EVERY PUNCTURE COUNTS.
THE FIRST ONE MUST BE THE RIGHT ONE.

>90%

of hospitalized patients require vascular access (PIVC/CVC)[3]

35-50%

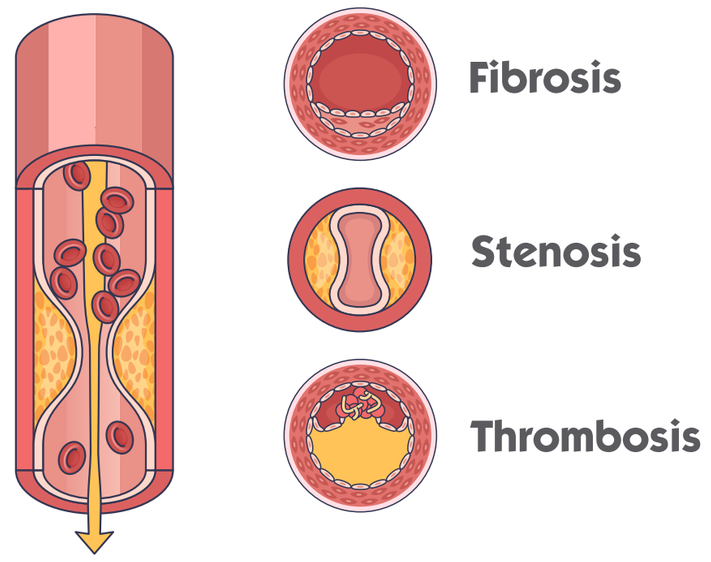
of PIVCs fail before the end of treatment[1]

x10 at the 2nd attempt

the risk of complications for a central line[2]

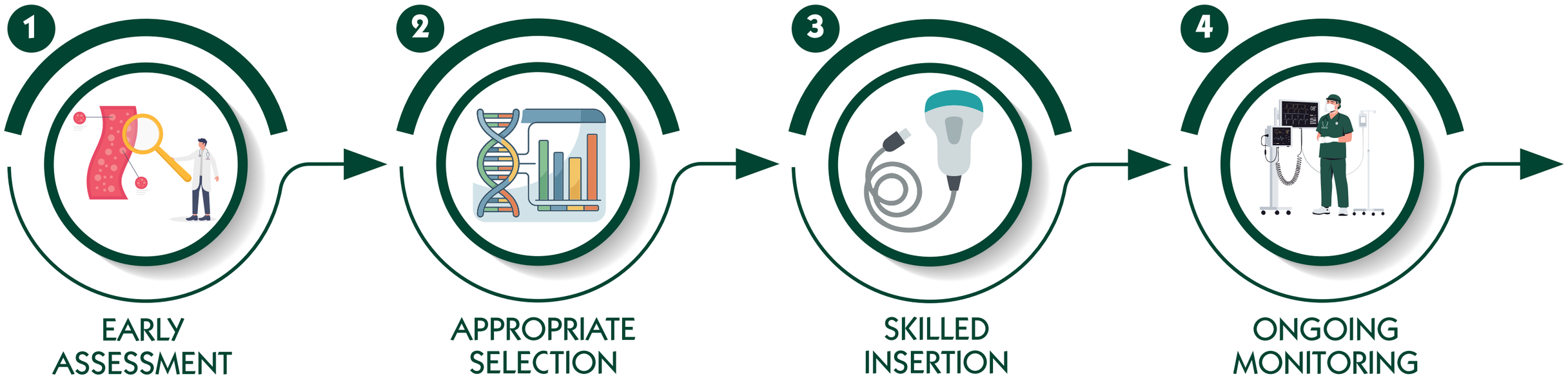
Structural remodeling: risk of irreversibility

- **Permanent damage:** Every inadequate puncture leaves permanent damage on the vessel.
- **Vessel health at risk:** This irreversible exhaustion compromises access longevity and future treatments[3].



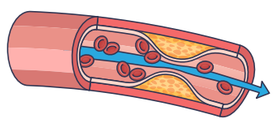
"THE RIGHT DEVICE, IN THE RIGHT VESSEL, AT THE RIGHT TIME"

(Johnston A. et al. (2025). Anaesthesia)[4]



1 **PRECISE MAPPING OF THE VESSEL NETWORK**

2 **APPROPRIATE GAUGE & SITE SELECTED** FOR THE TREATMENT



3 **ULTRASOUND GUIDANCE:** REAL-TIME VISUALIZATION TO ENSURE PROCEDURE SAFETY

4 **ONGOING TRAINING & STANDARIZATION OF PRACTICES**[4]

OBJECTIVE: FIRST-ATTEMPT SUCCESS

PATIENT: Less pain, tissue traume and anxiety.[5, 6]

CLINICIAN: Reduced workload, frustration and time spent on care.[1]

SYSTEM: Lower equipment costs and faster treatment initiation.[7]

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