CIC2™ PORT ACCESSING PROCEDURE

Accessing the port with the Cath-In-Cath2 Infusion System.

Step 1. After proper aseptic technique has been performed, insert a 18-gauge (pink) needle into the skin located in front of the port diaphragm
with care taken not to perforate the port diaphragm. This is to allow for the non-coring needle to pass through the tissue easily.

Step 2. After removing the needle, insert the two-piece non-coring needle into the passage of the 18-gauge needle and insert into the diaphragm of the port until the needle has reached the bottom of the port. (Fig. 1)

Step 3. Remove the shaft of the two-piece needle. (Fig. 2)

Step 4. Insert the Cath-In-Cath Catheter and stylet, passing it through the needle and into the lumen of the indwelling catheter. (You can pass the catheter all the way to the taper or use fluoroscopy to advance the correct-size Cath-In-Cath Catheter all the way to the tip of the guide catheter. Note: It is not necessary to advance the catheter all the way to the tip of the guide catheter.) (Fig. 3)

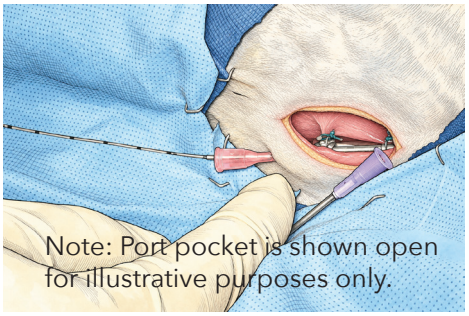
Step 5. Remove the guidewire and trim the catheter (if needed).

Step 6. Remove the needle from the port, leaving the Cath-In-Cath system in place.

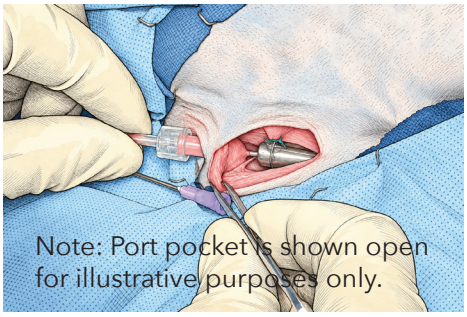
Step 7. Attach the Luer-lock adapter to the exposed end of the Cath-In-Cath system and flush accordingly. (Fig. 4)

Step 8. Confirm patency and lock with an appropriate locking solution. The catheter is graduated for ease in noting how much length has been placed.

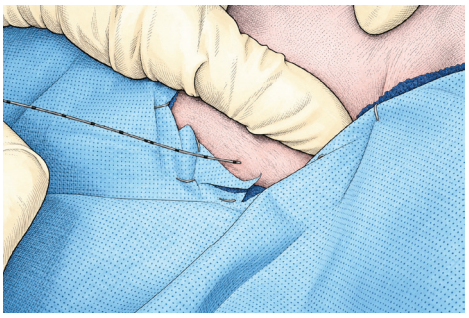
If needed, place the animal into a jacket with the Cath-In-Cath system coiled up into a pocket with a mini-pump or attached to a tether system. Observe the exit site daily and aseptically cleanse the area accordingly. Some facilities clean daily with appropriate solutions such as chlorhexidine with a spray of topical gentamicin to help in preventing tract infections. Change dirty jackets immediately.

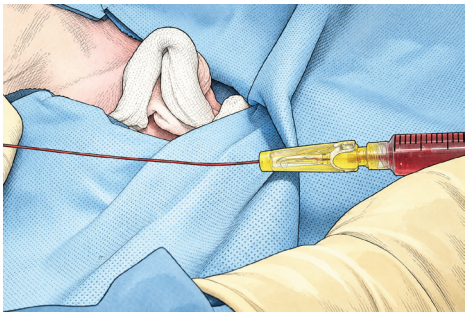


(Fig. 1)



(Fig. 2)


(Fig. 3)


(Fig. 4)

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TF: 888.347.8304 E: INFO@AVABIO.COM W: WWW.AVABIOMEDICAL.COM