

Surecan[®] and Cytocan

Non-coring needles for Access Ports



Access Port Systems

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Surecan[®] and Cytocan needles for access ports

A complete range of special bevelled needles specially designed to maintain the integrity and the lifespan of the port septum, and appropriate to

- your usual drug protocols, blood sampling and transfusion, total parenteral nutrition, etc.
- your patient and their clinical situation
- your preference
- MRI conditional



Fig. 1



Fig. 2



Fig. 3

A specially designed and patented bevel

The design of the bevel (Fig. 1) allows easy penetration of the needle into the septum while eliminating the punching out effect and facilitating the closure of the septum after retrieval of the needle.

A modified rear bevel edge

The rear bevel edge of the Surecan[®] and Cytocan needle has been rounded off by a special process of bombardment with micro glass beads. This prevents any shaving off of silicone fragments (Fig. 2).

Aim: Increase the lifespan of a port by avoiding leakage of the membrane

The type of the needle used to puncture access ports has a decisive influence of the lifespan of a port. The determining factors are the diameter of the needle and the nature of its cutting edge. Hypodermic needles punch fine silicone shavings out of the membrane (Fig. 3).

The port membrane starts to leak at an earlier stage and silicone shavings may block the catheter. B. Braun Surecan[®] and Cytocan needles prevent these risks.

Straight Surecan® and Angled Surecan® needles for access ports

- Simplicity
- Comfort
- Efficiency
- Lightness
- Precision

Thanks to their design, the bevelled needles reduce the pain of puncture and increase patient comfort

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Straight and Angled Surecan® for bolus and short to medium-term infusions

- Straight Surecan® is ideal for bolus (e.g. rinsing port)
- Angled Surecan® is ideal for short to medium-term infusions (less than 30-60 min/non-ambulant patients)
- Angled Surecan® can be directly connected to perfusion tubing or a 3-way stop-cock
- Angled Surecan® allows high pressure injection of contrast media for CECT (Contrast Enhanced Computerized Tomography) up to 8 mL/sec (19G) at 325 psi

		Cannula length							
		15 mm	20 mm	25 mm	30 mm	35 mm	40 mm	70 mm	90 mm
Straight Surecan® Box of 100 units. Can be ordered by multiples of 200 units.	20G						04439953	04439998	04440000
	22G				04439848				
	24G			04439414					
Angled Surecan® Box of 50 units. Can be ordered by multiples of 200 units.	19G	04438000	04439430	04439406					
	20G	04439929	04439937	04439945		04434862			
	22G	04439813	04439821	04439830		04434870			




Guidelines for using Angled Surecan[®] and Winged Surecan[®] (without Y-site) needles for CECT

Certain Celsite[®] Access Ports may be used for Contrast Enhanced Computerised Tomography (CECT) using high pressure injection with Angled Surecan[®] and Winged Surecan[®] (without Y-site) needles

- Always verify that the Celsite[®] reference implanted is included in the table opposite
Only these references may be used for high flow rate / high pressure injection
- Always verify that the port and catheter are functional by aspirating 2 mL of blood into a syringe and injecting 5 mL of sodium chloride (NaCl) 0.9% into the port/catheter before attempting to start an infusion of medication
- Do not exceed the recommended pressure (325 psi/22.4 bars) and flow rate as Access Port system failure may occur
- Contrast media should be warmed to 37°C (98.6°F) before use according to drug manufacturer's recommendations.
Failure to follow these recommendations will result in up to 50% lower flow rates and/or Access Port or injection system failure
- Use only Angled Surecan[®] needles or Winged Surecan[®] (without Y-site) needles.
Do not use needles which may not withstand high pressure
- Use only 20G or 22G needles for Babyport[®] and Brachial ports
Use of 19G needles may lead to leakage of contrast media
- Ensure that the needle is correctly placed in the port, securely taped to the skin and covered with an adhesive dressing before commencing high pressure injection
- Catheter lengths more than 20 cm will result in reduction in flow rates
- Depending on the technical characteristics of the injector system, the target flow rate might not be attained
- The Access Port system should be flushed with 10 mL NaCl 0.9% before, and after, using the port for CECT, followed by usual rinsing procedures

For other indications and contraindications, see Celsite[®] Access Ports IFU's.

Recommended maximum flow rates (mL/s)

Angled Surecan®/Winged Surecan® (no y-site)		Recommended maximum flow rates (mL/s)					
		Contrast media at 37°C (98.6°F)					
		Viscosity 5.8 mPa.s (cP)			Viscosity 11.4 mPa.s (cP)		
		22G	20G	19G	22G	20G	19G
Mini	Babyport® - Babyport®PC (1.5 x 0.8 mm)	2	4	X	1	3	X
	Brachial (1.6 x 1.1 mm)	2	4	X	1	3	X
	Brachial L - Brachial R (1.6 x 1.1 mm)	2	4	X	1	3	X
	Babyport® S (2.0 x 1.2 mm)	2	4	X	2	4	X
Double port	ST405L (3.2 x 1.2 mm)	2	5	6	2	4	6
Small ports	STL205P-STR205P (2.1 x 1.4 mm)	2	4	6	2	3	5
	ST305P (2.1 x 1.4 mm)	2	4	6	2	3	4
	ST305C-CR305-A5 (1.7 x 1.1 mm)	2	4	5	1	3	4
	CR305-A6 (2.0 x 1.2 mm)	2	4	7	2	3	4
	T305-ST305-T205-ST205-ST505-ST315-ST215-ST205F ECG (2.2 x 1 mm)	2	4	5	2	3	4
	STL205F-STR205F (2.2 x 1 mm)	2	4	5	2	3	4
	ST305L-ST315L-ST505L-ST205ECG (2.8 x 1.1 mm)	2	4	5	2	3	5
	ST305M (2.0 x 1.2 mm)	2	4	6	2	3	4
	ST305H-ST505H (2.8 x 1.6 mm)	2	5	7	2	4	6
Double port	ST401L (3.2 x 1.2 mm)	2	5	7	2	4	6
Standard ports	ST301M (2.0 x 1.2 mm)	2	5	8	2	4	5
	ST301C-ST501C-ST201C-ST301OTW-CR301-A5 (1.7 x 1.1 mm)	2	5	6	2	4	5
	CR301-A6 (2.0 x 1.2 mm)	2	5	6	2	4	6
	T301F-ST301F-ST311F-T201F-ST201F-T501F-ST501F-ST201F ECG (2.2 x 1 mm)	2	5	6	2	4	6
	T301P-ST301P-ST201P (2.1 x 1.4 mm)	2	5	6	2	4	6
	T301-ST301-ST311-T201-ST201-T501-ST501-ST201ECG (2.8 x 1.1 mm)	2	5	6	2	4	6
	STL201L-STR201L (2.8 x 1.1 mm)	2	5	6	2	4	6
	ST201H-T301H-ST301H-ST311H-ST501H (2.8 x 1.6 mm)	2	5	7	2	5	7
	STL201H-STR201H (2.8 x 1.6 mm)	2	5	7	2	5	7
	ST301G-ST201G-ST501G (3.2 x 1.6 mm)	2	5	8	2	5	7

Temperature of contrast media and implanted catheter length may change flow rate

Winged Surecan® and Cytocan needles for access ports

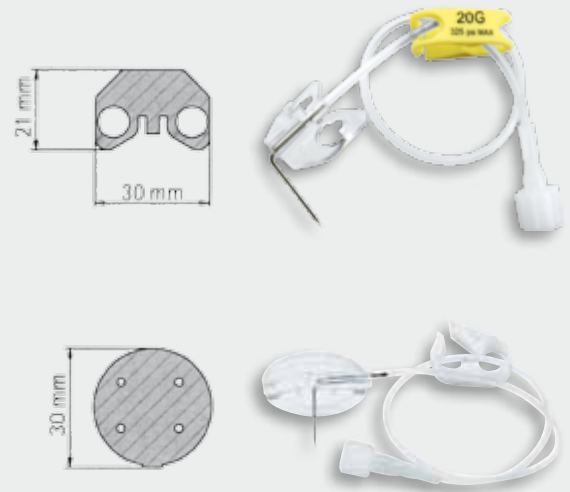
Winged Surecan® and Cytocan for longer-term infusions

Winged Surecan® and Cytocan needles with smooth flexible fixation system and clamp for longer-term infusions

- Easy grip for greater control during puncture into the port septum
- Easier visualisation of the needle position and potential skin redness
- Easier removal of the needle after infusion
- Atraumatic fixation to the skin ensuring immobilisation of the needle
- Specially treated shaft for stronger retention of the needle in the port membrane
- PVC-free extension tubing with clamp
- Y-site configuration available with Winged Surecan®
- Low profile wings for easier, more discreet and comfortable application of dressing
- Choice of wing design to allow for users preferences
- Winged Surecan® without Y-site allows high pressure injection of contrast media for CECT (Contrast Enhanced Computerized Tomograph) up to 8 mL/sec (19G) at 325 psi

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	Needle Size	Cannula length						Tubing length	
		12 mm	15 mm	20 mm	25 mm	30 mm	40 mm	Connector to Y-site	Y-site to Needle
Winged Surecan® Box of 15 units. Can be ordered by multiples of 60 units.	19G Y-site			04448430	04448448			98 ± 10 mm	105 ± 10 mm
	19G		04448286	04448294	04448308			200 ± 10 mm	
	20G Y-site		04448472	04448480	04448499			98 ± 10 mm	105 ± 10 mm
	20G		04448332	04448340	04448359	04448367		200 ± 10 mm	
	22G Y-site		04448529	04448537	04448545	04448553		98 ± 10 mm	105 ± 10 mm
	22G	04448375	04448383	04448391	04448405			200 ± 10 mm	
Cytocan Box of 25 units. Can be ordered by multiples of 100 units.	19G		04438035	04438019	04438027			250 ± 10 mm	
	20G		04439759	04439767	04439775		04439777		
	22G		04439694	04439635	04439686				

Preparation of the injection site and perfusion

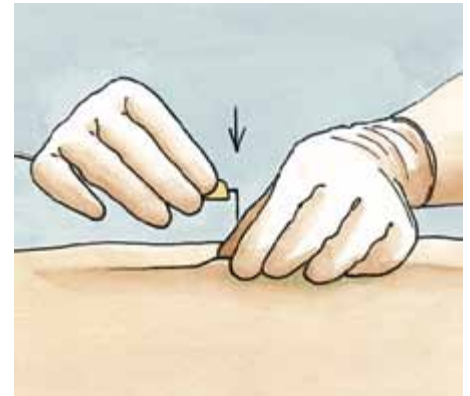
Rigorous aseptic techniques must be used before any manipulation of the access port



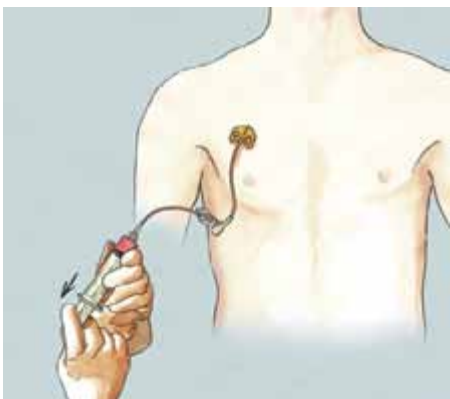
Disinfect the area around the port with an antiseptic using circular motion, one minutes contact is necessary. Prepare the dressing pack using an aseptic technique. Put on sterile gloves. Disinfect the site for a second time and allow to dry.



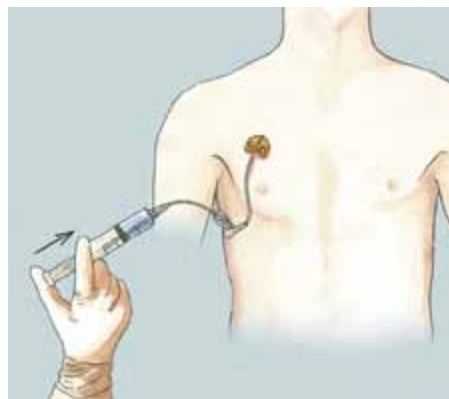
Prime the needle with saline, and close the clamp if using a perfusion set. Never use a syringe smaller than 10 mL as excessive pressures can be generated in smaller syringes.



Hold the access port firmly between two fingers and insert the needle at a right-angle to the skin surface until the back of the titanium chamber is felt. Do not use excessive force as this could damage the needle tip.



Check for blood reflux to confirm the patency of the catheter and correct positioning of the needle.



Flush with 10 mL of Saline (NaCl 0.9 %) before infusion of medicine. If required, a sterile gauze swab can be placed under the wings of the needle to aid stabilisation during infusion.



Apply adhesive strips over the wings of the needle and a clear dressing over the needle and port site. The dressing should be changed regularly.

Accessory:

Access Port Needle Removal Tool Ref. 04437004

Which permits safe removal of the needles and helps avoid the risks of needle-stick injuries with non-safety needles.



B. Braun Safety needles are also available, please ask your local representative.



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