



VENOSCOPE® II
TRANSLUMINATOR
THE VEIN FINDER™

Instructions for Use

Features

- Battery operated – 3 AA alkaline
- High Intensity LED lights with dual wave lengths
- Low Battery Indicator Light
- Dual Position Switch – High and Low



Prepare Patient

- Tourniquet the patient as per usual procedure
- You may omit the tourniquet if the vein tends to blow when the tourniquet is released such as elderly patients
- Show the patient the Venoscope II and explain that it is a new device, like a flashlight, that will help find their veins so that they only have to stick once
- Allow the patient to hold and get used to the light while you are preparing for the procedure – this relaxes them and takes their mind off the coming stick. Do not allow them to shine the light directly into anyone's eyes.

DIM THE ROOM LIGHTS

- It is essential that you be able to dim the ambient room lighting in order to achieve the best contrast between the subcutaneous tissue and the vein
- After you become comfortable with the light you may be able to use it in progressively brighter room lighting



Placement of the Venoscope

- Place the Venoscope II so that it is flush on the surface of the skin with all of the light focused down into the subcutaneous tissue
- Move the light about the arm or back pad of the hand by sliding it over the skin
- You will see a dark line appear between the two arms. The dark line IS the VEIN.
- Verify by depressing both arms down to collapse the vein, the dark line disappears, and releasing pressure to refill the vein, the dark line reappears.



Locating the Vein

- When you see a dark line between the arms you can suspect it is a vein
- To verify, simply depress both arms down and observe the dark line disappear. Watch for it to reappear when pressure is released. This blanching technique verifies that it is a soft patent vein
- If the dark line does not disappear and reappear when pressure is released, you are probably looking at a sclerotic vein or a tendon. **DO NOT STICK IT!!**



Selection of the Proper Vein

- After verifying that it is a vein you will track it to see the direction of travel and any bifurcations that you must avoid
- As you gain experience you will be able to note valves to avoid as well
- You may see the vein bulging where it has been stuck before. It will be easy to spot
- Select the vein which will accommodate the size catheter that you will be using
- Relative depth can be determined by the sharpness of the vein presentation. Sharp outlines of the vein mean it is close to the surface. Deeper veins appear fuzzy or hazy.
- Verify veins by bouncing the light up and down and blanching the vein along its length. If it blanches, it is a vein

Positioning for the Stick

- After locating and verifying the vein, mark the target site with a fingernail indent, surgical marking pen or some other landmark
- Turn the lights back on and proceed as usual guided by your landmark
- You may also reverse the light and attach it to the patient's arm with the Velstretch strap so that the light is positioned over the target vein. This frees up both of your hands with the vein positioned directly in front. The Venoscope, in this position, helps to stabilize the vein to prevent vein rolling.



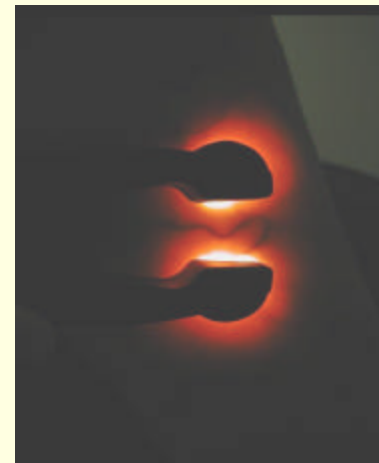
Inserting the Catheter

- Use the landmark as your guide for the stick
- Apply a little countertraction and enter the vein at a 25 degree angle and advance until you feel the catheter enter the lumen of the vein
- Check for a blood return and complete the procedure as normal
- If you attach the Venoscope to the arm, apply countertraction and enter the skin so that the needle contacts the vein between the dual arms. You may even see the release of blood into the tissue when you enter the vein
- If the vein starts to roll, apply a little downward pressure on the arms to hold it in place. Too much pressure will collapse the vein.



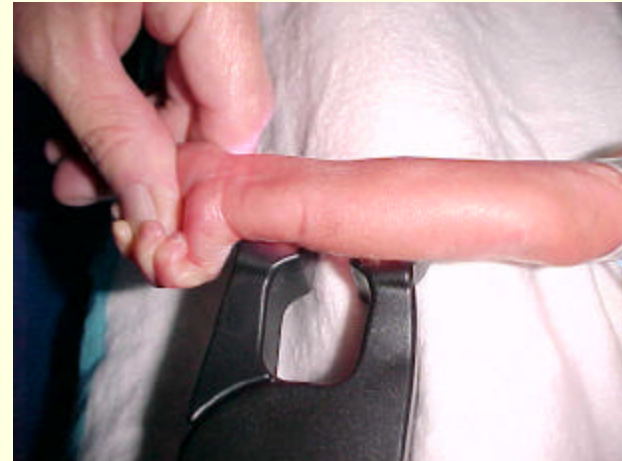
Sclerotherapy Application

- Have the patient stand on a raised platform so that you can easily access the legs
- Darken the room
- Place the Venoscope on the surface of the skin and look for deep feeder reticular veins in the area of the spider veins
- Verify the vein by depressing the light and blanching it
- Have an assistant, or the patient, hold the light for you to inject the vein



Neonatal Application

- Use the Venoscope Transilluminator by positioning it beneath the small arm or foot
- Use both the high and low switch settings to find the one that works best
- Note the veins from the top of the arm or foot



Infection Control

- Disposable Protective Covers are available in order to prevent blood or fluids from touching the Venoscope. These are packaged clean, not sterile, in packs of 50.
- You may wipe the Venoscope down with alcohol preps rather liberally, but do not submerge or autoclave - doing so will void the One Year Warranty



Contact Information

- Customer Service is available from 9:30 to 4:30
Eastern Australian Summer Time
- Call 03 9898-9393 if you have ANY questions
- FAX 03 9898-9394
- Address: Graykon Scientific
PO Box 200
Surrey Hills
Vic 3127