

Bone Marrow Aspirate Harvest - *CenTrate*[®] Device



Technique Matters

When aspirating bone marrow with a BMA needle, keep these best practices in mind:

- For BMA harvest using the 60 ml CenTrate Device, the rationale for adding more anti-coagulant in one syringe is to ensure the BMA needle is flushed with anti-coagulant.
- The 6 holes at the distal tip allow for more efficient collection of aspirate from different angles within the bone inside the cortical wall.
 - Using a bone marrow aspiration needle with multiple distal holes enables aspiration of small volumes from different sites simultaneously, resulting in time-efficiency. Note there are many types of BMA needles/cannulas on the market.
- Advance needle in an alternating clockwise/counter clockwise motion and ensure all distal holes are well beyond cortical wall.



- To minimize aspirating air into the syringe, ensure all distal holes are located beyond the cortical wall and well within cancellous bone.

Bone Marrow Aspiration Needle Features



- Six holes placed at distal tip, allowing for efficient aspiration.
- One stylet with trocar point for penetration of the cortical bone into the bone marrow cavity.
- One stylet with blunt tip (purple handle) for easy movement of the needle within the bone marrow cavity.
- Ergonomically designed handle enables a safer maneuverability, since the force needed to penetrate the bone marrow cavity is homogeneously distributed over the entire palm of the hand rather than locally.



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BMA Harvest Instructions

Harvest Technique (60 ml)

Prime bone marrow aspirate needle, disposable and two 30 ml syringes with anticoagulant to ensure inner surfaces are coated. This will prevent clotting of bone marrow during aspiration.



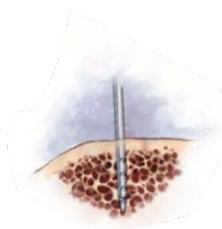
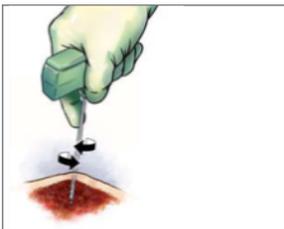
Prepare Patient and Position Needle

Hold the needle with proximal end in palm and the index finger against the shaft toward the tip.



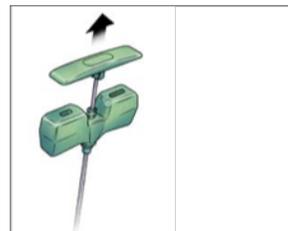
Advance Needle

Using gentle but firm pressure, advance the needle, rotating it in an alternating clockwise/counterclockwise motion. Entrance into the marrow cavity is generally detected by decreased resistance. All of the side holes at the distal end of the needle must be introduced into the marrow cavity beyond the cortical bone, otherwise air with extra bony soft tissue may appear with the aspirated marrow.



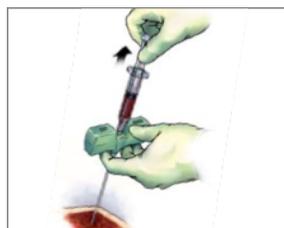
Remove Stylet/Trocar

Once needle is in place, remove the stylet by pulling straight out.



Aspirate Marrow

Follow the BMA needle manufacturer package insert and obtain a total of 60 ml anti-coagulated bone marrow aspirate. It is recommended that the needle be repositioned per 3-5 ml of BMA drawn.



Note: For the CenTrate 30 ml Device, only one 30 ml syringe of anti-coagulated marrow is utilized.