

# ▶ POLYSHUNT®

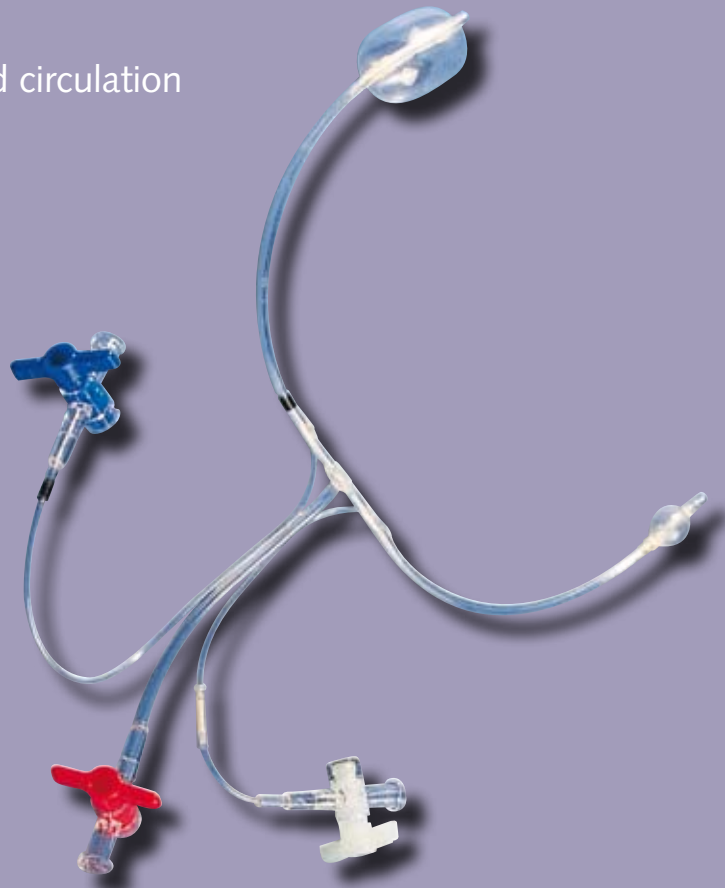
Carotid shunt

# POLYSHUNT

▶ Small and flexible “T” shaped device, improving the surgical technique, reducing the trauma for the patient and ensuring a high level of safety:

- Continuity of cerebral blood circulation
- Limited dissection
- Applied simply and rapidly
- Easy vision of shunt permeability
- Control of internal carotid balloon pressure

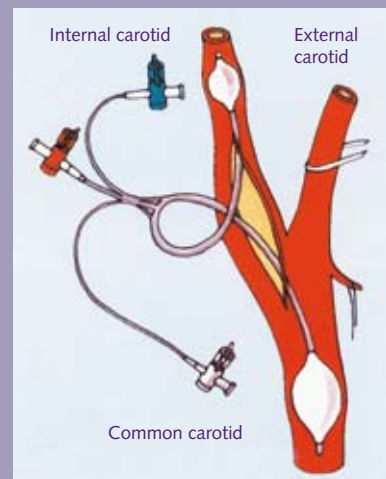
LATEX BALLOONS



# POLYSHUNT

## APPLICATION TECHNIQUE

- **1** : Approach the bifurcation of the carotid and check the three axes.
- **2** : Test the shunt : (using injections of heparin serum, **never air**).
  - Purge the interior of the system through the red stopcock.
  - Test the internal carotid balloon (the smaller one, capacity 0.25 ml) using the white stopcock with the aid of a 1 ml insulin syringe. Leave the syringe in place on the open stopcock.
  - Test the common carotid balloon (the larger one, capacity 1.5 ml) using the blue stopcock with the aid of a 5 ml syringe.
- **3** : Make a longitudinal arteriotomy.
- **4** : Position the balloon in the internal carotid. Before beginning to inflate the internal carotid balloon, make sure that the protective sleeve of the safety balloon slides freely and does not cover the latter. Inflate the internal carotid balloon very gently by injecting approx. 0.25 to 0.5 ml of heparin serum through the white stopcock. At this stage, verify that the safety balloon is not inflating. Continue to inflate until there is no longer a reflux of blood at the level of the internal carotid, accompanied by a feeling of slight resistance at each renewed inflation and/or by the very beginning of inflation of the safety balloon. At this stage, stop inflation immediately. Close the white stopcock. The safety balloon must not be inflated. (If it is inflated, this indicates either excess pressure in the internal carotid balloon or a too rapid inflation). Cover the safety balloon with its protective sleeve.
- **5** : In the meantime, gently clamp the catheter which is to be inserted in the common carotid.
- **6** : Position the other balloon in the common carotid. Inflate through the blue stopcock with the aid of a 5 ml syringe until there is an absence of reflux.
- **7** : Make an endarterectomy moving the shunt aside over or under the area involved.
- **8** : Suture the arteriotomy beginning at the two extremities.
- **9** : Remove the shunt when the two sutures meet, beginning with the internal carotid balloon (after taking the precaution of deflating it and temporarily clamping the internal carotid and the branch of the shunt).
- **10** : Close the arteriotomy once the carotid bifurcation has been purged.



NB : it is possible to check the permeability of the shunt by opening the red stopcock slightly, so as to see an oscillation between the blood and the water on the "T".

## REFERENCES

References	Size	Internal carotid balloon capacity	Common carotid balloon capacity	Safety balloon	Length
SC 200	9F	0,25 ml	1,5 ml	Yes	30 cm
SC 300	9F	0,25 ml	1,5 ml	Yes	15 cm

Sterile product, individually packaged in double packaging with a stiff blister to avoid crushing of the shunt.

This device is CE marked by notified body LNE-GMED