

# HEMORRHAGE OCCLUDER PIN WITH APPLICATOR

Catalog No. HOP-AP

## DESCRIPTION:

The Hemorrhage Occluder Pin is a tack made of medical grade titanium. It has a 10 mm head and a 7mm shaft. The shaft is serrated for more secure placement in the sacrum. An Applicator is provided to facilitate placement of the Hemorrhage Occluder Pin.

## INDICATIONS:

The Hemorrhage Occluder Pin is indicated for the control of localized severe hemorrhage from the sacral area during pelvic surgery. The pin should be used when other techniques (cautery, sutures, clamping, etc.) are judged ineffective.

## CONTRAINDICATIONS:

- Bleeding deemed controllable by direct suture or electrocautery.
- Severe instability of the patient as measured by severe hemorrhage or hypotension.
- Bleeding further than 2 cm from the midline. Bleeding that appears to originate from a sacral neural foramen or vital structure such as a ureter, rectum or vagina.
- Diffuse hemorrhage related to a systemic coagulation disorder not controllable by fingertip pressure against the anterior surface of the sacrum.

## INSTRUCTIONS FOR USE:

1. Apply direct fingertip pressure to the bleeding site to stop the bleeding.
2. When the bleeding is controlled, clear the surgical field of blood and clot, and retract the adjacent organs for optimal visibility of the presacral area.
3. Remove the Hemorrhage Occluder Pin from the plastic capsule by extracting it through one of the two side holes in the middle of the holder with suitable forceps (e.g. a hemostat or needle holder).
4. Grasp the pin with a long forceps (e.g., a right angle clamp), or use the provided Applicator. To use the Applicator, insert the pin into the flexible pin holding flap of the Applicator, the shaft of the pin passing through the slot on the slotted side of the flap.
5. Rapidly withdraw the hemostatic finger and place the Hemorrhage Occluder Pin directly over the bleeding area. Apply fingertip pressure to the head of the pin, pushing it into the bone. Apply direct and steady pressure until the pin is fully seated with the head of the pin flush with the bony cortex.
6. Consider placement of a second pin if the bleeding continues and appears to be emanating from a second site. Avoid overlapping pin heads.

## COMPLICATIONS:

Complications may result from the use of this product depending upon the patient's degree of intolerance to any foreign object in the body.

## PRODUCT INFORMATION DISCLOSURE:

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