

Ellipsys™ Vascular Access System

Recommendations for a successful endoAVF cannulation



Ellipsys endoAVF basics

- No surgical scar near anastomosis (distal to below elbow crease)
- Fistulas often feel softer than surgical fistula, but are not deeper
- Fistula may have flow in both cephalic and basilic veins



Identify cannulation zone and direction of blood flow

- Refer to physician recommendations for cannulation site(s)
- Use tourniquet to facilitate vessel access to engorge the fistula



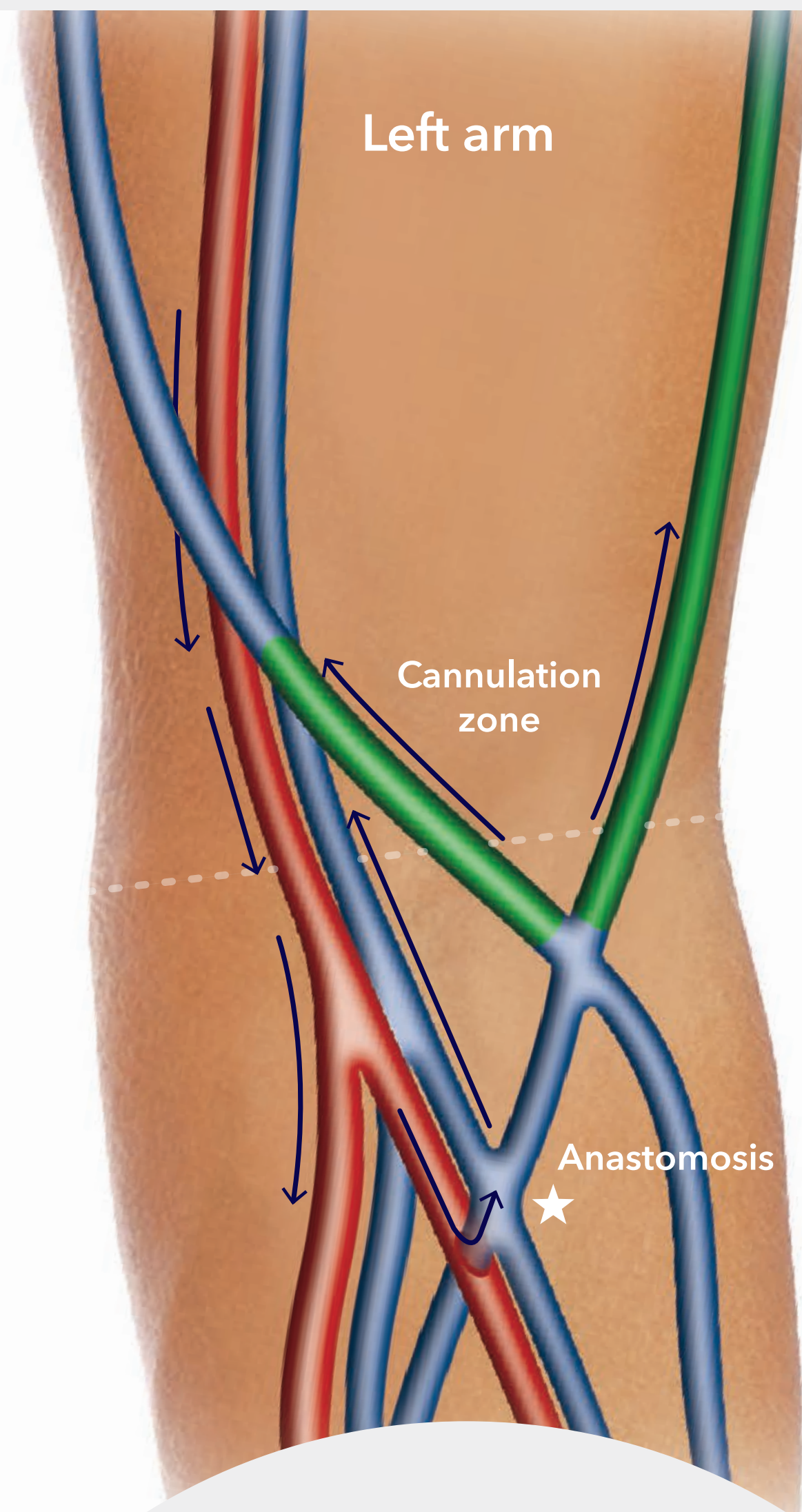
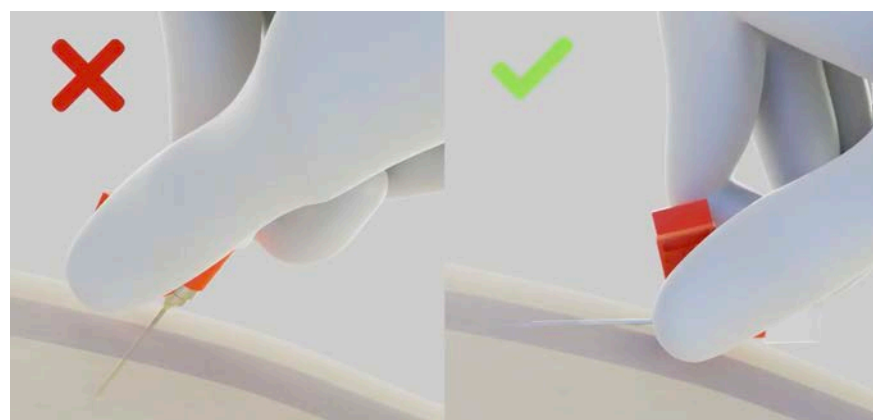
Needle site selection

- Most patients are cannulated with two needles in the cephalic vein, though at times both the cephalic and basilic are used
- Using shorter needles (3/5") may be beneficial, though a 1" needle remains the standard
- Follow clinic protocol and/or physician order for needle gauge size and progression



Cannulation technique

- Use a shallow angle of entry for the needle
- Consider using a 3 cc or 5 cc syringe to draw from fistula during initial cannulations
- Ultrasound may be beneficial for target vessel assessment and initial cannulation



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Scan the QR code to view the cannulation video.

