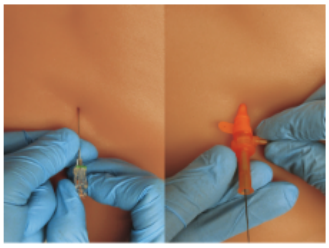
REBOA Instructions

This page is intended to serve as a quick reference for easy access to the REBOA kit instructions. The information and images are directly from the insertion instructions, and were obtained from http://prytimemedical.com/wp-content/uploads/2017/08/ER-REBOA-Catheter-Quick-Reference-Guide-wall-poster.pdf

The ER-REBOA™ Catheter Quick Reference Guide

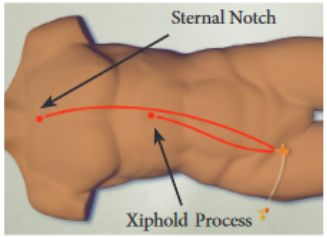
6 REBOA Steps: ME-FIIS (Pronounced ME-FIZZ)

Get Access Early



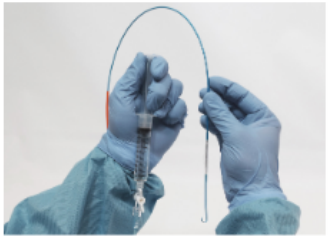
Obtain access using standard techniques

1. Measure

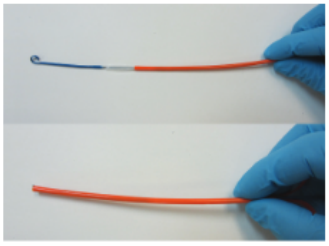


Placement depth[1,2,3,4,5,6]
- Zone 1: Approximately 46 cm
- Zone 3 : Approximately 28 cm

2. Empty

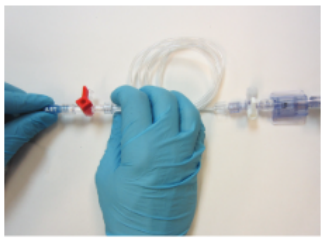


Flush & deflate balloon
- Ensure balloon is fully deflated
- Hold vacuum for **5 seconds**
- Close stopcock with vacuum held



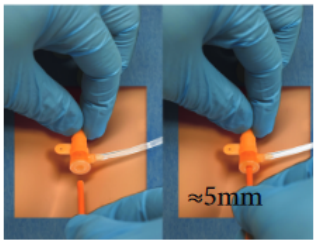
Advance & twist peel-away to cover P-tip®
- Ensure the balloon and P-tip® are captured

3. Flush

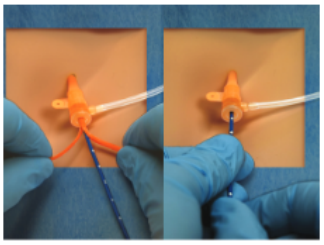


Attach & flush arterial line
- Use standard techniques
- Ensure all air is purged

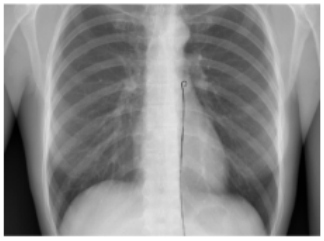
4. Insert



Insert sheath into valve
- Approximately 5 mm
- Insert into the common femoral artery



Advance catheter into vessel
- Hold orange sheath
- Advance blue Catheter
- Remove sheath after balloon passes valve

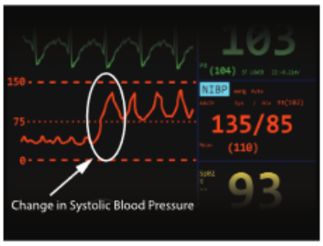


Position catheter
If available, use conventional x-ray or fluoroscopy to confirm position using radiopaque markers

5. Inflate[1,2,3,4,5,6]

Inflation Volume	
Zone 1	Start with 8 cc
Zone 3	Start with 2 cc

Start small then check



Monitor arterial waveform feedback
- Look for change in blood pressure above balloon
- Use other standard techniques

6. Secure

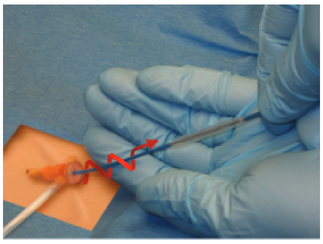
Secure Catheter close to the introducer sheath

Provide Definitive Treatment

Provide definitive hemorrhage control
- Mark time of inflation
- The clock is ticking!
- Move quickly to definitive control

Remove

Fully deflate balloon
- Hold vacuum for **5 seconds**
- Close stopcock with vacuum held



Remove catheter
- Corkscrew twist the catheter to facilitate removal
- If necessary, remove catheter and introducer sheath as a unit

Caution

Check for full and equal pulse in each leg using your standard technique

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The REBOA Company™

www.prytimemedical.com

This instruction is not a replacement for the instruction for use (IFU). The ER-REBOA™ Catheter IFU should be read in its entirety before using the device

1. Joint Trauma System Clinical Practice Guideline (JTS CPG) REBOA for Hemorrhagic Shock (CPG ID: 38)
2. Pezy P, Flaris AN, Prat NJ, Cotton F, Lundberg PW, Caillot JL, David JS, Voiglio EJ. Fixed-Distance Model for Balloon Placement During Fluoroscopy-Free Resuscitative Endovascular Balloon Occlusion of the Aorta in a Civilian Population. JAMA Surg. 2016 Dec 14.
3. Linnebur M, Inaba K, Haltmeier T, Rasmussen TE, Smith J, Mendelsberg R, Grabo D, Demetriades D. Emergent non-image-guided resuscitative endovascular balloon occlusion of the aorta (REBOA) catheter placement: A cadaver-based study. J Trauma Acute Care Surg. 2016 Sep;81(3):453-7.
4. MacTaggart JN, Poulson WE, Akhter M, Seas A, Thorson K, Phillips NY, Desyatova AS, Kamenskiy AV. Morphometric roadmaps to improve accurate device delivery for fluoroscopy-free resuscitative endovascular balloon occlusion of the aorta. J Trauma Acute Care Surg. 2016 Jun;80(6):941-6.
5. Morrison JJ, Stannard A, Midwinter MJ, Sharon DJ, Eliason JL, Rasmussen TE. Prospective evaluation of the correlation between torso height and aortic anatomy in respect of a fluoroscopy free aortic balloon occlusion system. Surgery. 2014 Jun;155(6):1044-51.
6. Stannard A, Morrison JJ, Sharon DJ, Eliason JL, Rasmussen TE. Morphometric analysis of torso arterial anatomy with implications for resuscitative aortic occlusion. J Trauma Acute Care Surg. 2013 Aug;75(2 Suppl 2):S169-72.

ADV-006 | Revision E

Revision #3
Created 28 August 2023 18:12:42 by Abby Josef
Updated 12 February 2026 15:49:39 by Abby Josef