SAFEGUARD®

why hold pressure when safeguard can?

Let Safeguard assist you in obtaining and maintaining HEMOSTASIS. The Safeguard Manual Assist Technique (MAT) clinical trial[1] demonstrates that Safeguard 24 cm is safe and effective in reducing active COMPRESSION TIME in femoral artery cannulation following diagnostic and interventional procedures with an ACT of 140 seconds or less, using a 6F and smaller sheath size. Safeguard SIMPLIFIES pre and post-hemostasis management of the access site. It reduces demands on the staff, maximizes valuable resources, and enhances patient COMFORT.

SAFEGUARD®
12 cm Pressure Assisted Device

Safeguard® 24 cm

reduces active compression time[1]

	Diagnostic	Intervention
Active Compression Time (minutes)	5	10
Passive Compression Time (minutes)	120	240
Total Compression Time (minutes)	125	250

low complication rate

Safeguard has a low mean complication rate vs. manual compression

Total Major Complication Rate (n=101)	
Safeguard Patients[1]	1.0%
Manual Compression[2]	2.4%

SAFEGUARD®
24 cm Pressure Assisted Device

real pressure

Safeguard delivers adjustable active compression and enables immediate pressure adjustment

Maintains consistent pressure on the site during patient recovery as well as patient positioning and transport

Provides site management control for non-compliant patients

Facilitates site assessment through the clear window without removing the device

Can be used as a sterile dressing to protect the site from contamination

real comfort

Safeguard is comfortable for the patient

Maintains consistent pressure on the site when obtaining hemostasis with manual compression

In the clinical trial, 87% of patients who had undergone a catheterization procedure in the past indicated that Safeguard with MAT was "much more comfortable" than any previous procedure[1]

Safeguard adheres to the patient while inflated regardless of patient's anatomy

1 Data on file.
2 Manual compression subset from the Reduced Vascular complications After Percutaneous Coronary Interventions with a Nonmechanical Suture Device: Results from the Randomized RACE Study, Sanborn, TA.