

Placement procedure summary

BD® Curve Ascites Shunt

The information presented here is for informational purposes only. Decisions regarding the placement of the BD® Curve Ascites Shunt should be made by the physician, based on the individual facts and circumstances of the patient and previous surgical experience. Please consult the product's Instructions for Use for detailed placement information, and product labels for any indications, contraindications, preprocedure patient assessment, potential complications/side effects and all warnings and cautions.

A preprocedure patient assessment should include:

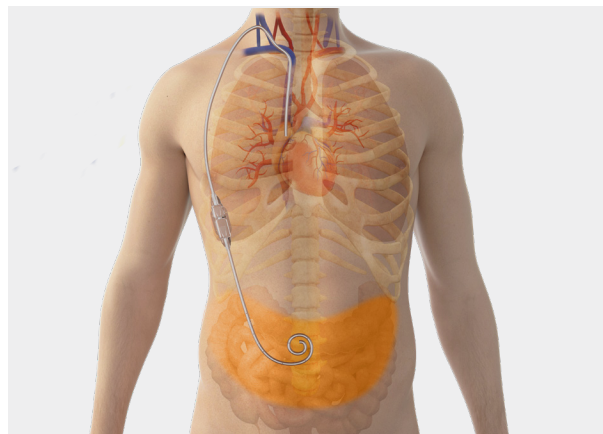
- Measurement of abdominal girth and weight
- Laboratory work up, including comprehensive metabolic panel, complete blood count, coagulation profile, serum creatinine and BUN
- Urine output and a 24-hour urine analysis for electrolytes
- MELD score
- Pertinent cardiac function

Preparation of the BD® Curve Ascites Shunt

1. Immerse the entire shunt in sterile saline solution.
2. Compress the pump chamber repeatedly until the entire shunt is filled with fluid and flow is established.
3. Expel all air bubbles.
4. Prepare the peel-away introducers to be used in the procedure.

Patient preparation

- Systemic prophylactic antibiotic
- Local or general anesthesia



Procedure steps

1. Obtain peritoneal access and drain ascites.
2. Obtain venous access.
3. Prepare pump chamber pocket.
4. Insert peritoneal catheter.
5. Tunnel venous catheter.
6. Insert venous catheter.
7. Verify and close.

Patient selection indications and contraindications are on the reverse.



Patient selection

Indications for use:

- Peritoneovenous shunting is indicated for patients with malignant or nonmalignant intractable ascites (*including patients with chylous ascites, hepatorenal syndrome and idiopathic ascites*), not responding to standard medical management, and not considered candidates for portal-venous shunting.

Peritoneovenous shunting is contraindicated for malignant ascites patients with:

- Peritonitis, possible nonsterile ascitic fluid or any systemic infection
- Renal failure with no plan for dialysis
- Decompensated heart or respiratory failure and/or pulmonary hypertension
- Disseminated intravascular coagulopathy (DIC)
- Anasarca
- Uncorrectable coagulopathy
- History of grade 3/4 esophageal varices or recent variceal bleeding

Peritoneovenous shunting is contraindicated for nonmalignant ascites patients with:

- Peritonitis, possible nonsterile ascitic fluid or any systemic infection
- Renal failure with no plan for dialysis
- Decompensated heart or respiratory failure and/or pulmonary hypertension
- DIC
- History of grade 3/4 esophageal varices or recent variceal bleeding

Consider the following when determining if the patient's system can handle the extra fluid the shunt will circulate through the body:

- Kidney function
- Cardiac function
- Portal hypertension