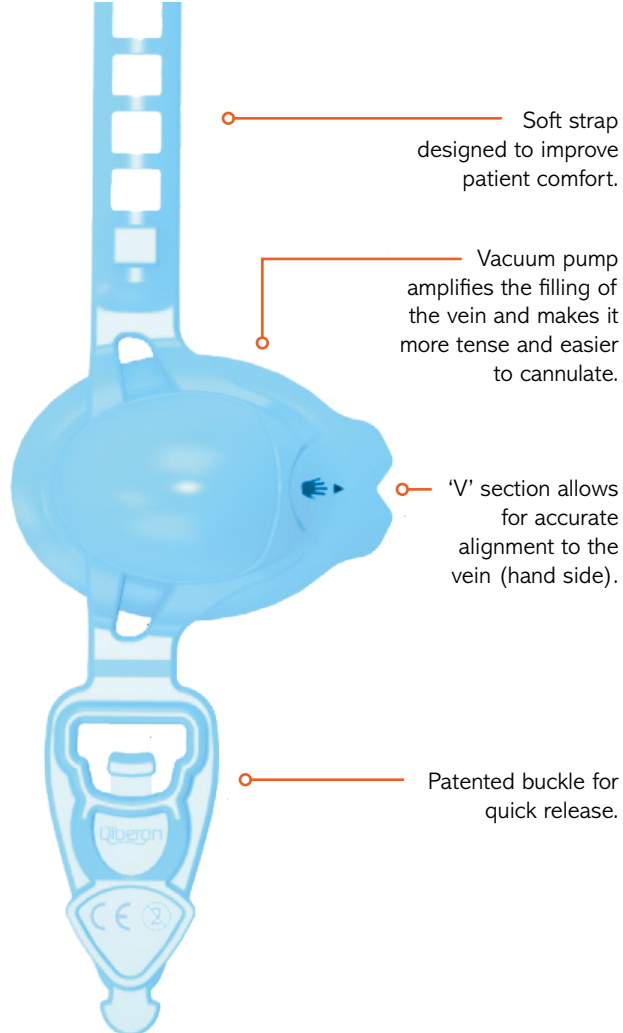


The Olberon Vacuderm™ is a unique smart tourniquet designed to facilitate below the elbow cannulation of patients with poor venous access.

Its innovative vacuum pump enhances the tourniquet effect of the device by distending the targeted vein in preparation for the insertion of an IV catheter.

Suitable for most hospital departments, clinics, home-care nursing and ambulances.

- Designed to improve the success rate of first attempt venous access.
- Improves patient comfort and experience.
- Reduces trauma for both patient and practitioner.
- Easy to use, complementing existing practices.
- Single patient use to minimise the risk of infection.
- Soft and comfortable strap with unique quick release buckle.
- Latex free.
- Patented Class 1 medical device.
- Full training available on request.



Soft strap designed to improve patient comfort.

Vacuum pump amplifies the filling of the vein and makes it more tense and easier to cannulate.

'V' section allows for accurate alignment to the vein (hand side).

Patented buckle for quick release.

Olberon Vacuderm™

Optimising venous access



For more information scan the QR code or visit

www.olberon.com

Tel: +44 (0) 115 8022025
Email: Enquiries@olberon.com



JAN 2021

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A smart tourniquet and vein inflator for patients with difficult to reach veins

Helps to improve first attempt cannulation in venous access

Olberon Vacuderm™

Optimising venous access

COMMON DIFFICULT PROCEDURES

Introducing a needle into the vein (cannulation) is the most performed invasive medical procedure worldwide.

Over a billion peripheral intravenous catheters (PIVVs) are inserted each year in hospitalized patients worldwide.¹

Up to 30% of cannulations in adults fail at the first attempt.²

SAFETY & INFECTION PREVENTION

Every attempt at cannulation increases the risk of infection to patients.

Failure is traumatic for both the patient and the practitioner.

HIGH WASTAGE, COST & TIME

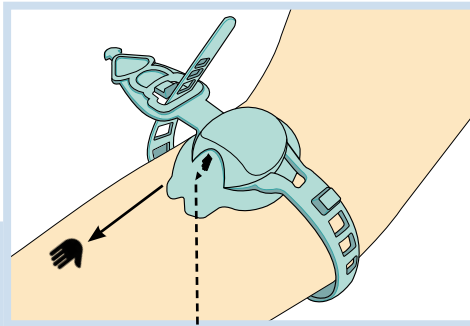
One cannulation attempt costs approximately £33 per patient.²

In some patients, after two failed attempts a senior doctor might be called.

Failed cannulations waste patient and practitioners time.

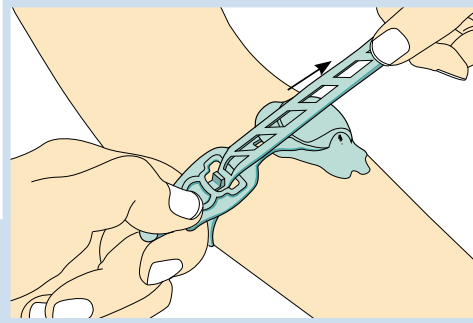
1. *Journal of Hospital Medicine* 2015; 10:530-533.
2. Helm *et al* (2019), "Accepted but Unacceptable: Peripheral IV Catheter Failure" *J Infus Nurs.* 2019 May/Jun; 42(3):151-164.

1



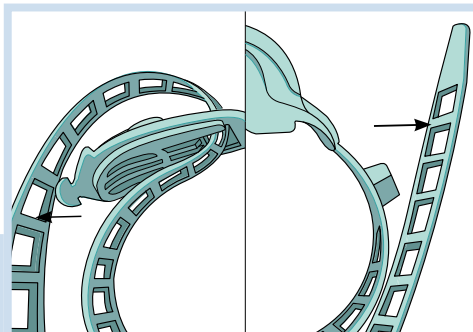
Ensure the hand/arrow V section is pointing towards the patient's hand to allow for accurate alignment to the vein, and effective pumping/filling of the vein.

2



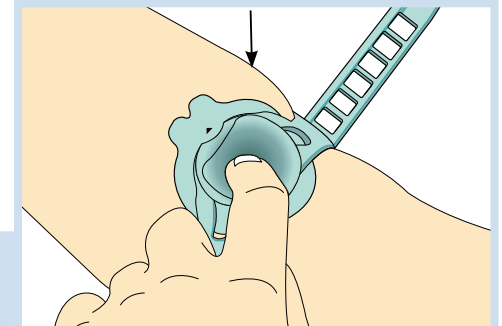
Using two hands, thread the strap through the buckle and stretch, ensuring the tourniquet is pulled as tightly as it will allow, to give the required tourniquet result (DO NOT tighten one-handed).

3



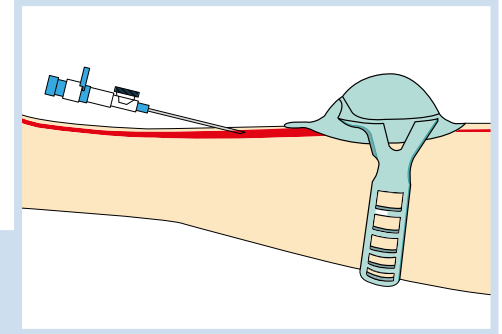
The strap should be hooked back onto itself to give a more secure placement, additional tightening will give a better tourniquet effect.

4



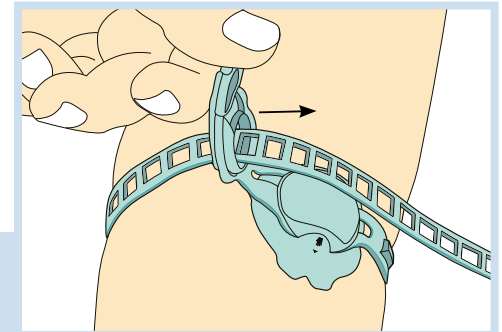
Pump the dome at least 10 to 15 times, gently and slowly towards the back of the dome. Continue pumping a few more times if the desired effect has not yet been reached. The vein should feel bouncy ready for cannulation.

5



Insert the cannula as per standard practice.

6



Release is single-handed by lifting the buckle. To complete the cannulation procedure, use a dressing to protect the IV insertion site as per standard practice.



For a video demonstration scan the QR code or visit www.olberon.com/vacuderm