

IMPORTANT
Before using these products, please read the following information thoroughly!

WARNING

Reusable Ackermann products are delivered unsterile, indicated on the device label by the following symbol:



Prior to their first use, the devices need to be cleaned and sterilized as described in the reprocessing section of this document.

INTENDED USE

The Ackermann Monopolar, Detachable Laparoscopic Instruments are intended to be used as active electro-surgical devices where monopolar electro-surgical cutting and coagulation is desired during surgery and are intended to grasp, manipulate cut or coagulate selected soft tissue.

CONTRAINDICATIONS

The Ackermann Monopolar, Detachable Laparoscopic Instruments are not intended for contraceptive coagulation of the fallopian tube but may be used to achieve hemostasis following transection of the tube.

CONTRAINDICATIONS TO ENDOSCOPIC PROCEDURES, NOT NECESSARILY MONOPOLAR COAGULATION INCLUDE

As identified in the Manual of Endoscopy available from the American Association of Gynecologic Laparoscopists. The presence of large pelvic or pelvic-abdominal masses, hypovolemic shock and severe cardiac decompensation. Also, intestinal obstruction and marked bowel distention, increase possibility of pelvic and abdominal adhesions. A significantly elevated diaphragm contra-indicates the use of insufflation which may be necessary for proper surgical visualisation and may increase the chance of inadvertent bowel injury. Pelvic abscess, chronic pulmonary disease, diaphragmatic hernia, obesity, and septic peritonitis may exclude some patients from surgical consideration depending on severity of these conditions. Caution: Please refer to the labelling and user manual for the electro-surgical generator for additional information on contraindications on electro-surgical or laparoscopic use.

GENERAL SAFETY PRECAUTION

Improper use of electro surgical equipment and accessories may pose a significant health risk to the patient, user or third party. Strict adherence to the intended use and safety precautions as well as a thorough understanding of biophysical principles of electro surgery is essential for the safe use of the devices! In this regard, the following safety measures shall always be taken into account:

- ▶ Always select the lowest possible power setting that provides the desired effect
- ▶ Use brief intermittent activation
- ▶ Do not activate in close proximity or direct contact with other instruments especially if they are made of metallic materials
- ▶ In order to minimize the chances of direct trauma; activate the electrode only when whole tissue is in the field of vision
- ▶ Do not activate in open circuit
- ▶ Choose the proper current waveform mode. In monopolar electro-surgery, either the cutting or coagulation waveform can be used to achieve a cutting effect or fulguration effect
- ▶ If available, use electro-surgical accessory safety equipment, such as active or return ground electrode monitoring systems when possible

DEVICE SPECIFIC WARNINGS AND PRECAUTIONS

The devices are indicated for a maximum power output of 450Watts / 2.000 Vpeak. Exceeding the indicated maximum power output may result in serious burns and life-

threatening injuries to the patient. It is important to ensure that all active accessory and devices used in combination, such as neutral electrodes, high frequency cables and generators are suitable in terms of their respective dielectric strength. Extreme care should be taken when handling instruments with insulation. Damage to the insulation may result in patient/user injury.

Prior to every use of the devices, the active insulation should be inspected carefully in regard to damages or inhomogeneity. Do not try to modify the instrument. Do not try to repair the electrical insulation. Do not place the instrument on the patient when not in use. Place the instrument in an insulated support or on a clean, dry, visible and non-conductive surface in order to avoid accidental electrical injuries.

After use, the temperature of the active electrode can remain high enough to cause burns to the patient user or third party, even when the electrical current is turned off. Activating the electrode in the air when not in use will create an "open" circuit, which can also result in a capacitive coupling effect. Capacitive coupling is increased by open circuits, use of 5-mm cannulas (versus 10 mm), and higher generator voltages. This situation can be avoided by using brief intermittent activation that allows normal tissue to remain cool.

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RISKS RELATED TO THE APPLICATION

- ▶ Thermal damage may cause carbonization at the excision margin, vessel thrombosis, and collagen denaturation. Therefore careful consideration regarding the advantages and suitability of the intended application is recommended.
- ▶ Low frequency current may cause electrolysis at the interface between active electrode and tissue. Chemical effects of electrolysis disappear at higher frequencies
- ▶ A direct or low frequency current can depolarize cell membranes and cause neuromuscular excitation.
- ▶ If the active electrode cable comes in close proximity to the patient's body, current leakage may result in a burn
- ▶ Bowel preparation is important if it is anticipated that the large bowel is at risk
- ▶ The chances of direct trauma are increased during laparoscopic surgery because surgeons are limited to visualization in only two dimensions, with their hands generally dissociated from their eyes, especially when operating on mobile organs. In order to minimize the chances of direct trauma; activate the electrode only when whole tissue is in the field of vision.
- ▶ Do not use electro-surgical instruments on patients with pacemakers.
- ▶ Do not use in presence of flammable liquids or anaesthetics.

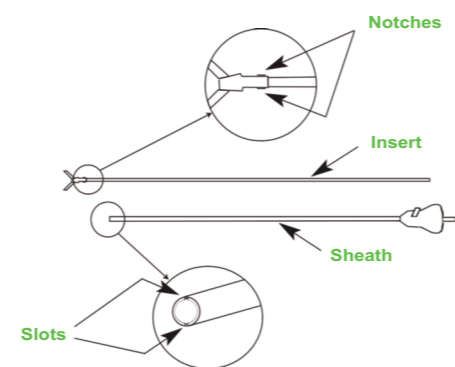
RISKS RELATED TO INTERFERENCE WITH HF-ACCESSORY AND OTHER COMBINATION DEVICES

- ▶ Avoid hybrid trocar sleeves. The use of non-metal trocar cannulas can reduce the risk of capacitive coupling.
- ▶ Apply the patient return electrode according to the recommendations of the generator manufacturer.
- ▶ The entire surface of the neutral electrode should be securely connected to the patient's body and as close as possible to the surgical field.
- ▶ The patient should not be in contact with grounded metal parts or parts having an appreciable capacity with respect to the ground (for example operating table, supports, etc.). Antistatic wrapping is recommended in this case.
- ▶ Skin to skin contact (for example between the patient's arms and body) must be avoided, for example by separation with dry gauze.
- ▶ Electro-surgical generators used with these devices are designed to cause destruction of tissue and are inherently dangerous if operated improperly. Follow all safety precautions and instructions supplied by the manufacturer of the electro-surgical generator.

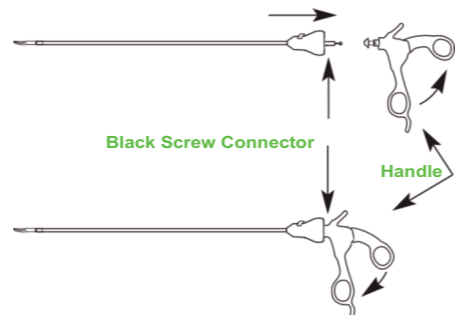
PREPARATION OF THE DEVICES: ASSEMBLY AND DISASSEMBLY

XPRESS LOCK® ASSEMBLY/ DISASSEMBLY

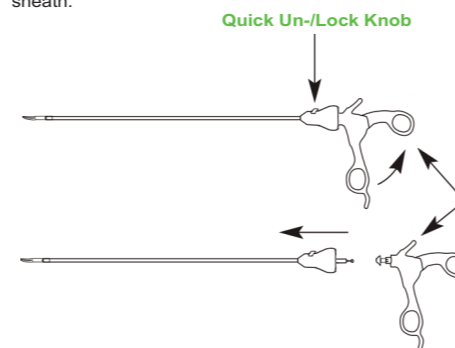
1. Push the insert into the handle's sheath such that the insert fully seats into the sheath. Some rotation of the tip may be necessary to align the tip notches and outer sheath slots.
2. While holding the sheath, rotate the insert, with jaws closed counter clockwise 45° until tight. *The device cannot be assembled further if the tip is not seated correctly. If the insert spins more than 45°, ensure the notches are fully inserted into the sheath slots.*



3. Open the handle completely and insert the sheath assembly into the handle. Tighten the sheath by closing the handle. When hearing the "click" the instrument is assembled correctly. The jaw tips must be closed to ensure proper fit into handle.



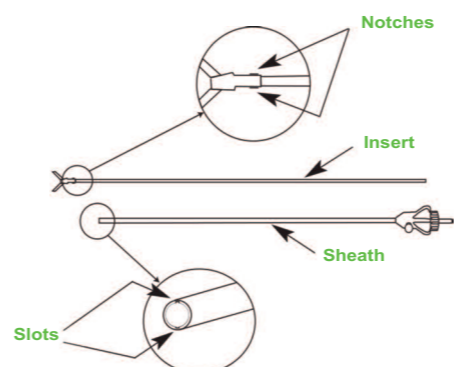
4. To disassemble, open the handle completely. Loosen the sheath by pressing the quick locking knob on the black screw connector. Then slide the sheath away from handle. While holding the sheath, rotate the insert clockwise 45° until loosened. Slide the insert from sheath.



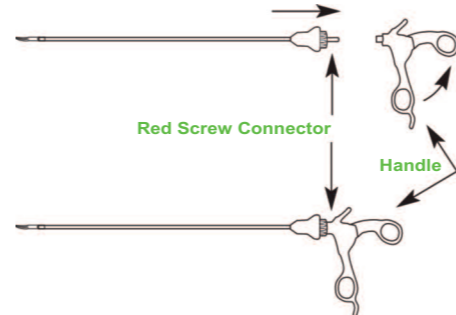
5. Clean and sterilize insert, sheath and handle immediately.

SECULOCK® ASSEMBLY/ DISASSEMBLY

1. Push the insert into the handle's sheath such that the insert fully seats into the sheath. Some rotation of the tip may be necessary to align the tip notches and outer sheath slots.
2. While holding the sheath, rotate the insert, with jaws closed counter clockwise 45° until tight. *The device cannot be assembled further if the tip is not seated correctly. If the insert spins more than 45°, ensure the notches are fully inserted into the sheath slots.*



3. Open the handle completely and insert the sheath assembly into the handle. Tighten the sheath by turning the red coloured screw connector. The jaw tips must be closed to ensure proper fit into handle.

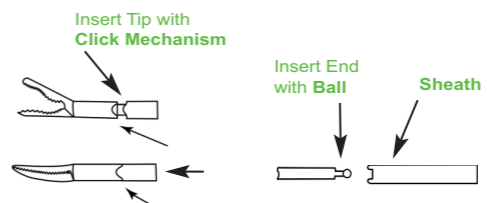


4. To disassemble, open the handle completely. Loosen the sheath by turning the red connector. Then slide the sheath away from handle. While holding the sheath, rotate the insert clockwise 45° until loosened. Slide the insert from sheath.

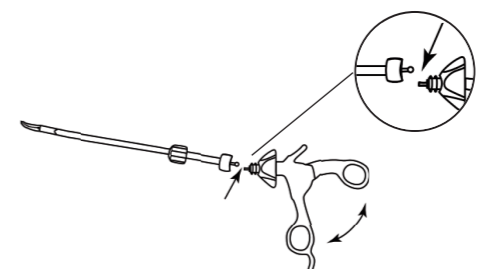
5. Clean and sterilize insert, sheath and handle immediately.

ENDO LOCK® ASSEMBLY/ DISASSEMBLY

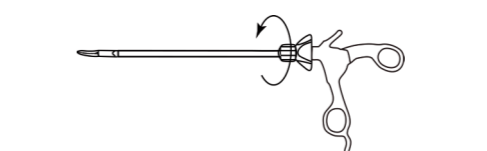
1. Slide the insert into the sheath. Notice the tongue and groove configuration. The insert should snap firmly into the shaft.



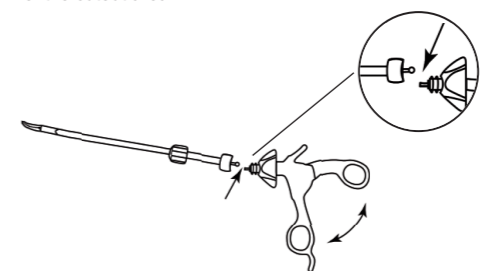
2. With the insert jaw closed and the handle open (just like you would like to open a pair of scissors), place the "ball" of the insert into the cutout of the handle; then squeeze the handle shut and keep it shut. The jaw tips must be closed to ensure proper fit into the handle.



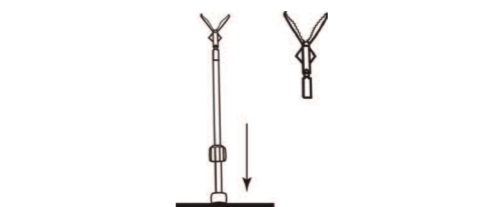
3. Turn the nut counter clockwise onto the handle and the device is ready to use.



4. To disassemble, unscrew the nut clockwise. Open the handle (just like you would like to open a pair of scissors) and lift the "ball" of the insert out of the cutout area.



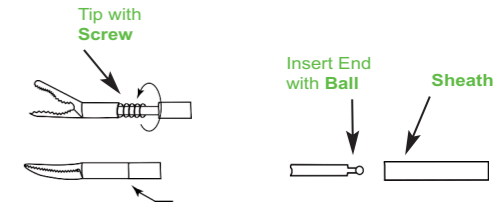
Firmly grasping the sheath with both hands, press the little "ball" on a hard surface until the insert detaches from the sheath. Pull the insert out of the sheath.



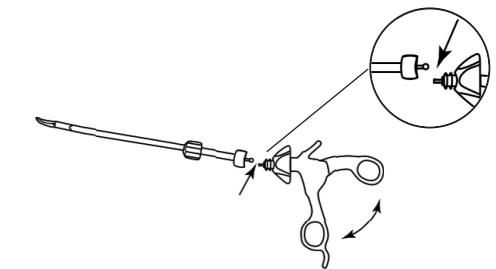
5. Clean and sterilize insert, sheath and handle immediately.

SYSTEM CS® ASSEMBLY/ DISASSEMBLY

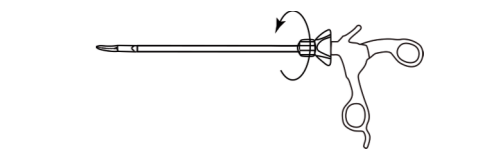
1. Remove the black nut on the handle. Put the insert into the sheath tightly fasten it by screwing the thread down the shaft.



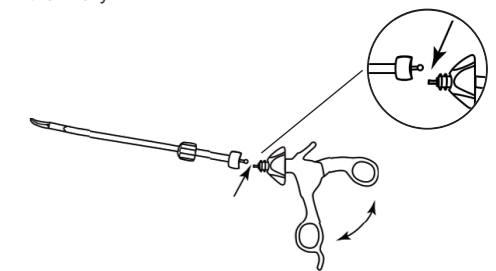
2. With the insert jaw closed and the handle open (just like you would like to open a pair of scissors), place the "ball" of the insert into the cutout of the handle; then squeeze the handle shut and keep it shut. The jaw tips must be closed to ensure proper fit into the handle.



3. Turn the nut counter clockwise onto the handle and the device is ready to use.



4. To disassemble, unscrew the nut clockwise, open handle completely and detach the insert/ sheath from the handle. Unscrew the insert from the sheath and separate them fully.



5. Clean and sterilize insert, sheath and handle immediately.



ENDO LOCK®

Table listing instrument models under ENDO LOCK® category, including columns for instrument name, manufacturer, and reference numbers.

REF

SYSTEM CS®

Table listing instrument models under SYSTEM CS® category, including columns for instrument name, manufacturer, and reference numbers.

REF

Table listing SHEATHS and HANDLES instrument models under ENDO LOCK® category.

SYMBOLS USED ON LABELLING (ACC. DIN EN 980 / DIN EN ISO 15223-1)

Table explaining various symbols used on product labelling, such as legal manufacturer, manufacturing date, batch code, consult instructions, non-sterile, prescription use only, and CE mark.