over the skin puncture site, and place the disc with the brown side facing down. Secure the disc with a transparent dressing.
3. Align the green mark on the compression band over the white rectangle on the disc, and secure the compression band firmly around the wrist.

Compression band inflation and timer start:

4. Inflate the compression band with 8 cc of air. Remove the sheath toward the end of the inflation, and start the timer.

See the other side for device deflation in the recovery area.



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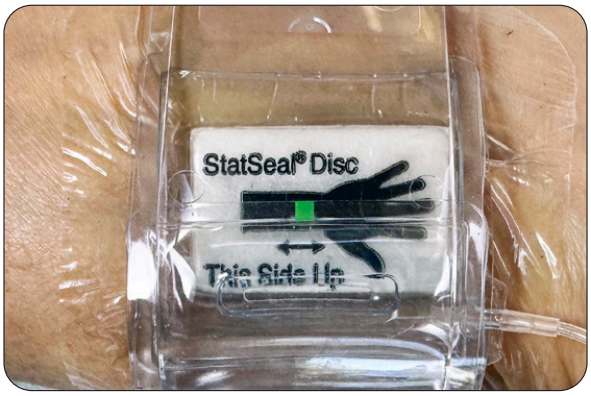
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In the Recovery Area







Disc top displays hand graphic

Disc underside faces skin

Compression band deflation:

5. Apply a pulse oximeter to the patient's index finger or thumb. Occlude the ulnar artery, and slowly remove air from the compression band until a waveform returns, confirming radial patency.
6. Once patency is confirmed, document the remaining air volume in the compression band.
7. Leave the inflated band on the patient for a minimum of 1 hr, then fully deflate the band. **Option:** Leave the deflated compression band in place to help immobilize the wrist until the patient is discharged from the recovery area.

At discharge from the recovery area:

8. Instruct the patient to keep the wrist immobile for at least 6 hr, if possible, and to leave the disc dressing in place for 24 hr.

NOTE: *If swelling or bleeding develops at any time, inflate the balloon with the amount of air last removed. Leave it in place for at least 20 min, and then resume the deflation protocol. The protocol is not designed for use with continuous, post-procedural anticoagulation infusions or with any antiplatelet infusions, including glycoprotein IIb/IIIa inhibitors.*

See the other side for disc placement in the procedure room.

*Guidelines are based on a compilation of best practices. Protocols should be consistent with the needs of the provider(s) and patient. Air volume and compression time may differ according to the patient's condition. Check hemostasis progress and adjust pressure as clinically necessary.

1. Proscia et al. 2025. *Int J Cardiol*. doi: 10.1016/j.ijcard.2024.132740.

2. Data on File.

The above suggestions and other information are for the practitioner's convenience and for general information purposes only. This information does not constitute medical or legal advice, nor is it meant to endorse or guarantee the suitability of any of the referenced products or methods for any specific patient or procedure. Before using any product, refer to the Instructions for Use (IFU) for indications, contraindications, warnings, precautions, and directions for use.

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