MYNX CONTROL™
VASCULAR CLOSURE DEVICE

VENOUS

Please contact your doctor immediately if you experience any of the following:

- Persistent pain, tenderness, tingling or swelling at the puncture site or leg.
- Bleeding, oozing or drainage at the puncture site.
- Increasing redness, warmth, bruising or swelling at the puncture site.
- Non-healing wound.
- Any other unusual symptoms.

Normal MYNX CONTROL™ Venous VCD 6F-12F Post-Procedure Observations:

- Mild tenderness, discomfort, bruising and a small lump in your groin area.

Cordis™

MD

Cordis US Corp.
14201 North West 60th Avenue
Miami Lakes, Florida 33014 USA
1-800-327-7714 (U.S.A.)
www.cordis.com

Caution: Federal (USA) law restricts this device to sale by or on the order of a physician.

LBL10389.4

MYNX CONTROL™ VASCULAR CLOSURE DEVICE | VENOUS

Instructions and care information

Dear Patient
While the **MYNX CONTROL™ Venous VCD 6F-12F** immediately seals your catheter puncture site, your vessel still needs time to heal. Even if pain-free, you should rest for several days to support the natural healing process. Please talk with your doctor about specific limitations.

Puncture Site Post-Procedure Care

- Re-apply a new band-aid daily or more frequently for 5 days or until a scab has formed at the site.
- Keep the site clean and dry.
- You may shower 24 hours after the procedure, and gently clean puncture site with soap and warm water. Do not submerge wound until completely closed.
- After showering, gently dry the site by patting with a clean towel and completely air-dry before covering with a band-aid.
- Avoid tight fitting clothes or underwear until the site has healed.

Modify activity for 3 days or more

- NO driving on day of discharge.
- NO strenuous activity, exercise, pushing or pulling.
- NO heavy lifting over 5 pounds.
- Avoid driving unless necessary.
- Avoid stairs, but if necessary, go slowly.
- While coughing, sneezing, or straining for a bowel movement: press with your palm on top of the dressing/bandage.
- Consult your doctor about returning to work or sexual activity.

English

Cordis™

ATTACH PRODUCT LABEL HERE

REF

LOT

FOLD ALONG LINE

Patient Implant Card

This patient received **GRIP TECHNOLOGY™** Sealant, a synthetic, non-metallic sealant comprised of polyethylene glycol (PEG).

The **GRIP TECHNOLOGY™** Sealant has an expected lifetime of 30 days and should not be used in patients with a known allergy to PEG.

INSTRUCTIONS

This card should be carried at all times for 30 days following the procedure to present to any medical staff who may treat you.

Patient Name: _____

Physician Name: _____

Hospital Name: _____

Hospital Address: _____

Telephone No: _____

Procedure Date: _____

Femoral Vein: (circle one)

Left **Right**