

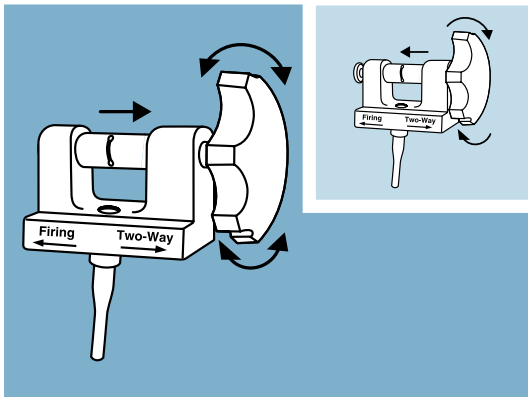


4,6,10 Shooter™

SAEED® MULTI-BAND LIGATOR

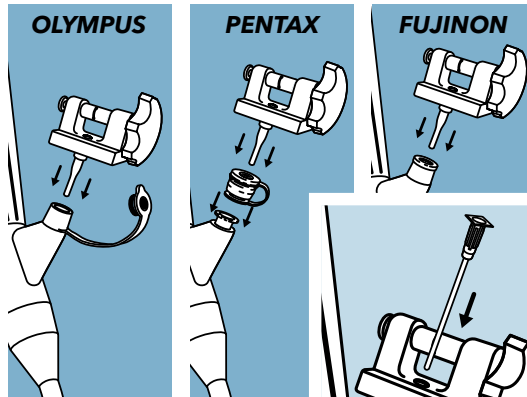
QUICK REFERENCE GUIDE

PREP 1



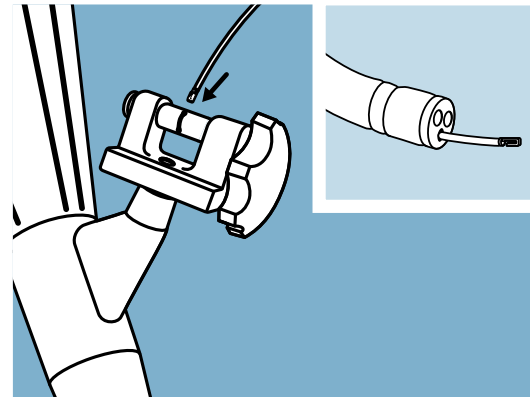
The firing position allows the handle to be rotated in the forward direction only. The **two-way position** allows the handle to rotate in both directions.

PREP 2



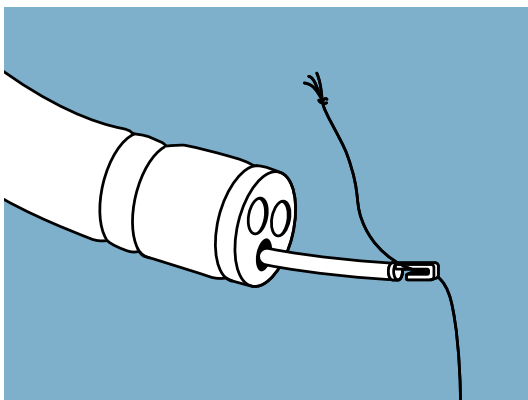
Insert the ligator handle into the endoscope accessory channel.
Note: The irrigation adapter may be used to puncture the white self-sealing valve prior to introducing the loading catheter.

PREP 3



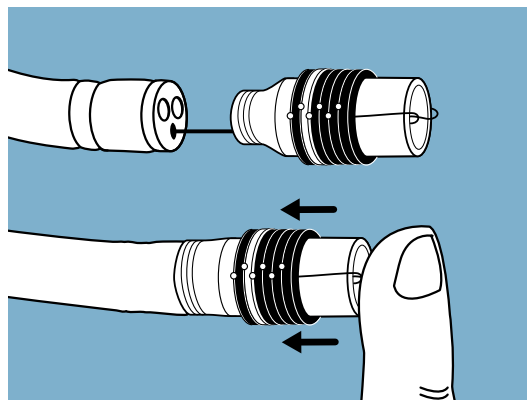
Introduce either end of the loading catheter through the white seal in the ligator handle and advance, in short increments, until it exits the tip of the endoscope.

PREP 4



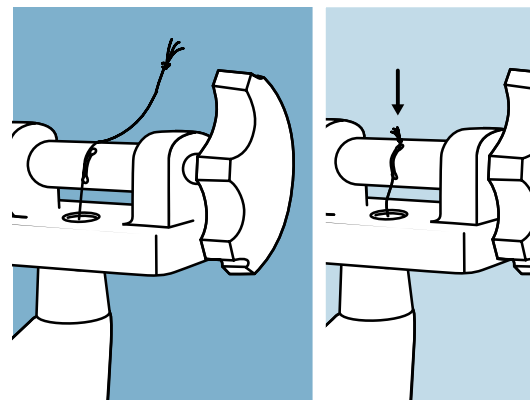
Attach the trigger cord, leaving approximately 2 cm of cord between the knot and the hook. Withdraw the loading catheter and trigger cord up through the endoscope and out through the ligator handle.

PREP 5



Secure the friction fit adapter of the Opti-Vu® barrel to the tip of the endoscope, advance as far as possible. Avoid bands while pushing. **Note:** When placing the barrel onto the distal end of the endoscope, ensure that the trigger cord does not become pinched between the barrel and the endoscope.

PREP 6



Place the trigger cord into the slot on the spool of the ligator handle and pull down until the knot is seated in the hole of the slot. The knot **must** be seated into the hole for the handle to function properly.

AORTIC INTERVENTION

CRITICAL CARE

ENDOSCOPY

INTERVENTIONAL RADIOLOGY

LEAD MANAGEMENT

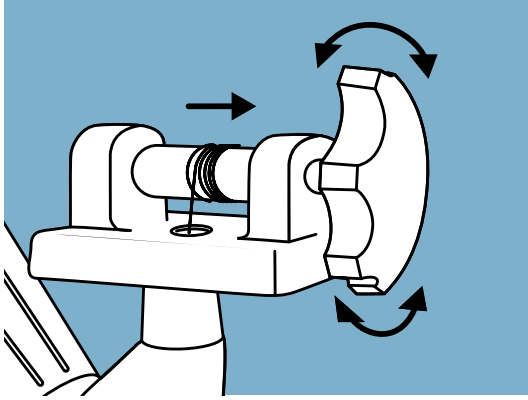
PERIPHERAL INTERVENTION

SURGERY

UROLOGY

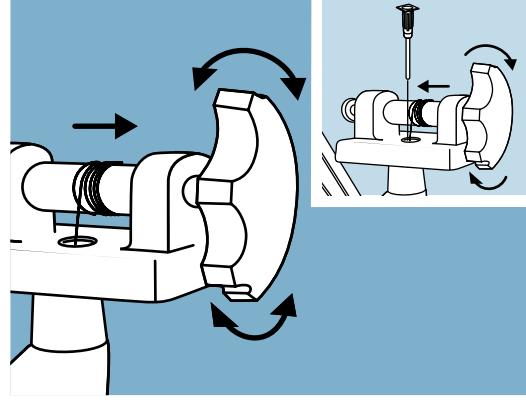
WOMEN'S HEALTH

PREP 7



With the handle in the **two-way position**, slowly rotate the handle clockwise to wind the trigger cord onto the handle spool. **Note:** Care must be exercised to avoid deploying a band while winding the trigger cord.

INSTRUCTIONS FOR LIGATION



With handle in the **two-way position**, introduce the endoscope. **After intubation** place the handle in the **firing position**. Visualize the selected varix or hemorrhoid and aspirate into the Opti-Vu barrel. Maintain suction, deploy the band by rotating the ligator handle clockwise until band release is **felt**. If irrigation is necessary, insert irrigation adapter into the white seal of the handle.

SCOPE COMPATIBILITY

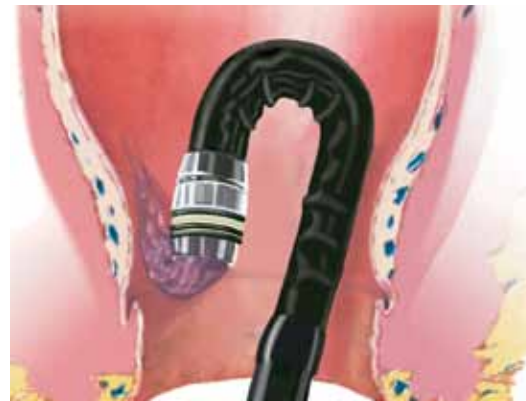
Order No.	Endoscope Outer Diameter
MBL-U-4	8.6 mm - 11.3 mm
MBL-U-6	8.6 mm - 11.3 mm
MBL-U-10	8.6 mm - 11.3 mm
MBL-6-OV	9.5 mm - 11.5 mm
MBL-6-OV-XS	8.6 mm - 9.2 mm
MBL-4	9.5 mm - 13 mm
MBL-6	9.5 mm - 13 mm
MBL-10	9.5 mm - 11.5 mm
MBL-4-XS	8.6 mm - 9.2 mm
MBL-6-XS	8.6 mm - 9.2 mm
MBL-10-XS	8.6 mm - 9.2 mm
MBL-4-XL	11 mm - 14 mm
MBL-6-XL	11 mm - 14 mm
MBL-4-XL-C	11 mm - 14 mm
MBL-6-XL-C	11 mm - 14 mm

Also available to accommodate Fujinon scopes.

LIGATION OF INTERNAL HEMORRHOIDS STEP 1

Lubricate the endoscope and exterior portion of the assembled Opti-Vu barrel. With the Multi-Band Ligator handle in the **two-way position**, introduce the endoscope into the rectum.

STEP 2



Retroflex the endoscope to visualize the selected internal hemorrhoid. **After** retroflexion, place the handle in the firing position. Aspirate the internal hemorrhoid into the Opti-Vu barrel. **Caution:** Ligation should only be performed on internal hemorrhoids located above the dentate line. Maintain suction on the internal hemorrhoid and deploy the band by rotating the ligator handle clockwise until band release is **felt**, indicating deployment.

STEP 3



Release the suction button of the endoscope, insufflate air, then advance the endoscope slightly to release the ligated hemorrhoid. **Caution:** Ensure the Opti-Vu barrel is advanced onto the tip of the endoscope as far as possible. Failure to do so may result in barrel dislodgement. Repeat the ligation process as needed.

Refer to current instructions for detailed system use.



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