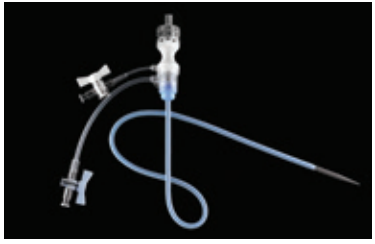
GORE® DrySeal Flex
Introducer Sheath

ADVANCING CARE THROUGH ACCESS

A new standard of flexibility to treat more challenging anatomies

- Deliver with ease: Hydrophilic coating and enhanced flexibility provide exceptional access to challenging anatomies and branch vessels.
- Minimize blood loss: Exclusive DrySeal valve enables introduction of multiple devices with proven hemostasis control.



Together, improving life

INSTRUCTIONS FOR SUCCESS

Comprised of an outer silicone tube and an inner film tube. Saline is injected through the attached stopcock to pressurize the valve, *Figures 1–2.*

Preparation

- Aspirate air from valve through white stopcock labeled “VALVE.”
- Inject 2.5 ml saline, using supplied syringe, through the white stopcock labeled “VALVE” to pressurize the valve as shown in *Figure 3.*
- Close the white stopcock and attach white cap (tethered to white stopcock).
- Caution: If saline leaks from valve or valve junctions, do not use sheath. Major blood loss may result.
- Flush dilator through luer port on the trailing end of the dilator.
- Flush sheath through the blue stopcock labeled “FLUSH.” Close blue stopcock.
- Insert the dilator tip through the valve and into the sheath until the locking cap on the dilator is in contact with the mating surface of the valve.
- Lock the dilator to the valve body by twisting the locking cap (clockwise) on the dilator until the pointer on the dilator cap aligns with the “lock” icon on the valve body. This ensures that the tapered portion of the dilator is beyond the leading end of the introducer sheath tip. This will optimize the flexibility of the leading end of the dilator and ensure that the dilator stays in place while advancing the introducer sheath with dilator into the patient’s access vessel.
- Coating activation: Wet the outer surface of the sheath with either sterile saline or water to activate the hydrophilic coating.

It is important to keep the sheath tube outer surface wet/slippery throughout the procedure. For procedures of extended duration, it may be necessary to reactivate the hydrophilic coating. This can be achieved through minor rotational or axial movement of the sheath to allow blood to reactivate coating.

Do not advance sharp objects/instruments through the valve. This could cause damage and result in blood loss.

In the event of valve failure (rupture of the inner film tube), clamping of the valve, twisting of the valve, or inserting the dilator will prevent blood loss. These actions are shown in *Figures 4–6.*

Figure 1. Valve before pressurization

Figure 2. Valve after pressurization

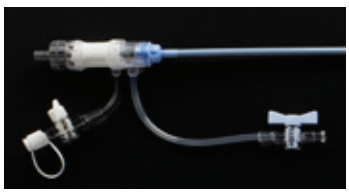


Figure 3. Pressurized with 2.5 ml saline

Figure 4. Clamp

Figure 5. Twist

Figure 6. Lock cap

Catalogue number	Sheath size (Fr)	Minimum sheath ID (mm)	Nominal sheath (mm)	Working length (cm)
DSF1033	**10**	**3.3**	**4.0**	**33**
DSF1045	**10**	**3.3**	**4.0**	**45**
DSF1065	**10**	**3.3**	**4.0**	**65**
DSF1233	12	4.0	4.7	33
DSF1245	12	4.0	4.7	45
DSF1265	12	4.0	4.7	65
DSF1433	14	4.7	5.3	33
DSF1465	14	4.7	5.3	65
DSF1533	15	5.0	5.6	33
DSF1633	16	5.3	6.1	33
DSF1665	16	5.3	6.1	65
DSF1833	18	6.0	6.7	33
DSF1865	18	6.0	6.7	65
DSF2033	20	6.7	7.5	33
DSF2065	20	6.7	7.5	65
DSF2233	22	7.3	8.2	33
DSF2265	22	7.3	8.2	65
DSF2433	24	8.0	8.8	33
DSF2465	24	8.0	8.8	65
DSF2633	26	8.7	9.5	33
DSF2665	26	8.7	9.5	65

10 Fr x 33, 45 and 65 cm sheaths now available for use with the GORE® VIABAHN® Endoprosthesis large diameter, low profile configurations

Products listed may not be available in all markets.

Consult Instructions for Use
eifu.goremedical.com

W. L. Gore & Associates, Inc.
goremedical.com

Asia Pacific +65 67332882 **Australia/New Zealand** 1800 680 424 **Europe** 00800 6334 4673
United States Flagstaff, AZ 86003 800 437 8181 928 779 2771