Insert the Perclose ProGlide over a standard 0.038" or smaller guide wire. Remove the guide wire when the guide wire exit port (of the Perclose ProGlide) is at skin level. Advance the Perclose ProGlide straight into the artery coaxial to the tissue tract until arterial flow is seen through the marker lumen, indicating the foot is intraluminal. Discontinue advancement as soon as arterial flow is seen through the marker lumen.
While keeping the device at a 45° angle, lift the lever up to deploy the foot inside the artery. With the lever up, gently retract the device at a 45° angle until marking has stopped indicating the foot is in position against the anterior arterial wall.
While maintaining a 45° angle, and stabilizing the device with your left hand by holding the proximal guide, fully depress the plunger until the collar is touching the body of the device. This will deploy the needles and create the suture loop.
While continuing to stabilize the device with your left hand, retrieve the suture by removing the plunger from the device. Retract the plunger until the suture is pulled taut. Only one blue rail suture is presented. Utilizing either the QuickCut mechanism (a) or sterile scissors (b), cut the plunger free by cutting the BLUE suture approximately 1 cm below the WHITE link.
FOOT PARKING

Relax the device and return the lever to its original position to park the foot.
SUTURE PRESENTATION

Deliberately withdraw the Perclose ProGlide until the guide wire exit port is at skin level. Remove the two suture ends from the device. There should be one BLUE suture (the rail suture – BLUE TAIL IS THE RAIL) and one WHITE suture (the non-rail – WHITE MAKES IT TIGHT).
KNOT MANAGEMENT

Double-Load Technique

Keeping the suture coaxial to the tissue tract, withdraw the Perclose ProGlide device with the right hand while maintaining tension on the rail suture with the left index finger. After the tip of the ProGlide sheath is removed, apply back tension to the rail limb (by rolling the left wrist) to advance the knot toward the arteriotomy.
Maintain tension on the rail limb and pick up the non-rail limb with the right hand. Place the non-rail limb on the left index finger on top of the rail limb and hold both sutures in place with the left thumb. Pick up the Suture Trimmer with your right hand. Using “bow string” technique, load the Suture Trimmer on to both suture limbs. Keep the Suture Gate open while maintaining tension on both Suture Limbs until the Suture Trimmer is oriented co-axial to the limbs. Keeping the Suture Trimmer loaded onto and co-axial to the Suture Limbs, advance the Suture Trimmer down into the tissue tract to the level of the artery.
Release the non-rail limb from under the left thumb and move into the single-handed position. The rail limb should remain securely wrapped around the left forefinger. Complete the knot advancement by placing the Suture Trimmer under the left thumb. Maintain constant, gentle, co-axial tension by keeping the rail limb of suture in-line with the Thumb Knob. Remain in the single-handed position for 10 seconds. Move the Suture Trimmer slightly cranial and then back to a 45 degree angle. Tighten the knot by gently pulling on the WHITE non-rail limb (WHITE MAKES IT TIGHT) and hold for 10 seconds.
HEMOSTASIS

Remove the Suture Trimmer or Snared Knot Pusher from the tissue tract and test for hemostasis by having the patient cough or bend his/her leg. If hemostasis is achieved, continue to next step. If additional hemostasis is desired, load the BLUE rail suture and assume single-handed position for 20 seconds. Tighten the knot again by pulling on the WHITE non-rail limb.
While holding constant back tension on the Suture Limbs, load both limbs into the Suture Trimmer and advance to the arteriotomy. Trim the sutures by pulling back on the red Trimming Lever. Keep the Trimming Lever pulled back during retrieval of the Suture Trimmer and remove the trimmed suture from the tissue tract.
KNOT DELIVERY

During Step 2, the needles are being advanced to engage with the foot within the artery.

The needles connect with the link to create a loop. The suture is released from the posterior needle.

During Step 3, the rail end of the suture is being pulled by the anterior needle.