

# Femoquick Femoral Artery Hemostasis Compression Device Access Site Management



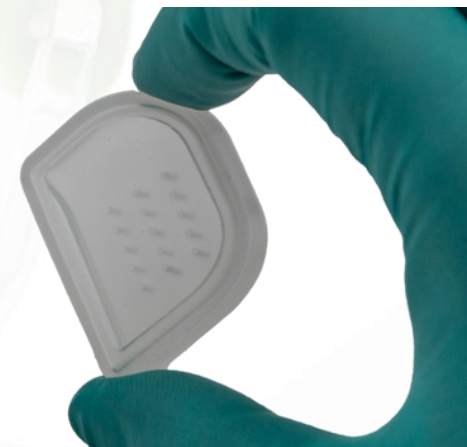
## Structure and Composition of Femoquick







**Guide Card**



**Ho's Dome**



**Comfort Board**



**Main Body**



**Pressure knob**



## Evaluation index

- Easy to operate
- Concentrated pressure
- Patient feels comfortable
- Not easy to shift





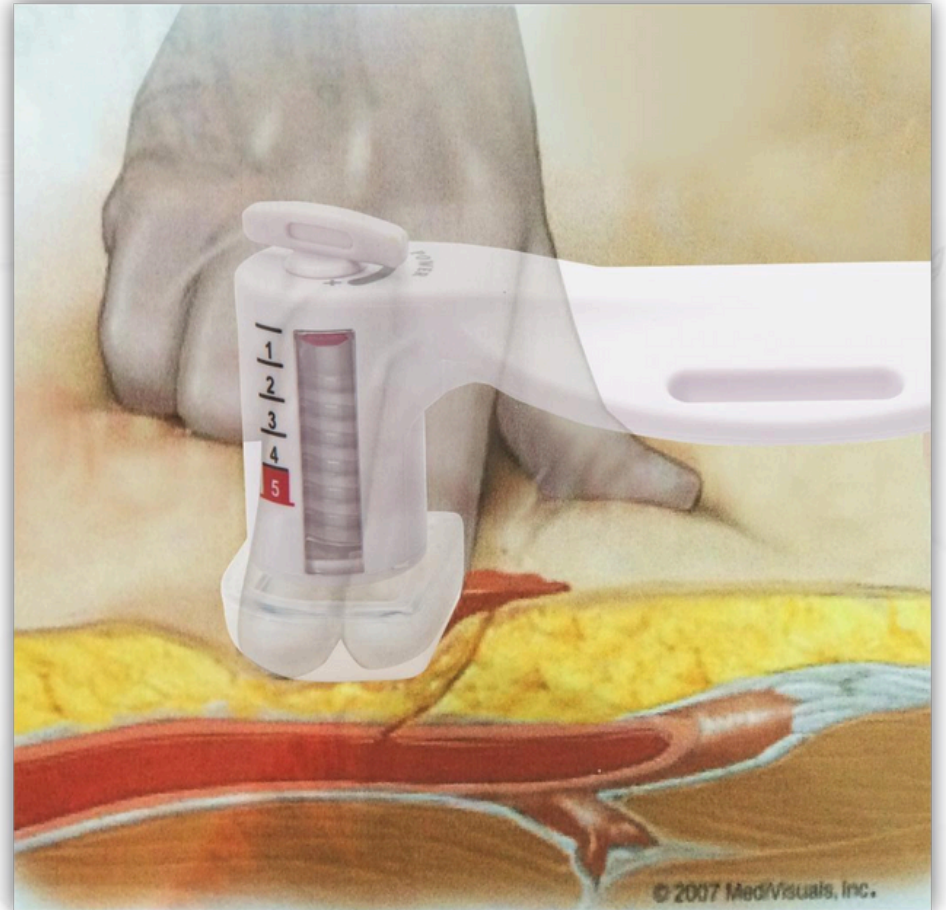
# Concentrated pressure

## Ho's Dome

Compressed area: 4.18CM<sup>2</sup>

It is equivalent to the compression area of the middle finger and index finger.

Concentrate pressure on the vascular puncture port without affecting surrounding tissues



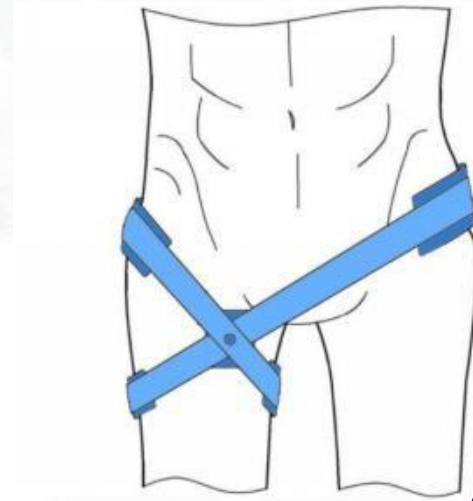
# Patient feels comfortable



## Cross fixed design

Reduce discomfort

VS



## Lumbar and iliac fixed design(other brands)

It can easily cause skin damage, deviation, and make the patient irritable and insomnia.



## Easy to operate



1min Install



30s adjust



1min unload

# Three elements for successful pressure hemostasis

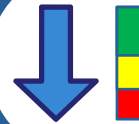
Accurate pressure point



Appropriate pressure



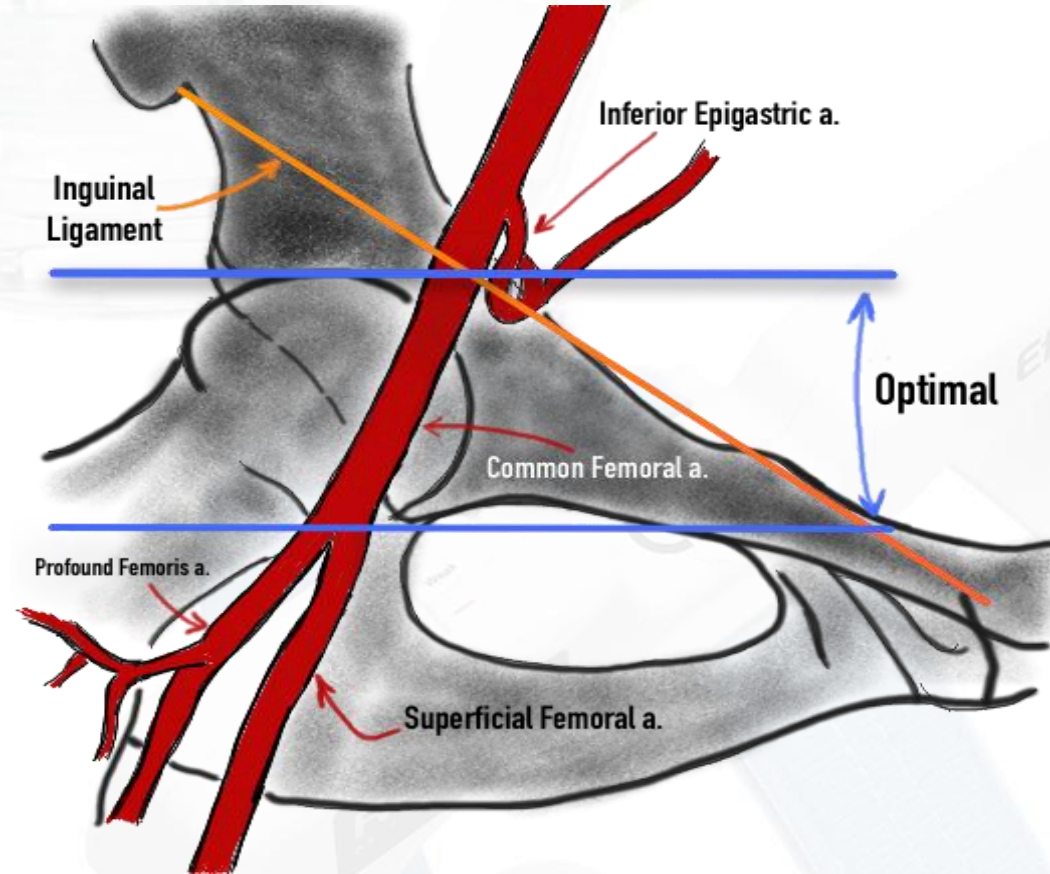
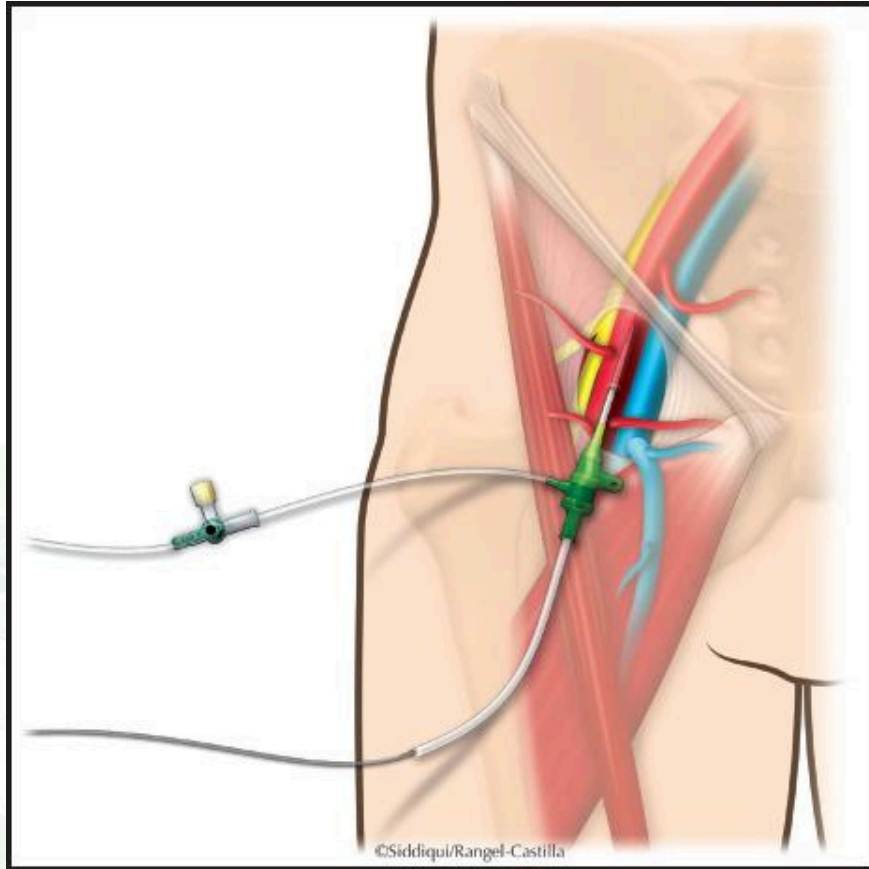
Reasonable duration of oppression



3  
ELEMENTS

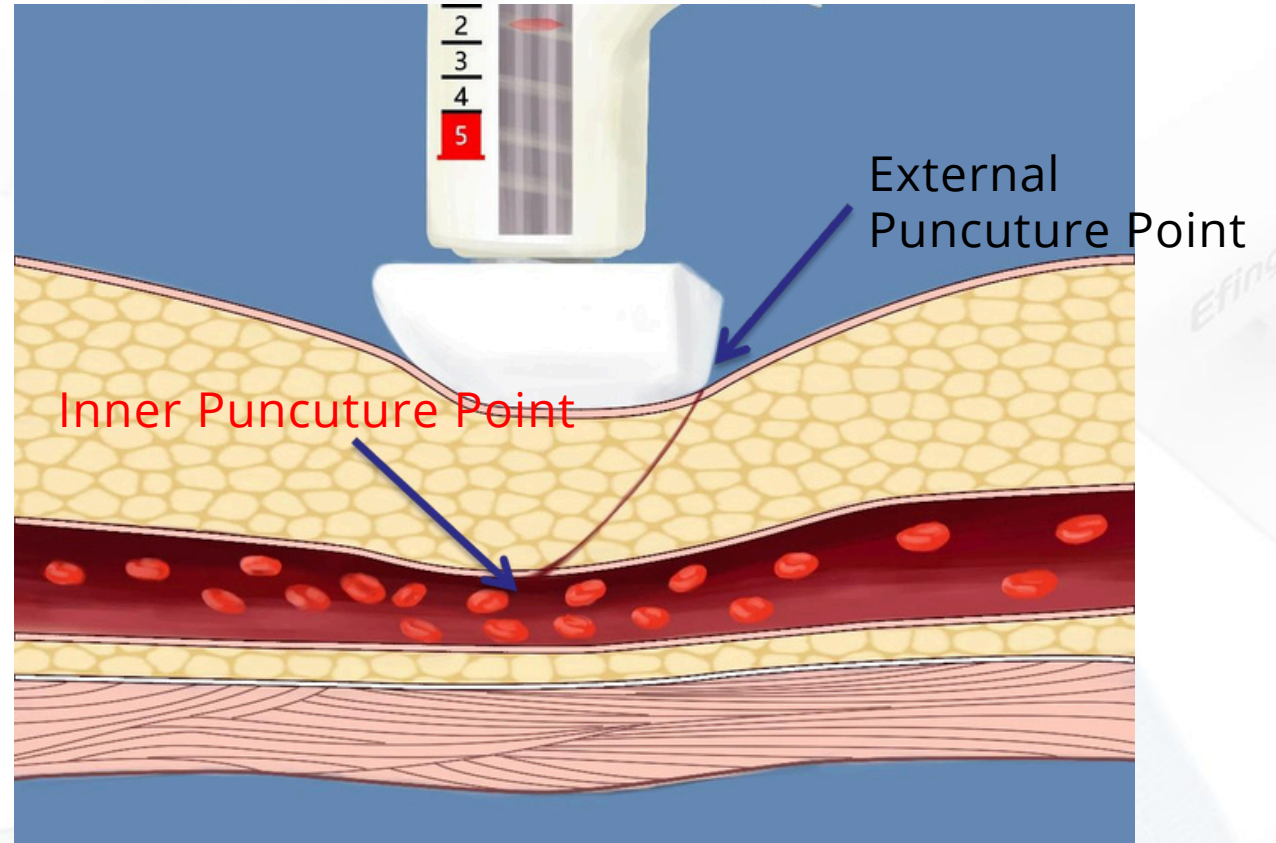
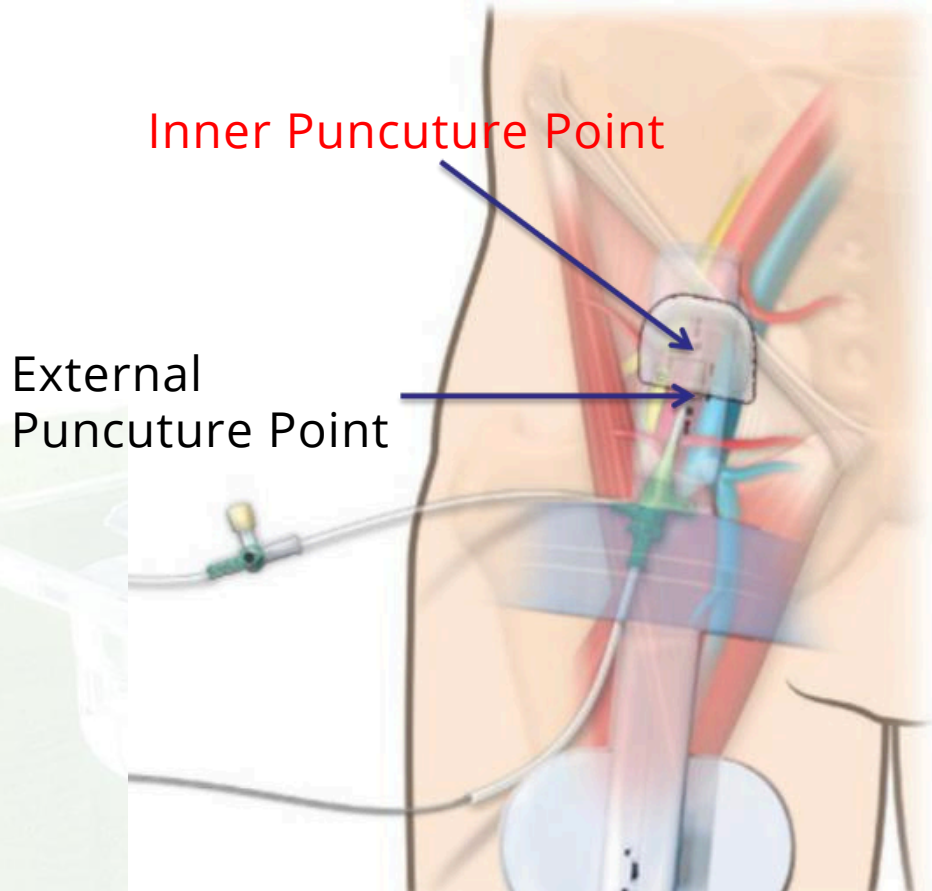


# Anatomical location of femoral access



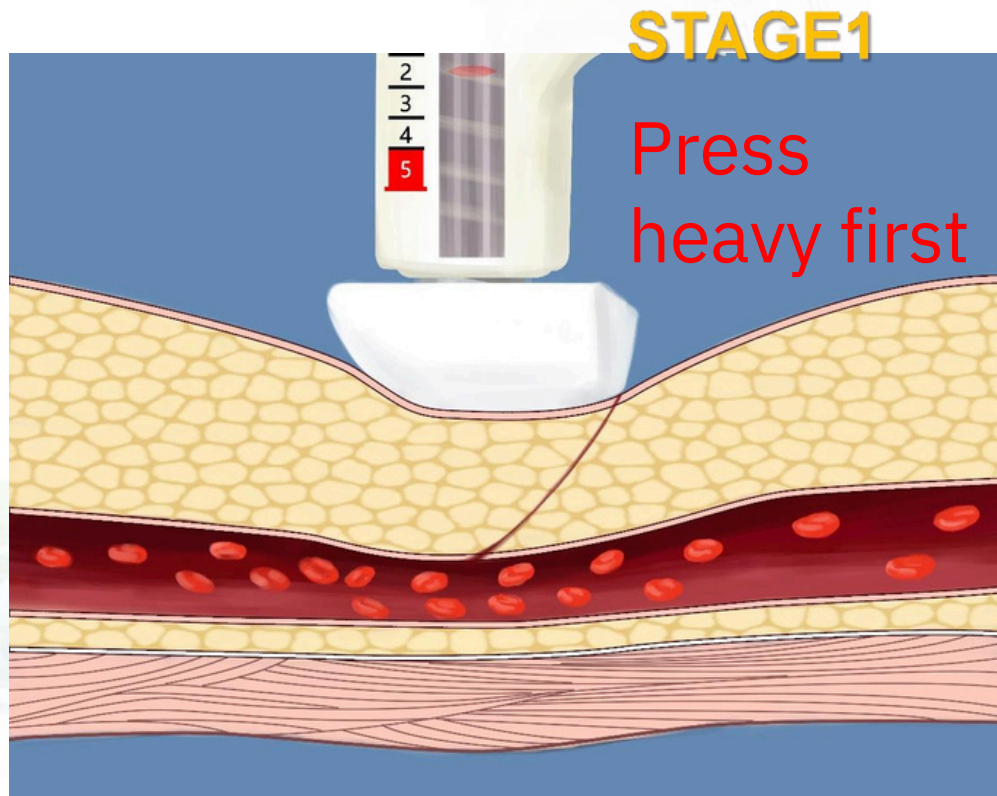
# Accurate pressure point

The center of the compression pad must be aligned with the **Inner Puncture Point**

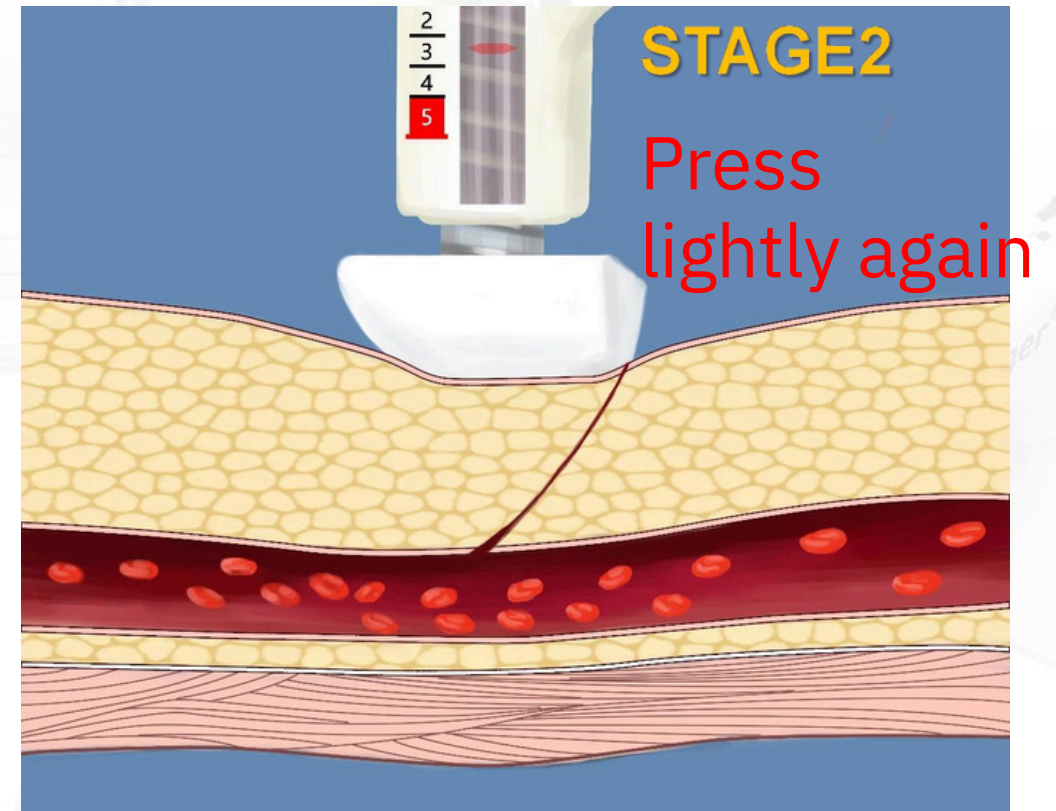




# Appropriate pressure



**Heavy pressure** (hemostatic pressure) --  
- promotes blood coagulation at the  
puncture site.



**Light pressure** (maintain compression)-  
-stabilize blood coagulation



# Femoquick Artery Hemostasis Compression Device

## Product Installation Steps Guide

<p><b>1</b></p> 	<p><b>2</b></p> 	<p><b>3</b></p> 	<p><b>4</b></p> 	<p><b>5 Key Step</b></p> 
<p><b>Activate Device</b> Pull out the starter bar to activate device and unlock the safety lock.</p>	<p><b>Install Ho's compression dome</b> Take out the dome from the sterile package and install it on the main body of Femoquick.</p>	<p><b>Place comfort board</b> The comfort board should be placed as close to the buttocks as possible.</p>	<p><b>Sheath adjustment</b> Withdraw the sheath by 3 to 5 centimeters.</p>	<p><b>Position and install main body</b> Ensure that the Ho's dome is directly above the internal puncture site, with the main body parallel to the thigh.</p>
<p><b>6</b></p> 	<p><b>7 Key Step</b></p> 	<p><b>8 Key Step</b></p> 	<p><b>9</b></p> 	<p><b>10</b></p> 
<p><b>Fixed strapping belt</b> Equally distribute the length of the straps on both sides and fix the straps.</p>	<p><b>Stability observation</b> The main body of the compressor should form a vertical angle with the straps.</p>	<p><b>Strap tightness test</b> When the compressor fits the compression site as shown, the distance between the puncture site and the Ho's dome should be exactly about 1.0cm.</p>	<p><b>Completely remove the sheath</b> Press down on the front of Femoquick with left hand and pull out the sheath with right hand.</p>	<p><b>Press button to apply pressure</b> When applying pressure, the left hand should maintain downward pressure. The compression force is detailed in the following compression suggestion table.</p>
<p><b>11</b></p> 	<p><b>12 Key Step</b></p> 	<p><b>13</b></p> 	<p><b>14</b></p> 	<p><b>15</b></p> 
<p><b>Confirm normal pulsation of the dorsal foot artery</b> Ensure blood supply to the thighs and check for normal pulsation of the dorsal foot artery.</p>	<p><b>Fill out the operation instruction card</b> Correctly filling out the instruction card helps with postoperative care.</p>	<p><b>Reduce stress and maintain pressure</b> Adjust the pressure according to the operation instructions and suggestion table.</p>	<p><b>Remove the Efinger</b> Alcohol swabs can be used to assist in removing the hemostatic device.</p>	<p><b>Apply a patch</b> No need to use pressure bandages or sandbags again.</p>



# Reasonable duration of oppression

## STAGE1

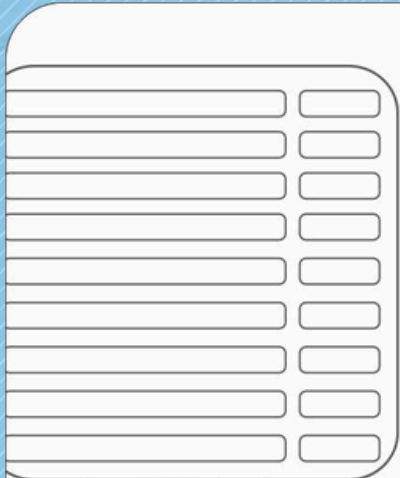
## STAGE2

## STAGE3

Sheath diameter	Blood pressure	Systemic heparinization dose	Hemostasis compression time(Heavy press) (Scale: 4~2.5)	Maintain compression time(Light press) (Scale: 2.5~1)	Observation time (Scale: 0)
4F or 5F	< 140/90 mmHg	≤ 5000 U	1Hour	1Hour	2min - 15min
		> 5000 U	2Hour	2Hour	2min - 15min
	≥ 140/90 mmHg	≤ 5000 U	2Hour	2Hour	2min - 15min
		> 5000 U	3Hour	3Hour	2min - 15min
6F or 7F	< 140/90 mmHg	≤ 5000 U	2Hour	2Hour	2min - 15min
		> 5000 U	3Hour	3Hour	2min - 15min
	≥ 140/90 mmHg	≤ 5000 U	3Hour	3Hour	2min - 15min
		> 5000 U	4Hour	4Hour	2min - 15min
8F or 9F	< 140/90 mmHg	≤ 5000 U	3Hour	3Hour	2min - 15min
		> 5000 U	4Hour	4Hour	2min - 15min
	≥ 140/90 mmHg	≤ 5000 U	4Hour	4Hour	2min - 15min
		> 5000 U	5Hour	5Hour	2min - 15min
10F or 11F	< 140/90 mmHg	≤ 5000 U	4Hour	4Hour	2min - 15min
		> 5000 U	5Hour	5Hour	2min - 15min
	≥ 140/90 mmHg	≤ 5000 U	5Hour	5Hour	2min - 15min
		> 5000 U	6Hour	6Hour	2min - 15min

If the hemostatic pressure is used for more than 3 hours, starting from the 4th hour, the pressure will be reduced by 1 mark every hour.

# Post Procedure Guide CARD



## Post Procedure Guide

DEVICE APPLIED AT	<input type="text"/>	MARKER	<input type="text"/>
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PRESSURE ADJUSTMENT		DONE
TIME	SETTING	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
TIME	SETTING	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

DEVICE REMOVED AT	<input type="text"/>	DONE	<input type="text"/>
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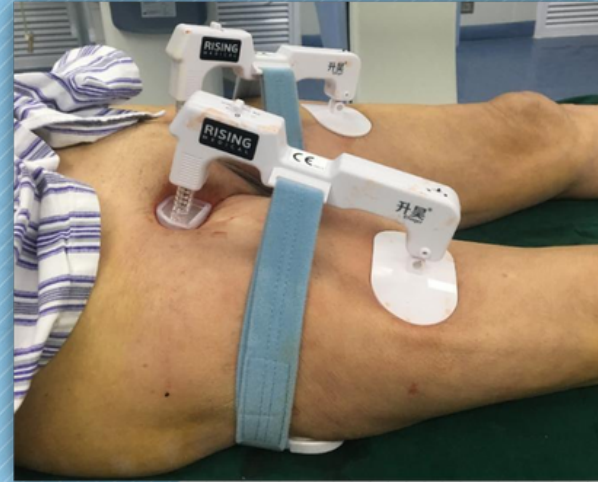


# Installation and wearing correct demonstration





# Bilateral femoral artery puncture demonstration



## Severely Obese patients

Tip: Tighten the strap as much as possible.





**It can also be used to control bleeding with a hemostatic device when bleeding occurs after use of the SEAL/Closure device.**

**Tip: Use 1~2 scale pressure throughout the process**





# Management of complications

If done correctly, most complications can be avoided

Common complications	Cause	Observation points and solutions
Subcutaneous hematoma, congestion	<ol style="list-style-type: none"> <li>1. Improper operation</li> <li>2. Local compression does not take enough time to stop bleeding</li> <li>3. The fixed position shifts or falls off</li> <li>4. The patient has excessive movement of the limb on the puncture side</li> </ol>	<p>Observe whether the patient's fixing tape has fallen off, instruct the patient to keep immobilizing, and provide targeted care according to the cause of hematoma at the puncture site to reduce the incidence of hematoma. Pay special attention to whether there is a lot of sweating. Once found, wipe off the sweat stains and re-fix them immediately.</p>
Swelling of limbs	<ol style="list-style-type: none"> <li>1. Improper operation</li> <li>2. Improper positioning of compression pads</li> </ol>	<p>The patient's limb swelling is all related to the compression of the adjacent veins by the compressor at the same time, which can be relieved by adjusting the position of the compressor or appropriately loosening the compressor.</p>
Venous thrombosis	<ol style="list-style-type: none"> <li>1. Improper operation</li> <li>2. Too much pressure</li> <li>3. Improper positioning of compression pads</li> </ol>	<p>Observe the pulse of the dorsalis pedis artery, skin temperature, numbness, sensory impairment, etc. Especially for diabetic patients whose dorsalis pedis artery disappears, it is necessary to observe whether the pressure plate of the hemostat pulsates with the pulsation of the femoral artery, determine the blood supply status of the lower limbs, observe the skin temperature and color, and whether the venous blood flow is blocked. If so, Instruct patients to do slight foot activities to reduce the formation of venous thrombosis.</p>
Pseudoaneurysm	<ol style="list-style-type: none"> <li>1. Improper operation</li> <li>2. The puncture point is low and does not compress the inner puncture point.</li> <li>3. Arterial catheter sheath diameter is too large, repeated puncture</li> <li>4. Use anticoagulants</li> <li>5. Premature activity after surgery</li> </ol>	<p>Due to the reasons mentioned on the left side, blood flow enters the perivascular tissue through the unclosed break in the arterial wall to form one or more lacunae. Special attention should be paid to the elderly, obese patients, and patients with elevated systolic blood pressure. They are at high risk of pseudoaneurysm. People, once it occurs, we need to observe closely. The effective index of relief is the disappearance of vascular murmur after treatment.</p>



# Other matters needing attention

## Transport Care and Patient Instructions

- Care should be taken during bed transfer and transport back to the ward to avoid device displacement due to extrusion and collision.
- After receiving the patient, the ward nursing staff should confirm with the doctor whether the compressor is loose or displaced, and whether there are any abnormalities such as bleeding, hematoma, ecchymosis, etc. at the compression site.
- Ask the doctor when to lower the pressure and when to remove the compressor, and record the details on the "Postoperative Care Instruction Card"
- Someone must accompany the patient during the compression process. Before the compression hemostat is removed, the patient's immobilized limbs can move in translation but cannot bend.
- You can get out of bed and move appropriately after 8 hours. You should try to avoid bending and exerting force on the lower limbs where the puncture site is located. The bending angle should be less than 90 degrees.
- ∅ Try to avoid sitting on the toilet and walking up and down stairs for 24 hours after surgery.

## Key points of postoperative observation and care

- Within 2 hours after surgery, the puncture point should be observed every 15 minutes to see if there is bleeding and new vascular murmurs at the puncture site.
- Pay attention to the swelling of both limbs, the pulsation of distal arteries and skin temperature
- Pay attention to patient symptoms and signs, and be alert to various surgical complications, such as retroperitoneal hematoma, cardiac tamponade, acute stent thrombosis, etc.
- Because some patients have difficulty defecating in bed, be alert to the occurrence of urinary retention, and provide short-term retention catheterization if necessary.
- Patients who develop hematoma are more likely to have vasovagal reflex when they stop bleeding again. When the doctor applies pressure to stop bleeding, prepare atropine and dopamine, and closely observe the patient's consciousness, heart rate, and blood pressure. If the patient develops symptoms of hypotension such as chest tightness, yawning, and dizziness, prompt the doctor to immediately. If a vasovagal reflex occurs, it should be dealt with immediately.



# THANKS

