

# The HVAD<sup>®</sup> System Managing the Driveline

The driveline is the cable that passes through the skin connecting the implanted pump to the external HVAD<sup>®</sup> System components.

- Do not pull, twist or kink the driveline; this could result in damage.
- Do not let any portion of the driveline hang freely where it could get caught on external items such as doorknobs or corners of furniture.

**It is important if you notice driveline tears, punctures or wear to notify your VAD Team.**

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### Do not attempt to repair the driveline yourself

- ALWAYS notify your VAD Team if you notice blood or fluid in the driveline. Your VAD Team should examine the driveline to fully evaluate the situation.



### Do not use prophylactic topical antibiotic ointments

- Avoid products containing silver sulfadiazine, betadine, or polymyxin-neomycin-bacitracin ointment; these ointments can injure the tissue adjacent to the exit site.



### Electrical Fault Alarm

- Indicates there is a problem within the electrical system: pump, driveline or controller.
  - Follow instructions on the controller and call your VAD Team.
  - DO NOT change your controller during an active electrical fault alarm.



**Refer to the Patient Manual for a full list of precautions, warnings and potential complications.**

**CAUTION:** Federal law (USA) restricts this device to sale by or on the order of a physician. Refer to the "Instructions for Use" for complete Indications for Use, Contraindications, Warnings, Precautions, Adverse Events and Instructions prior to using this device. The IFU can be found at [www.heartware.com/clinicians/instructions-use](http://www.heartware.com/clinicians/instructions-use).

**WARNING:** Serious and life-threatening adverse events, including stroke, have been associated with use of this device. A user must fully consider the risks of this device with that of other treatment modalities before deciding to proceed with device implantation.

In the USA the HVAD System is intended for use as a bridge to cardiac transplantation in patients who are at risk of death from refractory end-stage left ventricular heart failure.

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