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Ensure that the needle tip is not damaged from using excessive force. If the blunt styllet tip does not return and/or retract, do not use the insufflation and access needle.

NOTE: Ensure the hole in distal end of the blunt tip (for CO₂ during insufflation) is visible when insufflation and access needle is re-assembled after cleaning; if not properly assembled, the insufflation rate may be lower.

The stopcock should be in the closed position prior to insertion of the needle into the secondary abdominal wall to prevent loss of pneumoperitoneum.

CREATING THE PNEUMOPERITONEUM

CAUTION
Proper technique for the insertion of the Repositionable Step® device, as with any endoscopic access device, must be used. Exercise caution during insertion/cutting to avoid damage to internal organs. Consult the literature for information regarding safe techniques.

(2) Make skin incision at least the diameter of the desired working channel. (Recommend using gray barrel as template).

(3) For primary insertion, using conventional technique, insert care insufflation needle into the abdominoparietal cavity. Verify correct placement in the cavity by standard techniques.

CAUTION
When inserting the needle for insufflation, or when inserting the needle/sleeve assembly, the needle bevel should be oriented up toward the user. This will help facilitate placement. Ensure that stopcock at proximal end of needle can retract freely with styllet to prevent blunt insertion. Do not use a "palming" technique for needle insertion.

(4) Insufflate the cavity, if appropriate, by attaching gas source to the stopcock and insufflating to the desired level.

(5) Remove insufflation/access needle from cavity.


(6) Insert insufflation/access needle making sure wings set in opening radially expandable sleeve.

4




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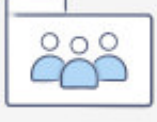
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