Achieve Functional Hemodialysis Access Using The Bovine Carotid Artery Graft™ (BCA)

- Clinically Proven Patency
- Superior Surgical Compliance
- Natural Biocompatibility
- Access After 10 Days
Description:
Artegraft is a natural collagen vascular graft. Its biological fibrous matrix is processed to enhance long term patency and provide a tightly woven, cross-linked conduit that is flexible and compliant.

Indications:
Artegraft is indicated for use distal to the aorta as an:
- Arteriovenous shunt (A-V Graft)
- Segmental arterial replacement
- Arterial bypass
- Arterial patch graft
- Femoropopliteal bypass when saphenous vein is absent or inadequate

Surgical Versatility:
- Handles like native vessel
- No suture line bleeding
- Superior compliance and patency compared to ePTFE

Biocompatibility:
- 100% biological collagen
- Nonantigenic and acellular
- No weeping or rolling due to tissue incorporation

Accessibility:
- Able to puncture after 10 days
- Needle site reseals
- Pulsatile – able to feel the thrill and hear the bruit
- Easy to locate – access similar to native fistula

Reseals:
- Natural collagen minimizes fistula needle site bleeding and leakage, thereby restoring hemostasis

Clinical Superiority:
- Over 40 years of continuous clinical use with proven advantages
- A 3-year randomized, prospective published study confirms Artegraft’s patency is clinically superior to ePTFE
- Independent ISO 7198 laboratory tests demonstrate the Bovine Carotid Artery Graft is stronger, compared to the Bovine Mesenteric Vein vascular prosthesis, in the following strength categories: burst, tensile, suture, and burst after repeated puncture with 15G fistula needle (complete report on file)
Bovine Carotid Artery Graft™ (BCA) has successfully addressed these clinical conditions:

- Failed or immature native fistula
- Interposition in a fistula with ruptured aneurysm
- Recurrent clotting with synthetic graft or fistula
- Low protein condition where seroma formation might occur
- Thigh access
- Infected ePTFE graft
- Hypotension
- Renal pre-transplant

**Journal Article References**


“Our results show that the primary and assisted patencies of BCA grafts are superior to ePTFE conduits with a consistently lower overall complications rate.”

“The BCA graft is an excellent option for patients on hemodialysis that are not eligible for native arteriovenous fistulas, as these grafts required fewer interventions than the ePTFE grafts to maintain patency.”


“Artegraft was utilized to salvage malfunctioning or short fistulas at the venous outflow. Extension/conversion of malfunctioning fistulas to grafts appear to be an excellent method to expedite removal of a tunneled dialysis catheter with concomitant preservation of a fistula.”

“Using Artegraft Bovine Carotid Artery graft as a graft extension resulted in an increase in the functional access rate by 30.4% to help accomplish a total functional access rate of 79.8%.”


“By keeping the patient’s blood in contact with the autogenous vein wall, lifespan of the conduit should be optimized.”

“Our novel ZPW technique salvages failing AVF’s by supporting them with external graft material, thereby extending the life of the AVF.”

“This technique prevents or delays aneurysmal recurrence due to persistent stenoses and ongoing needle trauma. The dysfunctional AVF is salvaged rather than replaced with graft decreasing long term morbidity.”
NOTICE:
Please read all package inserts and instruction for use, contraindications, warnings, precautions, adverse reactions and administration before use.

CONTRAINDICATIONS:
The Artegraft should not be used in venous or low pressure systems.
Once the package seal is opened, the graft should be used immediately; any left-over material should be discarded.
The graft should not be used after the expiration date imprinted on the label; this is based on a period of three years from the date of manufacture.

WARNINGS:
After the Artegraft has been removed from the container in the manner prescribed to preserve its sterility, it should be gently and thoroughly washed and rinsed to minimize carry-over of the preserving fluid.
To view aseptic removal and wash procedural video, scan the QR code below.
Silk is not recommended for anastomosis. This suture occasionally was found to give rise to thick suture-line pannus in the dog.
The prosthesis is not to be used unless the capacity of the run-off vessel is adequate, as shown by preoperative arteriography. Artegraft selection must be of comparable cross-sectional diameter to the host artery, particularly at the distal end, in order to avoid early thrombosis.
A minimum of ten days should be allowed after implantation before puncturing the graft with needles for hemodialysis. If edema appears around or distal to the graft, this should be allowed to resolve before cannulation.
Thrombosis of the graft has been reported from inadvertent external compression. Patients and those administering dialysis should be cautioned against compression of the graft for prolonged periods.

PRECAUTIONS:
In the event of early occlusion, re-exploration of the graft and removal of the thrombus often results in effective restoration of long-term patency. This procedure is somewhat easier to perform in the case of the Artegraft than with other prostheses.
Some surgeons recommend systemic heparinization of the patient after completion of the preparatory dissection, with or without subsequent neutralization with protamine sulfate. Others rely on the periodic injection of diluted heparin into the arterial tree during the period of vascular clamping and anastomosis. Post-operative heparinization is usually not employed.
During implantation, meticulous technique is essential to avoid twisting and to achieve accurate approximation at the suture lines.
Clinical evidence suggest that subfascial, rather than subcutaneous, implantation in the lower extremity is the more satisfactory procedure.

HOW SUPPLIED:
The Artegraft is packaged in a sterilizing solution prepared with 1% propylene oxide in 40% aqueous U.S.P. ethyl alcohol.
The length and diameters of each Artegraft is specified on the box and tube labels. The availability of graft diameters and lengths is dependent upon the source.
The approximate desired length and diameter of each graft should be specified when ordering; the nearest available size will be supplied.

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<thead>
<tr>
<th>Minimum Length</th>
<th>4mm</th>
<th>5mm</th>
<th>6mm</th>
<th>7mm</th>
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Inner diameters approximate, rounded to nearest mm. Outer diameters vary, but typically 1mm larger.

If you would like a trial, please contact your distributor or Artegraft Customer Service to request the Artegraft product you wish to evaluate.

To order call Artegraft, Inc. or your Surgical Specialty dealer:

Artegraft®

800.631.5264 North Brunswick, NJ 08902 • www.artegraft.com

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