



Octopus Cannula-Care with Bionector

The 7 Day/360 Access, Closed, Needle-Free, IV Access System



The range now includes anti-reflux valves
as per MHRA alert
MDA/2007/089



Safe



Simple

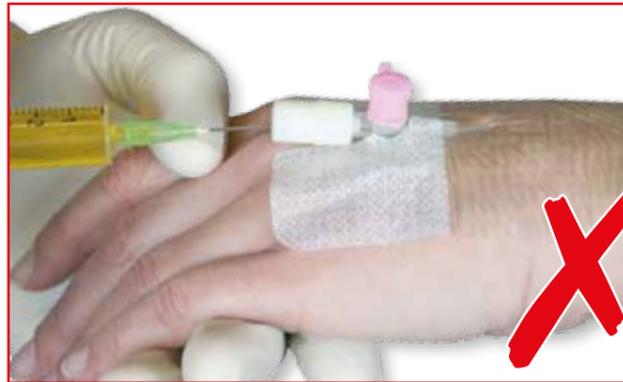


Economic

The Problem

The problems associated with the use of short, peripheral, ported cannulae are well documented.

Problems with an injection membrane



The use of an injection membrane to access a peripheral cannula can result in a needle-stick injury. The RCN suggests that innovative products are available that can reduce the risk of sharps injuries¹. Furthermore, the RCN highlights a safety device, for example a needle-free system is the preferred method of accessing an injection access site².

Problems with an injection port



The injection port is difficult to clean. Furthermore, in vitro studies suggest peripheral cannula injection port bacterial colonisation rates can be as high as 55%³, thus increasing the risk of bacteria being flushed directly into the patient's circulatory system.

Problems with three-way taps



The use of 3-way taps to facilitate the administration of more than one infusion is common. However, numerous research articles recommend against their use. In vitro studies suggest that the female ports of a 3-way tap have a similar bacterial colonisation rate to that of a cannula injection port³. The ports of a 3-way tap are notoriously difficult to clean⁴ and the bulky nature of the device can increase insertion site manipulation⁵, thus increasing the risk of mechanical phlebitis and therefore premature cannula failure.

The Solution

Single & Double Octopus Cannula-Care with Bionector permits safe, closed, needle-free access whilst providing strain relief at the cannula insertion site and removing the need to use the injection port of the cannula.

Single Octopus Cannula-Care with 1 Bionector and Clamp*

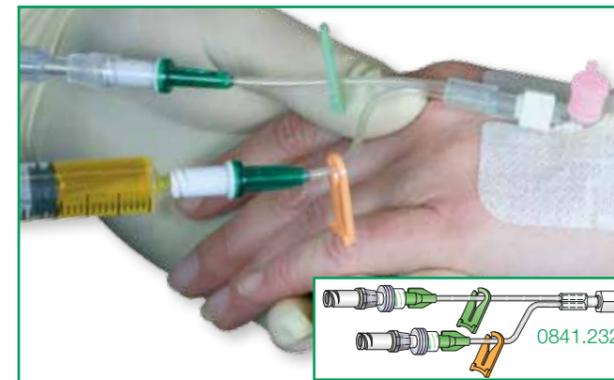


Single Octopus with **Bionector** is ideal for administering bolus dose medication or when running a single infusion.

- ✓ Eliminates the risk of needle-stick injury.^{1,2}
- ✓ Reduces the risk of cannula displacement.⁵
- ✓ Negates the need to use the cannula injection port.³
- ✓ In vitro studies conclude the Bionector membrane has a 0% bacterial colonisation rate following disinfecting with alcohol.⁶
- ✓ New drug compatible PUR tubing material.
- ✓ New freely rotating male luer-lock collar.

Code	Priming Volume (ml)	Length (mm)	ID - OD (mm)	Flow Rate (ml/min)	Box Qty	NPC
5222.014	0.4	100	1.5 - 2.5	80	50	FSW311

Double Octopus Cannula-Care with 2 Bionectors and Clamps*



Double Octopus with Bionector can be used when two infusions need to be given simultaneously and there is **no risk of back-tracking**, or where a background infusion is running and intermittent bolus dose medication is required.

When two infusions are given simultaneously and there **is a risk of back-tracking**, please consider using Double Octopus with Bionector and anti-reflux valves (Code 0841.232).

- ✓ Eliminates the need for a 3-way tap to run two simultaneous compatible solutions.⁴
- ✓ Reduces the risk of cannula displacement.⁵
- ✓ Negates the need to use the cannula injection port.³
- ✓ In vitro studies conclude the Bionector membrane has a 0% bacterial colonisation rate following disinfecting with alcohol.⁶
- ✓ New drug compatible PUR tubing material.
- ✓ New freely rotating male luer-lock collar.

Code	Priming Volume (ml)	Length (mm)	ID - OD (mm)	Flow Rate (ml/min)	Box Qty	NPC
0841.264	0.3 0.3	100 100	1.5 - 2.5	100 100	10	FSW280
0841.232**	0.4 0.4	30 30	1.5 - 2.5	120 120	10	FSW323

* Single and Double Octopus Cannula-Care with Bionector must be primed before being attached to a peripheral cannula for the first time. Please refer overleaf for priming instructions.

** Octopus 0841.232 anti-reflux valve opening pressure is 7mm/Hg

Priming Octopus Cannula-Care with Bionector



1. Prime each lumen of the Octopus with 0.9% Sodium Chloride solution and apply each slide clamp.



2. Remove the obturator from the cannula whilst occluding the vein to minimise blood spillage.



3. Attach the Octopus to the female hub of the cannula by turning the Octopus clockwise until finger tight. The Octopus is now ready to use.



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References

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2. **RCN I.V. Therapy Forum.** 'Standards For Infusion Therapy' (Infusion Equipment). 2005; 4/4.6:18-24.
3. **Peters JL, et al.** Peripheral Venous Cannulation: Reducing the risks. British Journal of Parenteral Therapy 1984; 56-68.
4. **Rosenthal K.** Guarding Against Vascular Site Infection. Nursing Management 2004; Vol 35:4-9.
5. **Lamagna P, MacPhee M.** Troubleshooting Paediatric Peripheral I.V.s: Phlebitis and Infiltration. Nursing Spectrum 2004.
6. **Evic-Ceba** - Report. M079/1453 1993. Study 1: 2-8.



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0002: BIO/CANCAR Content correct as of 09/09