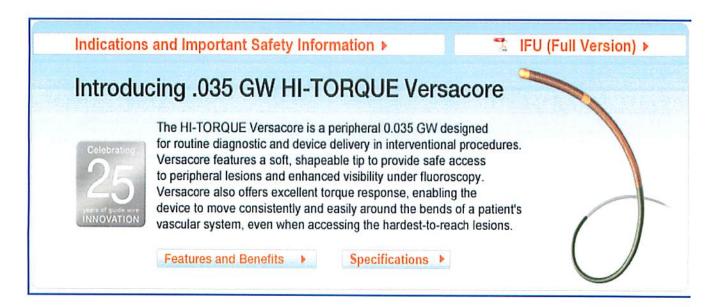
Abbott Vascular Page 1 of 3



Print This Page | Back to Web Page

HI-TORQUE Versacore



Features and Benefits



Abbott Vascular Page 2 of 3



Versatility:

Designed for routine diagnostic and interventional procedures.

■ top of page

Specifications

Hi-TORQUE Versacore

Stock Number	Wire Length	Tip Type
1012068-01	145 cm	Modified J
1012068-03	145 cm	Standard
1012068-02	145 cm	Floppy
1012068-05	175 cm	Modified J
1012068-04	175 cm	Floppy
1012068-09	260 cm	Modified J
1012068-06	260 cm	Floppy
1012068-08	300 cm	Standard
1012068-07	300 cm	Mod J

■ top of page

Indications and Important Safety Information



INDICATIONS

The Hi-Torque Steerable Guide Wire is intended for use in angiographic procedures to introduce and position diagnostic and interventional devices within the peripheral vasculature during percutaneous procedures. The wire can be torqued to facilitate navigation through tortuous vessels.

The Hi-Torque Steerable Guide Wire is not intended for use in the coronary or neurovasculature.

CONTRAINDICATIONS

The Hi-Torque Steerable Guide Wire is not intended for use in the coronary or neurovasculature.

WARNINGS

This device is designed and intended for ONE TIME USE ONLY. DO NOT RESTERILIZE AND / OR REUSE.

Observe all guide wire movement in the vessels. Before a guide wire is moved or torqued, the tip movement should be examined under fluoroscopy. Do not torque a guide wire without observing corresponding movement of the tip; otherwise, vessel trauma may occur.

Torquing a guide wire against resistance may cause guide wire damage and / or guide wire tip separation. Always advance or withdraw the guide wire slowly. Never push, auger, withdraw, or torque a guide wire which meets resistance. Resistance may be felt and / or observed under fluoroscopy by

Abbott Vascular Page 3 of 3

noting any buckling of the guide wire tip. Determine the cause of resistance under fluoroscopy and take any necessary remedial action.

If the wire tip becomes entrapped within the vasculature, DO NOT TORQUE THE GUIDE WIRE.

Maintain continuous flush while removing and reinserting the guide wire to prevent air from entering the catheter system. Perform all exchanges slowly to prevent air entry and / or trauma. Wipe the wire before all exchanges.

When reintroducing the guide wire, confirm that the interventional device tip is free within the vessel lumen and not against the vessel wall. Failure to do so may result in vessel trauma upon guide wire exit from the device. Use the radiopaque marker of the interventional device to confirm position.

PRECAUTIONS

Guide wires are delicate instruments and should be handled carefully. Prior to use and when possible during the procedure, inspect the guide wire carefully for bends, kinks, or other damage. Do not use damaged wires. Using a damaged wire may result in vessel damage and / or inaccurate torque response.

Confirm the compatibility of the guide wire diameter with the interventional device before actual use.

Free movement of the guide wire within the interventional device is an important feature of a steerable guide wire system because it gives the user valuable tactile information. Test the system for any resistance prior to use. Adjust or replace the hemostatic valve with an adjustable valve if it is found to inhibit guide wire movement.

■ top of page

AP2929716 Rev. A