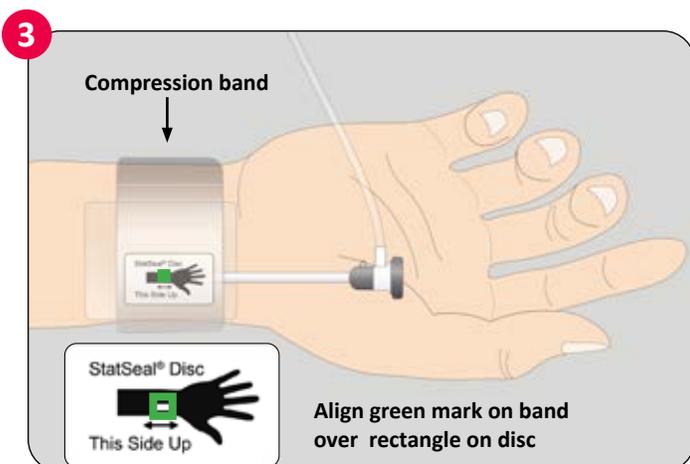
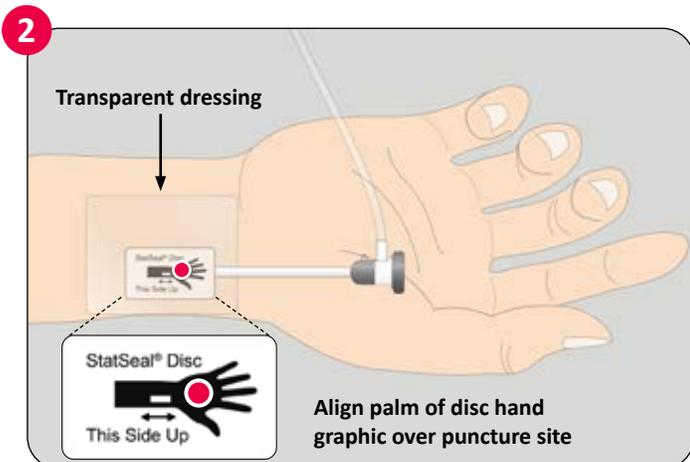
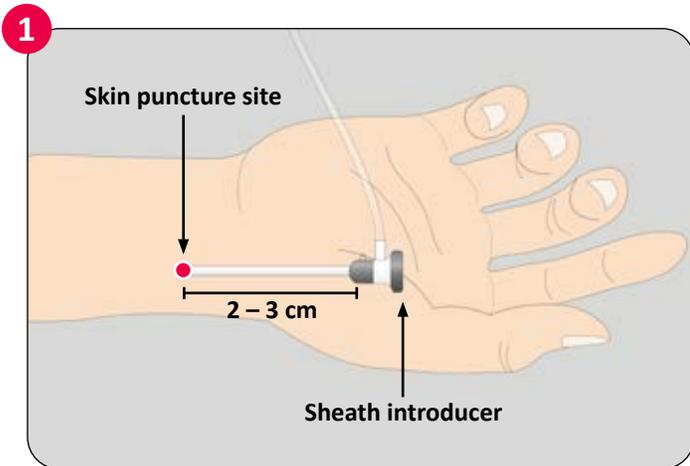


RADIAL HEMOSTASIS PROTOCOL¹

Suggested for Use with StatSeal® Advanced RAD Disc and TR™ Band*

In Procedure Room



StatSeal Advanced RAD Disc placement:

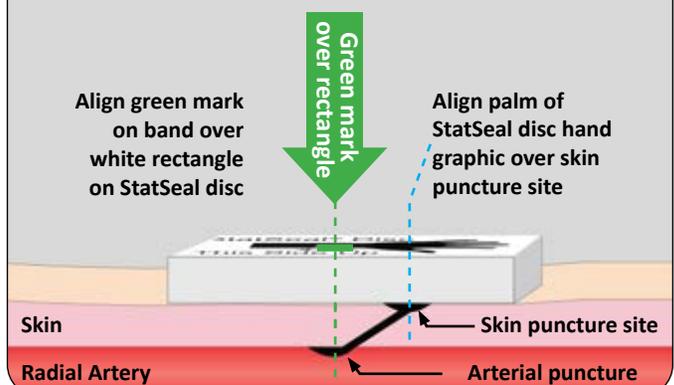
1. Prepare site by cleaning and drying wrist area. Pull sheath back 2-3 cm and aspirate sheath to fill with blood.
2. Remove backing from disc to expose adhesive. Align the palm of the StatSeal disc hand graphic over skin puncture site and place disc with the brown side facing down. Secure disc with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

Band inflation and timer start:

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

See other side for band deflation in Recovery Area

Side View of StatSeal Advanced RAD Disc Placement



In Recovery Area

Compression band deflation:

5. Apply pulse oximeter to patient index finger or thumb. Occlude the ulnar artery and slowly remove air from compression band until waveform returns, confirming radial patency.
6. Once patency is confirmed, document remaining air volume in compression band.

At discharge from recovery area:

7. Leave inflated band on patient for a minimum of one hour, then fully deflate band. Option: Leave deflated compression band in place to help immobilize wrist until patient is discharged from recovery area.



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

See other side for disc placement in Procedure Room



Disc top with
hand graphic



Disc underside
faces skin



Consult Instructions for Use for complete Warnings and Cautions.



*Suggested protocols 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 condition. Check hemostasis progress and adjust pressure as clinically necessary.

Reference: [1] Proscia C. An RCT to Compare Conventional and Haemostatic Dressings in Radial Access: Assessment of Radial Artery Complications Whilst Achieving Rapid Haemostasis – ARCH Trial. Presented at EuroPCR; May 17-20, 2022, Paris, France.