Optimal Device Performance Guide

Ethicon Intraluminal Circular Stapler (ILS) Controlled Tissue Compression

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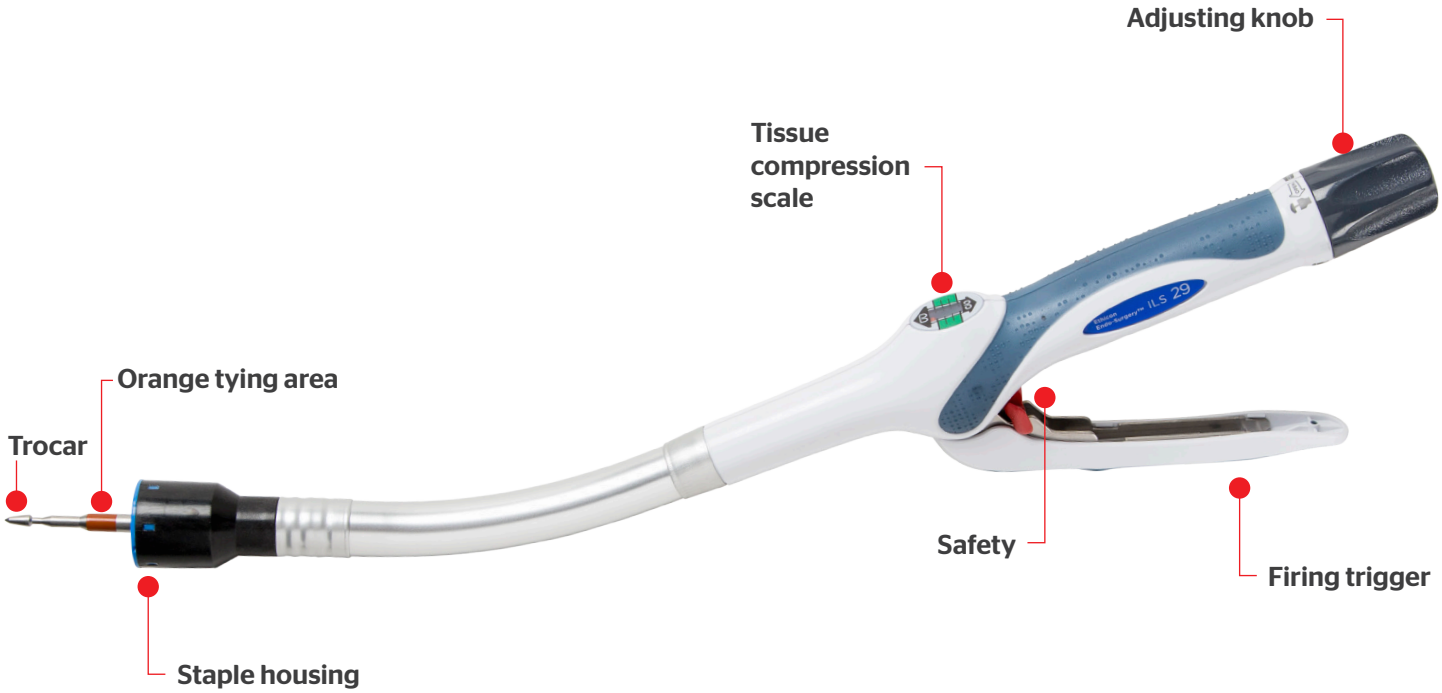
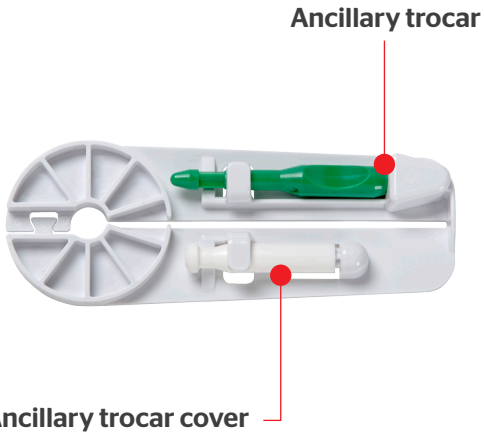
Shaping the future of surgery

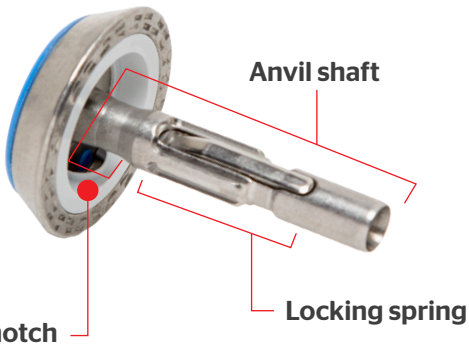
Intraluminal Circular Stapler



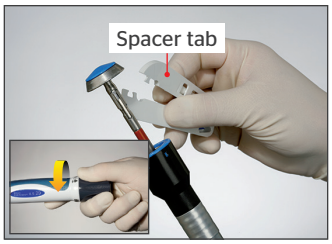
Spacer tab



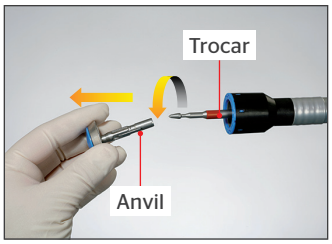
Anvil



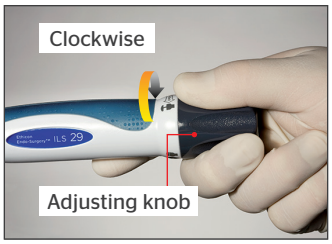
Device preparation



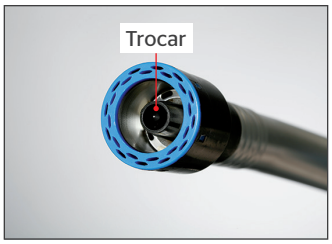
1. Rotate **adjusting knob counterclockwise until orange tying area is visible** and remove spacer tab.



2. Simultaneously rotate anvil ¼ of a revolution while pulling to **remove the anvil.**

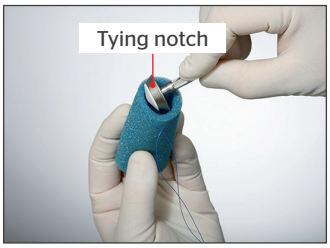


3. **Keeping red safety engaged**, retract trocar by rotating adjusting knob clockwise until a stop is reached.

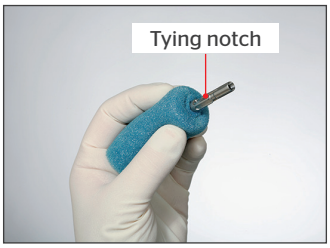


4. **Verify trocar is fully retracted** before proceeding.

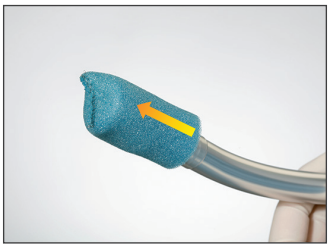
Anvil and device placement



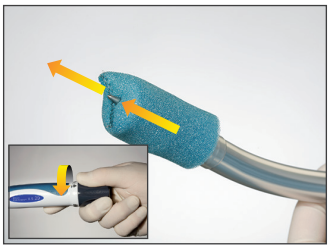
5. **Insert anvil** into lumen.



6. **Secure the purse string onto anvil shaft** above tying-notch area.

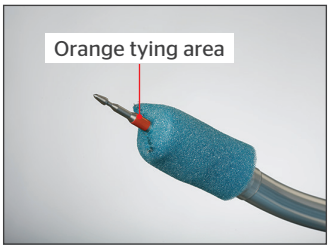


7. With trocar retracted and **red safety engaged**, insert device up to closed lumen.

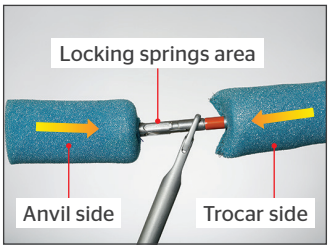


8. **Extend trocar and pierce tissue** by gently rotating device while holding adjusting knob.

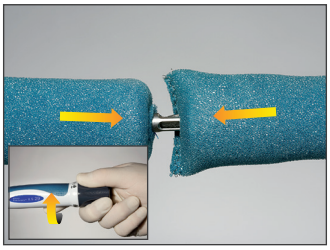
NOTE: Anvil grasper can be used to prevent tissue tenting during trocar penetration.



9. Once penetrated, fully extend trocar and push tissue down until **orange tying area is visible**.

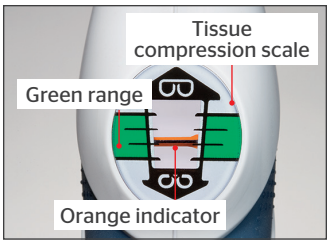


10. Using an anvil grasper or similar instrument, **grip anvil shaft without clamping on locking springs**. Slide anvil shaft over trocar until anvil snaps into fully seated position.

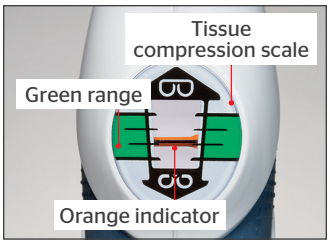


11. Close by turning adjusting knob clockwise **until orange indicator enters the green range** on the tissue compression scale, keeping anastomotic segments in proper orientation.

Tissue compression

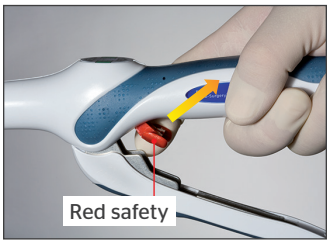


12. Continue closing device until tissue resistance feels proper for anastomosis. Then **wait 15 seconds** to allow tissue to compress and fluids to displace.



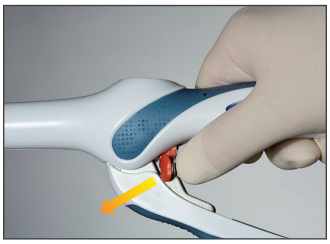
13. After waiting 15 seconds, **recheck for proper tissue resistance** and compress further if required.

Device firing



14. **Confirm orange indicator is fully within green range.** Draw red safety back until it seats into device body.

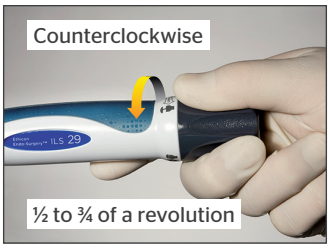
15. Squeeze firing trigger with firm, steady pressure, in one continuous stroke, until firing trigger touches device body. **User should notice tactile and audible feedback when cutting through the breakaway washer.**



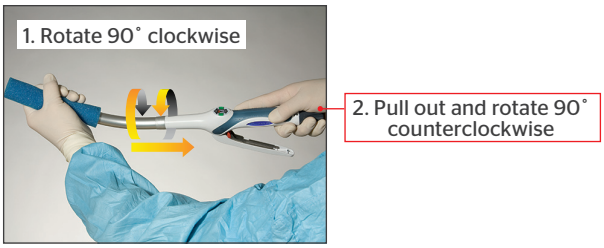
16. Release firing trigger, allowing it to return to its original position and **re-engage red safety**.

CAUTION: Do not fire more than once. Re-squeezing the firing trigger may damage the anastomosis.

Device opening and removal

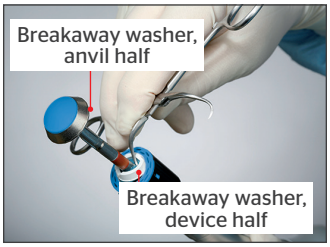


17. Open device by **turning adjusting knob counterclockwise ½ to ¾** of a revolution.

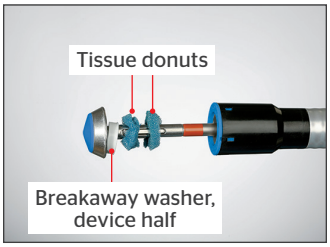


18. **Rotate device 90° clockwise**, then gently pull out while simultaneously rotating device back 90.° Repeat as required until device slides out.

Anastomosis check

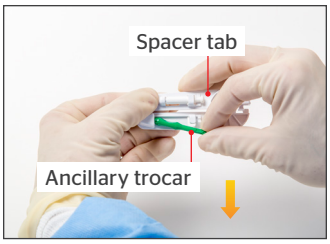


19. Fully open device and **extract breakaway washer and tissue donuts**. (Removal of breakaway washer, anvil half is optional.)

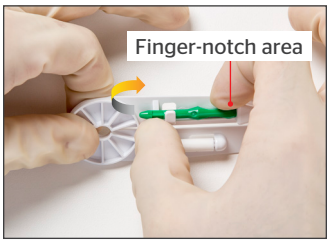


20. Inspect tissue donuts. **If donuts are not complete, anastomosis should be carefully checked.**

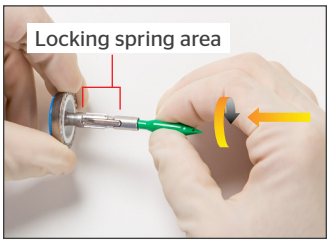
Ancillary trocar use



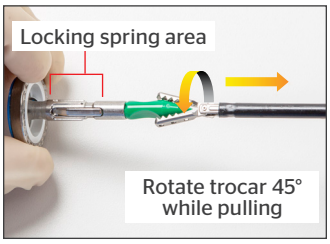
21. Remove trocar from spacer tab by **grasping the finger notches and pulling outward**.



22. Alternate: remove trocar from spacer tab by **placing thumb on exposed tip of trocar and pulling outward**.



23. Holding trocar in finger-notch area, place blunt end into anvil shaft and rotate trocar while pushing **until trocar snaps into place**.



24. Grasp anvil shaft with instrument below locking springs. Use anvil grasper or similar instrument to grip finger-notch area. **Rotate the ancillary trocar 45˚ in the anvil shaft so that the finger notches are perpendicular to the locking springs. Then pull ancillary trocar out of anvil shaft.**

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For complete product information, including full steps for use, indications, contraindications, warnings and precautions, please see the Instructions for Use.