Mran
Value Life

## Why a midline?

More than 250 million PIVs* and 300,000 PICC are placed each year in Europe. ${ }^{1}$ But are they always the most suitable devices?

First-attempt insertion of PIV is unsuccessful in $\mathbf{1 2 - 5 4 \%}$ of patients ${ }^{2} \ldots$ while repeated insertion attempts lead to vein trauma and increase the risk of complications.

Up to $\mathbf{6 9 \%}$ of PIVs fail before therapy is complete. ${ }^{3}$
$43 \%$ of PICCs are inappropriately used ${ }^{4} \ldots$ while with a PICC, the risk of CLABSI and DVT** is increased. ${ }^{2}$

## Midline are the perfect alternative...



Midline versus PIV
$\checkmark$ Only 1 puncture
$\checkmark$ Less failure rate

Midline versus PICC
$\checkmark$ More cost effective
$\checkmark$ Preservation of central veins

# Midline: the right indications 

## Introducing smartmidline ${ }^{\text {TM }}$

## Easiest insertion, multiple sizes, CT-rated

Direct Seldinger technique
Easy and quick to insert
Allows access to small veins


Flexible guidewire
Reduces the risk of vein trauma
Available in Nitinol
or stainless steel


For optimal outcomes, to be used with:

vysion XS Ultrasound System
Code U-Lite


VYSET insertion Sets Codes V02771713 (basic), V02771714 (complete), V02771818 (max. barrier)

griplok Securement Device Code 5804.04

Range

| $\begin{aligned} & \text { Catheter } \\ & \text { size } \\ & \text { (Fr) } \end{aligned}$ | Catheter length (cm) | $\begin{aligned} & \text { Max } \\ & \text { flowrate } \\ & (\mathrm{ml} / \mathrm{s}) \end{aligned}$ | Needle length (cm) | Dilator | Guidewire |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  | Stainless stee |  | Nitino ${ }^{*}$ ** |  |
| 2 | 4 | 1.5 | 4.5 | X | 128.1204 |  |  |  |
|  | 6 |  |  | X | 128.1206 |  | 128.12062 |  |
|  | 8 | 1 |  | X | 128.1208 |  | 128.12082 |  |
|  | 10 |  |  | X | 128.1210 |  | - |  |
|  | 15 | 0.5 |  | X | 128.1215 |  | - |  |
|  | 20 |  |  | X | 128.1220 |  | - |  |
| 3 | 6 | 1.5 | 4 and 7 | $\checkmark$ | 128.1306 |  | - |  |
|  | 8 |  |  | $\checkmark$ | 128.1308 |  | 128.13082 | NEW! |
|  | 10 |  |  | $\checkmark$ | 128.1310 |  | 128.13102 | NEW! |
|  | 12 | 1 |  | $\checkmark$ | 128.1312 |  | 128.13122 | NEW! |
|  | 15 |  |  | $\checkmark$ | 128.1315 |  | - |  |
|  | 20 |  |  | $\checkmark$ | 128.1320 | NEW! | - |  |
| 4 | 8 | 5 | 7 | $\checkmark$ | 128.1408 |  | 128.14082 | NEW! |
|  | 10 |  |  | $\checkmark$ | 128.1410 | NEW! | 128.14102 | NEW! |
|  | 12 |  |  | $\checkmark$ | 128.1412 |  | 128.14122 | NEW! |
|  | 15 |  |  | $\checkmark$ | 128.1415 |  | 128.14152 | NEW! |
|  | 20 |  |  | $\checkmark$ | 128.1420 |  | 128.14202 | NEW! |
|  | 25 |  |  | $\checkmark$ | 128.1425 |  | 128.14252 | NEW! |
| 5 | 15 | 7 | 128.1515* |  |  |  |  |  |
|  | 20 |  | 128.1520* |  |  |  |  |  |

*5 Fr catheters are delivered without accessories. They must be used with a MST kit with 5.5 Fr introducer sheath, refVGAG1146-557.
** 2 Fr kits are supplied with J nitinol guidewires and 3 Fr and 4 Fr kits are supplied with straight nitinol guidewires.

1 iData report 2014
2 Helm R. E., Klausner, J. D., Klemperer, J. D., Flint, L. M., \& Huang, E. (2015). Accepted but Unacceptable. Journal of Infusion Nursing, 38(3), 189-203
3. Marsh N.., Webster J., Flynn J., Mihala G., Hewer B., Fraser J., Rickard C.M. Securement methods for peripheral venous catheters to prevent failure: a randomised controlled pilot trial. J Vasc Access 2015; 16 (3): 237-244.

4 Chopra V. Flanders SA, Saint S. et al. The Michigan Appropriateness Guide for Intravenous Catheters (MAGIC): Results from a Multispecialty Panel Using the RAND/UCLA Appropriateness Method. Annals of Internal Medicine 2015; 163(6): Supplement.
5 Adams V. The midline catheter: a clinical review. The Journal of Emergency Medicine,Vol. 51,
No. 3, pp. 252-258, 2016

## - INTRAVASCULAR THERAPIES

## For further information, please contact: questions@rygon.com

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