# Using Vascular Access Buttons™

Guidance for one channel non-magnetic silicone mesh mouse buttons (VAB62SMBS/25)

# **INTENDED USE**

#### Application

Intermittent or continuous infusion or sampling of fluids from vascular or non-vascular catheters, including:

Portal vein

- Jugular vein
- Femoral vein
- Carotid artery
- Femoral artery
- Bile duct
- DuodenumColon
- GastricBladder
- Intrathecal
- Subcutaneous

### Species

Designed for mice and rodents of a similar size.



# IMPLANTATION

You may order mice with VABs<sup>™</sup> implanted as a **surgical service** or perform the surgery yourself. This button is the standard option for The Jackson Laboratory in Maine.

 Perform catheterization surgery using strict aseptic technique, including a sterile catheter primed with sterile saline. For small vessels such as the carotid artery use catheters that transition from 1Fr in the vessel to 2Fr for connection to the VAB<sup>™</sup>.



VAB™ CONNECTOR COMPATIBLE CATHETER (PROXIMAL END)

25ga

Polyurethane, ID 0.41-0.43mm (2Fr)

- 2. Tunnel catheter to the back; exteriorize between shoulder blades
- 3. Connect primed catheter to primed VAB<sup>™</sup>; push catheter at least 2-3mm onto connector. Check patency. A properly connected Compatible Catheter should be able to withstand up to 1kg of pull force and over 100PSI of pressure before it will disconnect. If you need even greater **protection against disconnections**, use a catheter with sleeve that is moved over the joint (up to 200PSI) or have Instech bond your catheter to the button in production (however, this reverses the surgical procedure and puts the catheter tip at greater risk of contamination).
- Implant button. Keep subcutaneous pocket as small as possible to minimize fluid build up after surgery. Close skin over the silicone disk, under flange. Do not suture to muscle. You may find it helpful to use



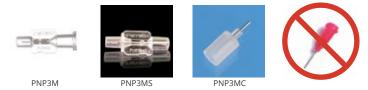
a demagnetizer on your surgical tools.

VAB™ PORT DEAD VOLUME	CATHETER DEAD VOLUME (PER CM)
	3Fr: 3µL/cm
3-4µL	2Fr: 1.5µL/cm
	1Fr: 0.3µL/cm

- 5. Fill with sterile lock solution of your choice.
- 6. Allow 5-7 days for recovery. Do not connect a tether during recovery. A tissue reaction during this period is normal but should resolve itself. With the VAB<sup>™</sup>, you should not have to flush catheters more than once per week.

Note: success with the VAB<sup>TM</sup> is critically dependent on surgical technique, including aseptic procedures, catheter tip placement, proper sutures, time under anesthesia, etc. Instech does not perform surgeries or validate surgical procedures; therefore, we can only offer guidance based on end-user feedback. These should not be considered complete instructions for use and are not a substitute for proper surgical training. Always validate new models and surgical techniques with appropriate plicit studies.

## **DIRECT ACCESS**



Use a PNP3M injector connected to a syringe to flush, sample or deliver a bolus dose. Alternatively, use a PNP3MS connector to collect blood directly into **Sartstedt capillary tubes** (arterial pressure

required). Or use a PNP3MC PinPort-to-tubing connector. Accessing the ports with any other type of sharp or blunt needle will damage the septum and cause leaks. Use **positive pressure technique** to avoid pulling 1µL of blood into the catheter tip when removing the injector from the port; this is critical with mouse catheters as 1µL will fill about 1cm of a 2Fr catheter and 5cm of a 1Fr catheter.

## **GROUP HOUSING**



Place a cap on the button to protect the ports if you want to group house mice. Caps may be autoclaved and reused.



## **TETHERED ACCESS**

Connect a mating tether (VAH62T) or tether kit (KVAH62T) for continuous access. Use Instech 25ga single channel swivels outside the cage to prevent tangling, and always mount swivels in a responsive counter-balance arm to reduce forces on the animal and surgical site and to take up slack in the tether as the animal moves.



#### Tether Kit (KVAH62T)





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