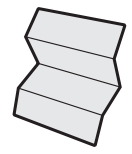
0 DESCRIPTION OF PARTS

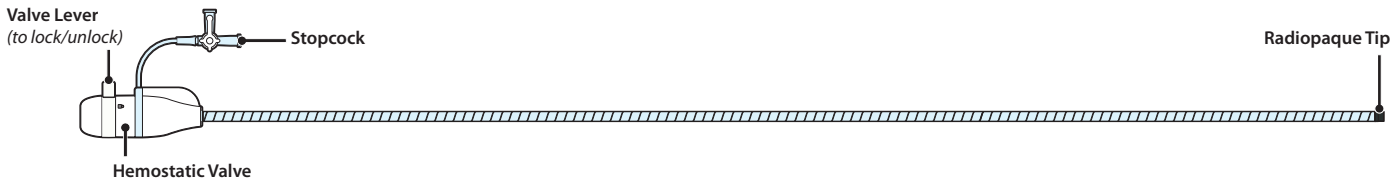
OBTURATOR

CANNULA

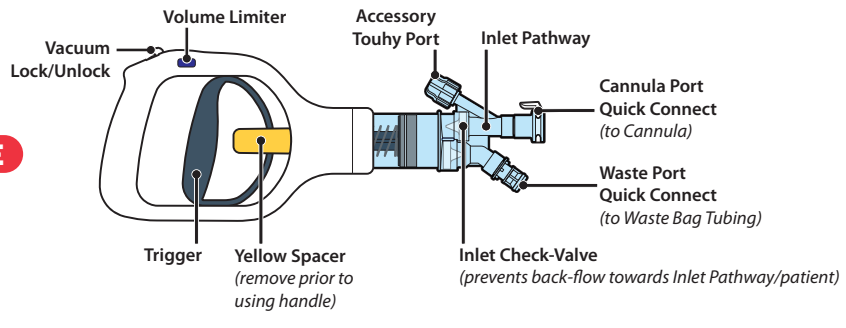


AlphaVac QRG
(Unfold completely and review both sides)

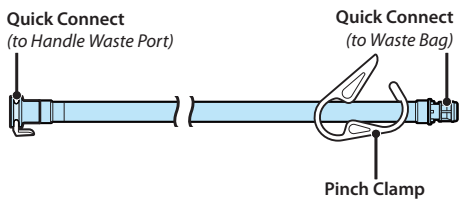
SHEATH



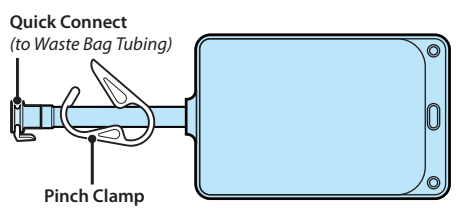
HANDLE



WASTE BAG TUBING

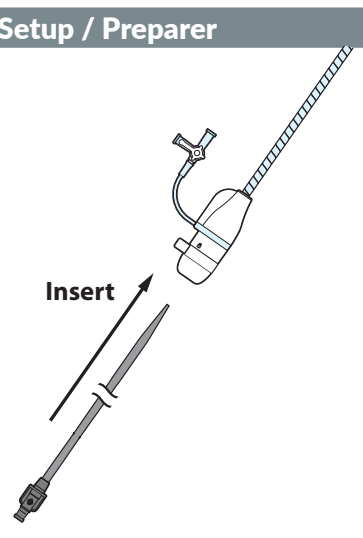


WASTE BAG



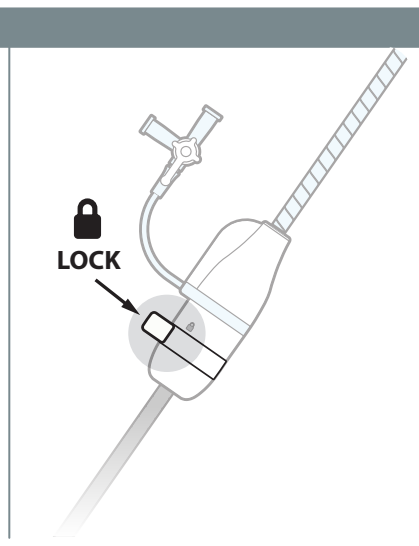
1 PREPARING OBTURATOR & SHEATH ASSEMBLY

Setup / Preparer



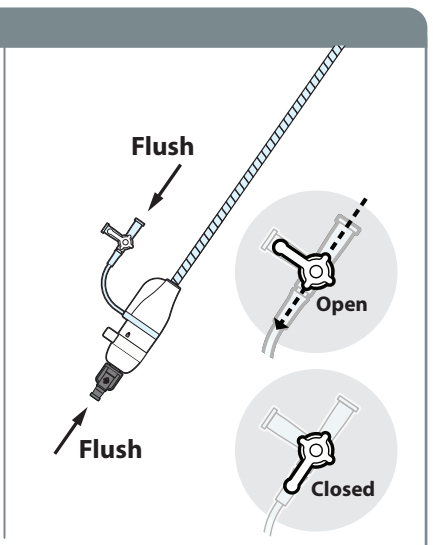
Insert Obturator into Sheath

- Fully insert the obturator into the sheath.



Lock Valve Lever

- LOCK the valve lever.



Flush Guidewire Lumen and Stopcock

- Flush guidewire lumen.
- Flush and close the stopcock on the sheath.

Check before hand off →

Sheath and obturator assembly is ready to place in patient when:

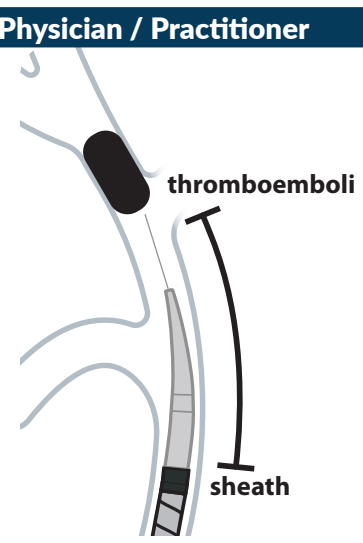
CHECK & ENSURE

- Obturator is inserted into the sheath.
- Valve lever is locked.
- Both the guidewire lumen and stopcock are flushed.
- The stopcock is closed.

Ready for physician to place in patient

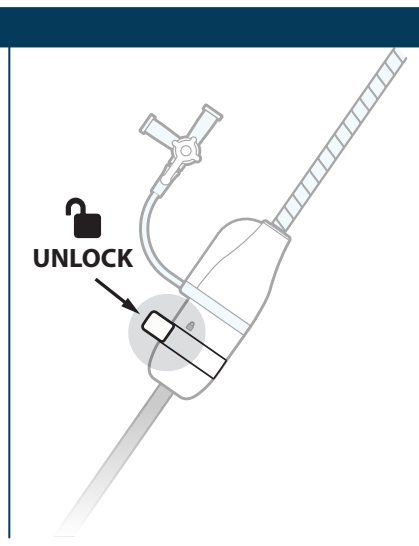
2 PREPARING PLACING SHEATH IN PATIENT

Physician / Practitioner



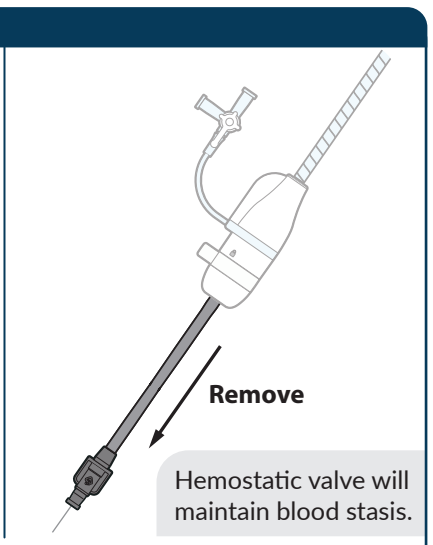
Introduce and Position Sheath in Patient

- Introduce the sheath/obturator.
- Position the tip of the sheath in an area free of thromboemboli for extraction (this position allows for funnel expansion prior to aspiration).



Unlock Valve Lever

- UNLOCK the valve lever.



Hemostatic valve will maintain blood stasis.

Remove Obturator and Guidewire

- While keeping Sheath in position, remove the obturator and guidewire. Sheath should remain in patient.

Sheath is ready for receiving cannula and handle when:

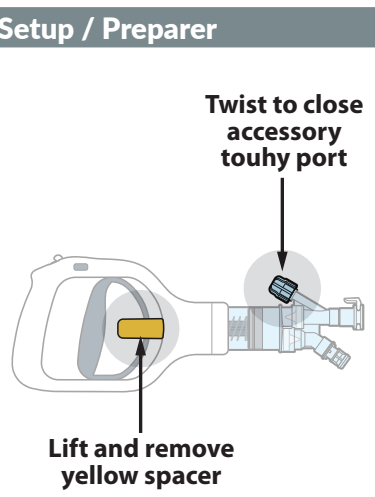
CHECK & ENSURE

- Sheath is positioned away from thromboemboli.
- Obturator and guidewire are removed from the sheath.

Sheath is ready to receive cannula and handle

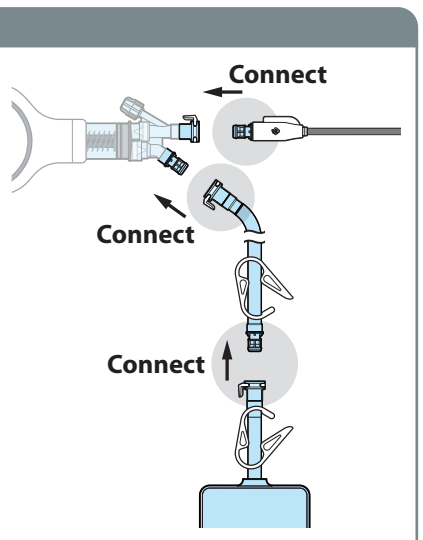
3 PREPARING PREPARING HANDLE ASSEMBLY

Setup / Preparer



Close Touhy and Remove Yellow Spacer

- Close the accessory touhy port.
- Lift and remove yellow spacer.



Connect Cannula, Waste Tubing and Bag

- Connect cannula to handle.
- Connect waste tubing to handle.
- Connect waste bag to tubing.

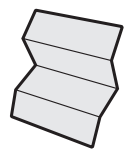
Check before hand off →

AlphaVac handle assembly is ready for physician when:

CHECK & ENSURE

- Accessory touhy port is closed.
- Yellow spacer is removed.
- Cannula, waste bag tubing and waste bag are connected to handle.

Handle assembly is ready for physician

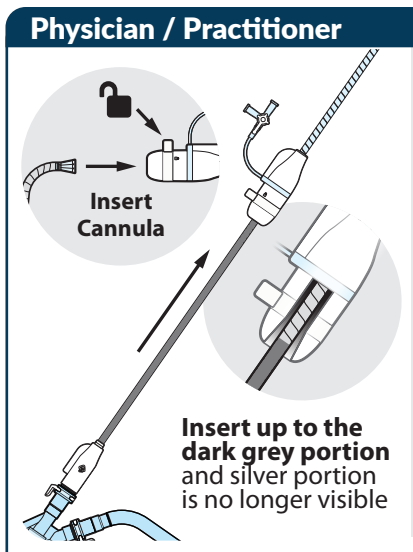


Unfold completely and review both sides

AngioDynamics, QRG, 12 in x 18 in, AlphaVac F18 -85, 19903658-21 Rev A, English

4 PREPARING
INSERT CANNULA & PRIME SYSTEM

Physician / Practitioner

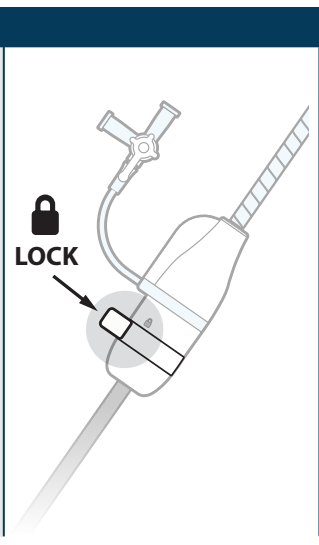


DO NOT extend the funnel out of the sheath until priming is completed.

CAUTION: Extending the funnel out of the sheath prior to priming can introduce air and endanger the patient. Keep the funnel inside the sheath until priming is completed.

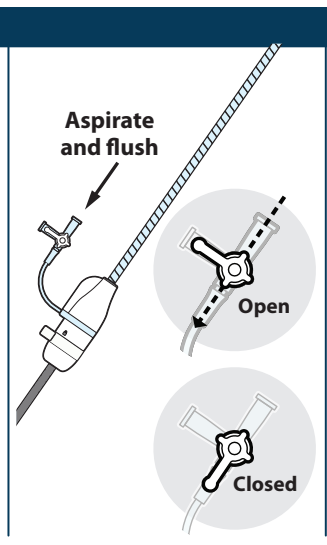
Insert Cannula into Sheath

- Check or unlock the valve lever.
- Keep sheath in an area free of thromboemboli for extraction.
- Insert cannula into sheath up to the dark grey portion and until the silver portion is no longer visible.



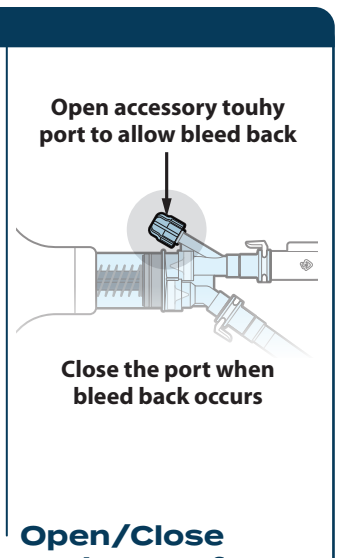
Lock Valve Lever

- LOCK the valve lever.



Aspirate and Flush Sheath Stopcock

- Aspirate air from the stopcock, then flush and close stopcock.



Open/Close Touhy Port for Bleed Back

- Open accessory touhy port.
- Allow bleed back via port.
- Close the port.

AlphaVac system is primed and ready to operate when:

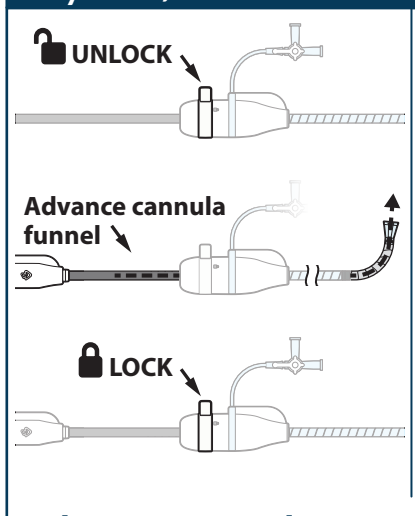
CHECK & ENSURE

- Cannula is inserted into the sheath up to the dark grey portion.
- Valve lever is locked.
- Stopcock has been aspirated, flushed and closed.
- Bleed back via the accessory touhy port was performed.
- The accessory touhy port is closed.

AlphaVac system is ready to operate

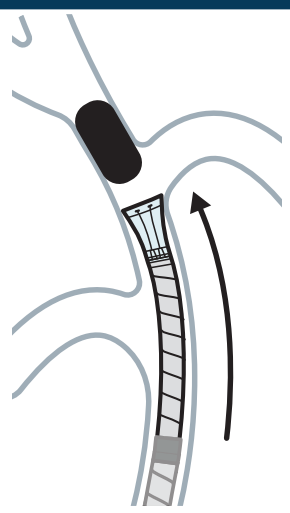
5 OPERATING
REMOVING THROMBOEMBOLI

Physician / Practitioner



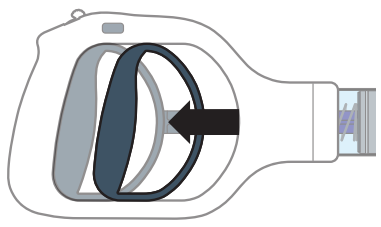
Advance Funnel

- UNLOCK the valve lever.
- Advance cannula funnel.
- LOCK the valve lever.



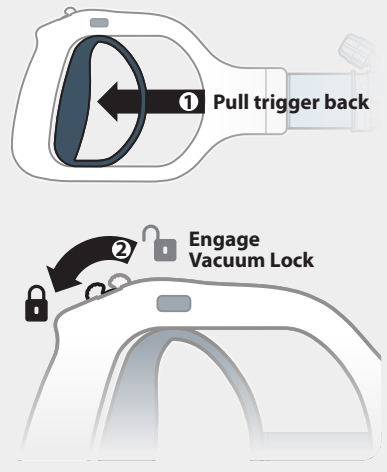
Navigate to and Engage Thromboemboli

- Navigate to thromboemboli.
- Manually pull the handle trigger as needed, using a controlled movement, to gradually engage thromboemboli.



When Thromboemboli is Engaged

- Continue to manually pump using either setting at 10 cc (mL) or 30 cc (mL).
- or use Vacuum Lock (see next image).



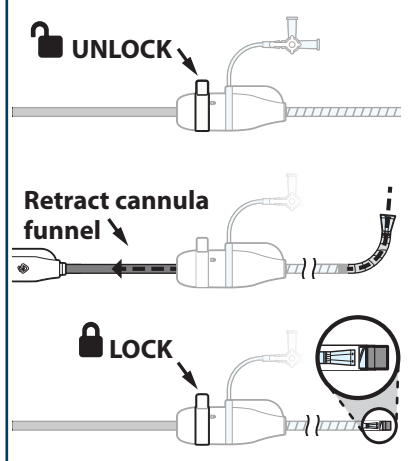
Using Vacuum Lock
(Use only when cannula is occluded)

- Thromboemboli must be engaged.
- Use the 30 cc (mL) setting and engage Vacuum Lock.
- Continue to monitor procedure.

- **CAUTION:** Opening the accessory touhy port during vacuum can introduce air into the system and endanger the patient. Use caution when opening the accessory touhy port to avoid introducing air into the system.

6 OPERATING
REMOVING SYSTEM FROM PATIENT

Physician / Practitioner



Retract Funnel

- UNLOCK the valve lever.
- Pull cannula back so funnel is fully retracted inside the sheath.
- LOCK the valve lever.

Remove System

- Keep the handle attached to the cannula when removing system from patient.

CAUTION: When removing, **DO NOT** disconnect handle from cannula. If there is thromboemboli in the cannula, it could lead to back flow of blood through the cannula and reintroduction of the thromboemboli.

ALPHAVAC
MULTIPURPOSE MECHANICAL ASPIRATION
F18[85]

angiodynamics

QUICK REFERENCE GUIDE

ifu.angiodynamics.com

19903658-21 Rev A 03/2024

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EN

ALPHAVAC
MULTIPURPOSE MECHANICAL ASPIRATION
F18[85]

QUICK REFERENCE GUIDE

IMPORTANT: Refer to Directions for Use provided with the product for complete Indications, Instructions, Warnings, Precautions, Possible Adverse Effects and Contraindications prior to use of the product.

AngioDynamics, QRG, 12 in x 18 in, AlphaVac F18 -85, 19903658-21 Rev A, English