NOTE: Follow your standard facility protocol for care and cannulation.

1) Identify the Patient
- Patient Identification Wallet Card
- HeRO Graft patients will typically have 3 incision sites (see circled areas below). LOCATE these incision sites

2) Timing of Cannulation
Assess the HeRO Graft to evaluate for first cannulation approximately two weeks post implant per KDOQI guidelines.

3) Assessment
- LOOK for a uniform sized graft with NO irregularities or aneurysm formations.
- LISTEN for low pitch, continuous diastolic and systolic flow. HeRO Graft bruit may be soft due to absence of a venous anastomosis.
- FEEL the thrill; strongest at the arterial anastomosis. May be less prominent due to absence of a venous anastomosis.

4) Cannulation
- A light tourniquet may be used to dilate the graft.
- If cannulating toward the arterial anastomosis incision, stay at least the length of the fistula needle from the incision site.
- NEVER cannulate the Venous Outflow Component. Cannulate 3” (8 cm) from the Connector incision site to avoid damage to the graft rings.
- Avoid the use of fistula clamps for hemostasis.

NOTE: Remove bridging catheter as soon as possible after successful HeRO Graft cannulation.

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