eSuction^{SC}

SMALL CAVITY

STERILE EO

STERILIZE

Rx only

FEDERAL (USA) LAW RESTRICTS THIS DEVICE TO SALE BY OR ON THE ORDER OF A PHYSICIAN

EN - INSTRUCTIONS FOR USE

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EN – English

REF **ET2005 e**Suction, Small Cavity

Intended Use

The eSuction, Small Cavity is intended for use in the endoscopic retrieval of food bolus, foreign bodies, necrotic and excised tissue such as polyps.

Contraindications

None known within the scope of the intended use.

Warnings

Do not use if package is opened or damaged.

Visually inspect before use. If any abnormality is detected that would prohibit proper working condition, do not use.

This device is designed for single use only. Attempts to reprocess, resterilize, and/or reuse may lead to device failure and/or transmission of disease.

Patient clinical conditions and type of foreign bodies may result in using various retrieval techniques. The technique used is at the discretion of the physician.

Do not apply lubricant to the device cap or the endoscope prior to loading. Doing so could result in the device falling off the endoscope. Lubricant may be applied to the endoscope after the device cap has been secured to the endoscope.

The use of an instrument larger than 1.8 mm outer diameter through the biopsy channel may result in a decrease or loss of suction. The use of incompatible instruments through the biopsy channel may result in the loss of function of the device.

During retrieval, allow for proper spacing between the end of the device cap and the object being retrieved before deploying the snare. Deploying the snare too closely to an object may result in the snare detaching from the anchor side of the device cap. Excessive pulling of the snare handle may result in the snare becoming dislodged from the device cap.

In the event of a decrease or loss in suction, check to ensure the biopsy valve has not been compromised or leaking.

Maintain moderate pressure when passing the trachea to avoid losing the foreign body.

Use caution when removing the foreign body after retrieval. Not doing so may result in damage to the device.

Instructions

1. Verify that the outer diameter of the endoscope is compatible with the inner diameter of the device cap. (Refer to device label.)
2. Peel open the pouch and remove the device. Visually inspect the device for kinks, loose or broken parts.
3. Deploy and retract the snare to ensure the device is functioning properly.
4. Verify that the endoscope has a 2.8 mm accessory channel or larger.
5. To ensure sufficient suction, verify the accessory channel's biopsy valve is closed unless an additional accessory device is being used in the accessory channel.
6. Thoroughly dry the tip of the endoscope with a 4x4 gauze or dry wash cloth. It is important that the device cap and the tip of the endoscope are dry to ensure that the device stays attached. Do not use any lubricant; doing so could result in the device falling off the endoscope inside the patient. Lubricant may be used on the endoscope after the device cap has been securely loaded onto the endoscope.
7. Place the device cap onto the endoscope and align the catheter with the endoscope's accessory channel. The cap should be fully inserted onto the endoscope until resistance is met with the cap's internal rib; approximately half the length of the cap. Do not squeeze or deform the cap as it is being placed on the scope. Full insertion will allow for more endoscopic vision and proper orientation will prevent loss of function with devices used in the biopsy channel.
8. Gently pull the device cap to ensure there is a proper fit on the endoscope. Apply surgical tape around the device cap and catheter to secure the device to the endoscope.
9. Deploy and retract the device to ensure attachment to the anchor side of the device cap has not been compromised. Surgical tape may be used as an additional means to secure the snare sheath to the endoscope to prevent catheter movement during the procedure.
10. The snare loop should be retracted before inserting into patient.
11. Deploy and retract snare loop around food bolus, foreign body or necrotic and excised tissue by moving the handle forward and backward. Endoscopic suction may be used as necessary to aid in the removal process. Maintain moderate handle pressure anytime passing the trachea.
12. After the procedure is completed, remove the endoscope from the patient.
13. Remove the device cap from the endoscope and discard.

Notes

Use of this device restricted to a trained healthcare professional.

In the event of a malfunction, discontinue use and save for return and contact your local representative.

Serious incidents that have occurred in relation to this medical device should be reported to the manufacturer and competent authority in the country where the incident occurred.

Disposal

After use, this device may be a potential biohazard. Dispose of it in accordance with accepted medical practice and applicable local, state and federal laws and regulations.

Storage

Store in a dry location, away from temperature extremes.

Symbols

EN - Symbols

	**EN** - Quantity of devices in pouch
	**EN** - Quantity of devices in box

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