

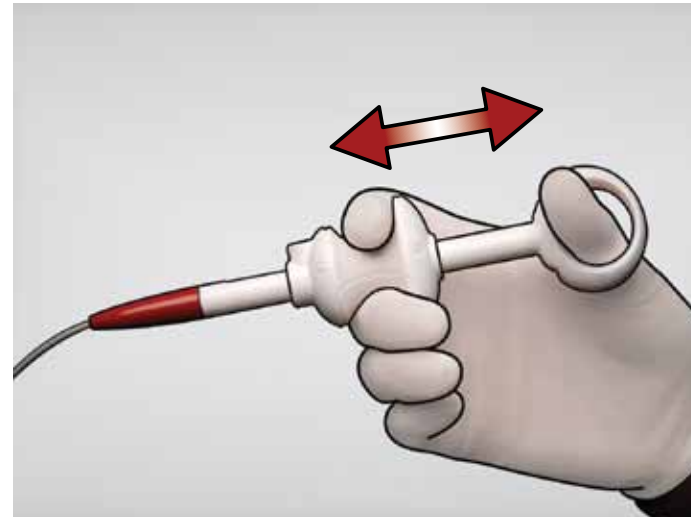
Instinct™

ENDOSCOPIC HEMOCLIP

System Preparation



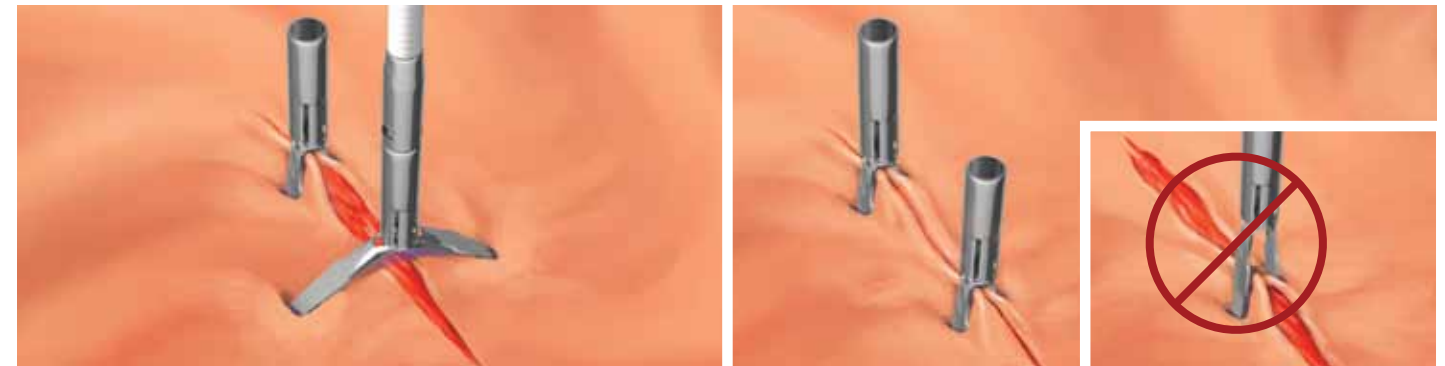
Uncoil the device. Verify smooth handle operation and clip action. Open the clip by gently moving the handle spool distally (away from the handle thumb ring). Once the clip is fully open, do not continue advancing the handle spool as the clip may prematurely detach from the catheter.



Close the clip by moving the handle spool proximally until the clip is fully closed.
Caution: Do not continue to pull the handle spool beyond tactile resistance as this may prematurely deploy the clip. Ensure the clip is in the closed position.

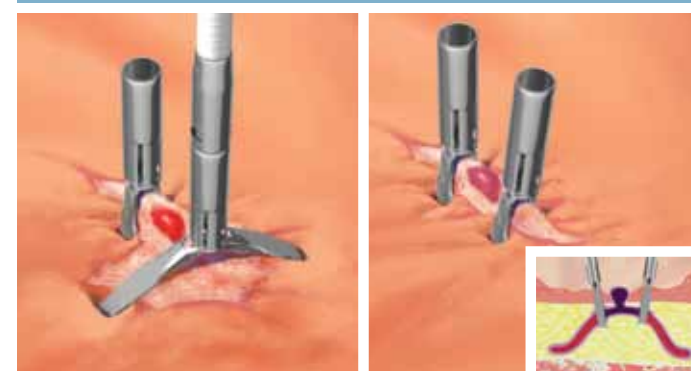
Clipping Techniques

Tear/Defect



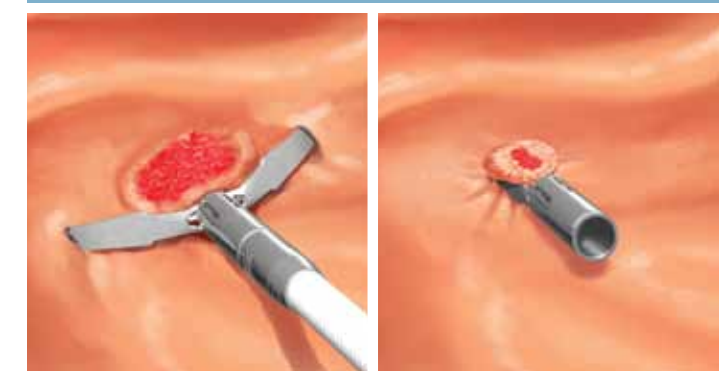
Place the clips from distal to proximal to zipper the edges, ensuring the clips are pressed firmly against the tissue during the deployment process for maximum tissue capture. Continue with clip placement until the edges of the tear/defect are closed.
Note: Do not start clipping in the center of the defect/tear.

Ulcer/NBVB



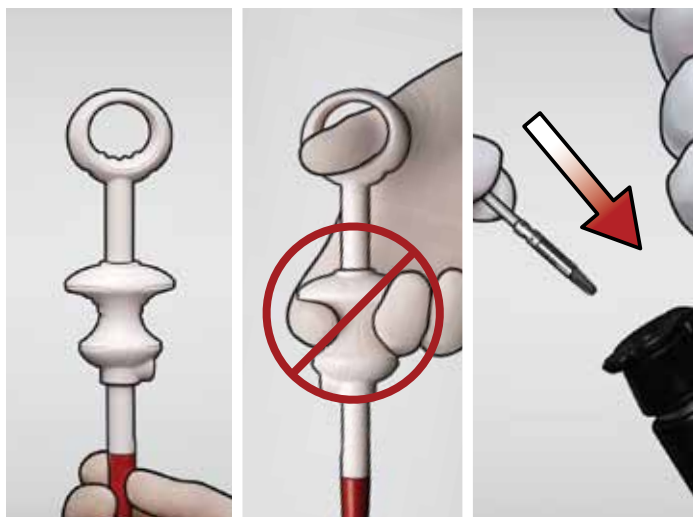
Ensure that the tissue in the ulcer base and the stigmata are fully captured in the clip. Place the clip firmly and as deep as possible across the stigmata to control or prevent bleeding.

Post Polypectomy



Press the clip firmly against the remaining stalk or of the defect edges and keep pressure applied during closure to bring the edges together for complete closure.

Step 1



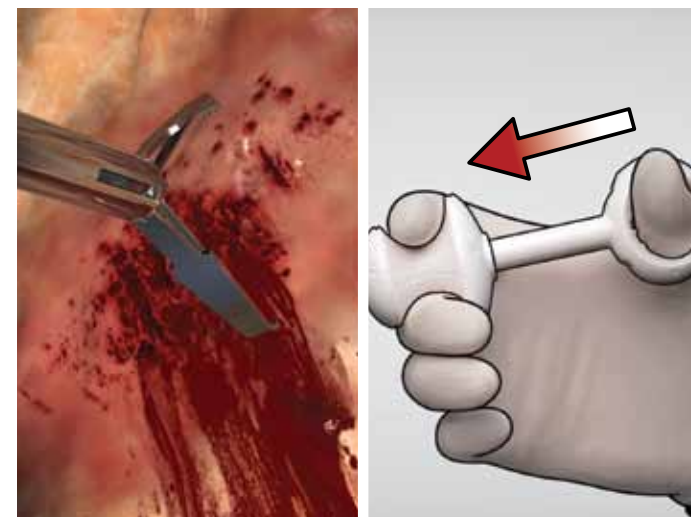
Visually determine the desired tissue site. With the clip closed and without holding the handle spool, advance the device in small increments into the accessory channel of the endoscope.
Caution: Holding the handle spool during clip advancement may prematurely deploy the clip.

Step 2



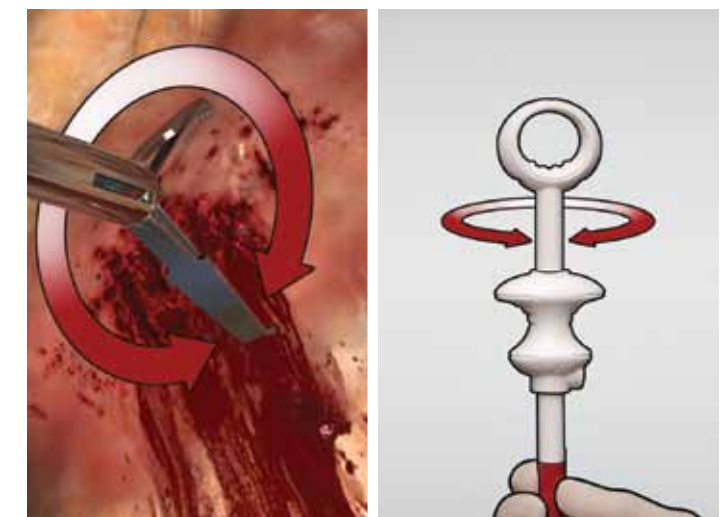
Endoscopically confirm that the device has exited the endoscope. Position the distal tip of the device toward the targeted site.

Step 3



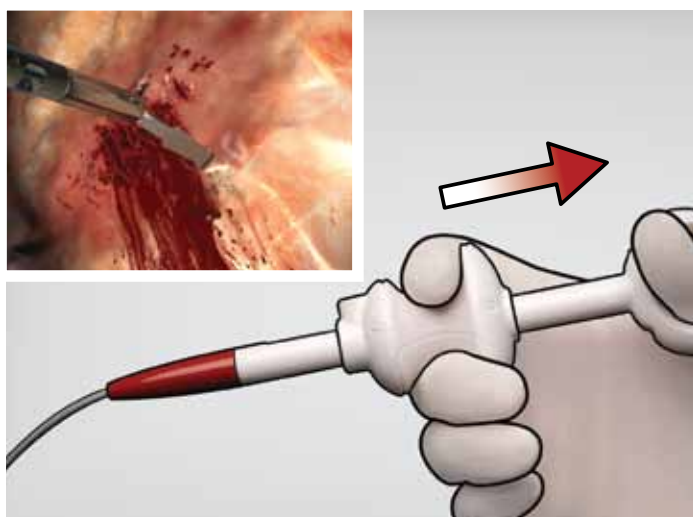
Open the clip and advance the device into contact with the targeted site.

Step 4



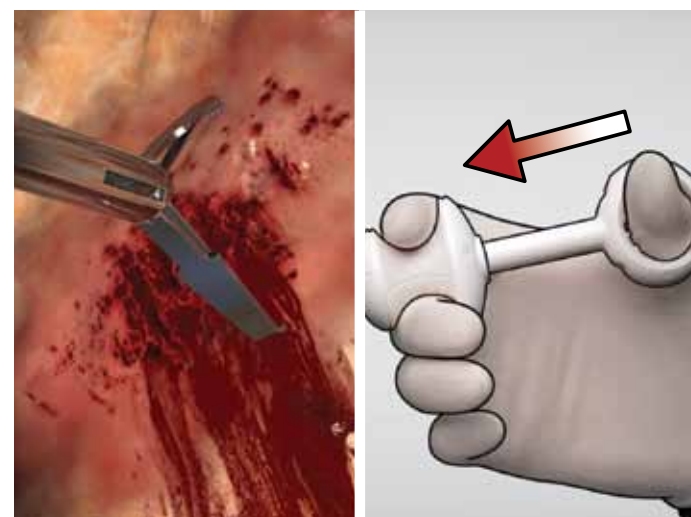
The clip can be rotated by turning the handle until the clip is in the proper position.
Note: Rotation may be limited by clinical circumstances and patient anatomy, among other factors.

Step 5



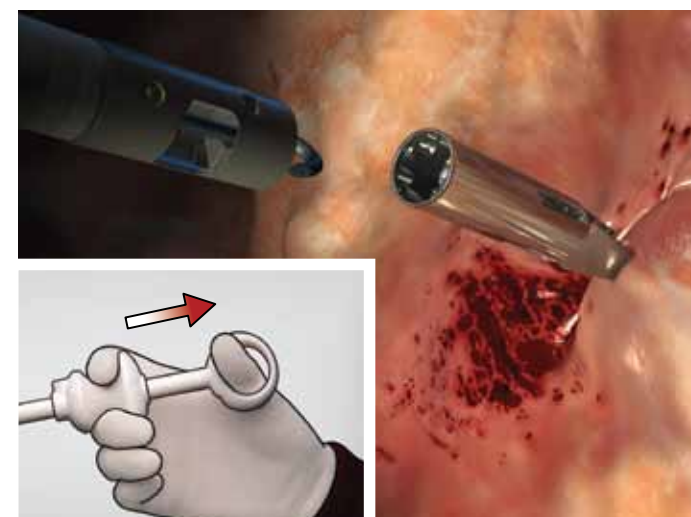
When satisfied with the clip position, close the clip onto the tissue by using slight pressure on the handle spool, until tactile resistance is felt.
Note: Ensure the clip is pressed firmly against the target site for maximum tissue capture.
Caution: Do not continue to pull the handle spool beyond tactile resistance until you are ready to deploy the clip; otherwise, the clip may not reopen.

Step 6



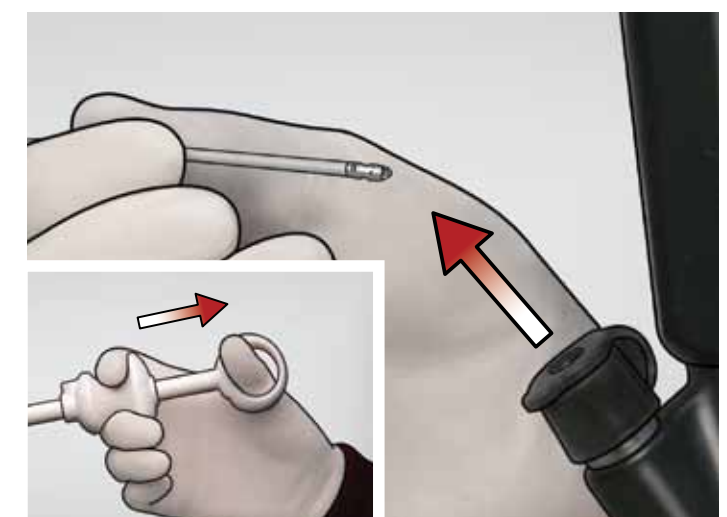
Clip position may now be assessed prior to deployment. If the clip is not in the desired position, the clip may be reopened and repositioned up to 5 times.
Note: Reopening and closing capability may be limited by clinical circumstances and patient anatomy, among other factors.

Step 7



To permanently deploy the clip, pull the handle spool toward the handle thumb ring until the clip detaches.
Note: If separation of the clip is not immediate, gently move the catheter back and forth or use other endoscopic maneuvers to separate the catheter from the clip.
Caution: Failure to completely release the clip may cause the clip to pull away from closure site.

Step 8



After clip deployment, continue to apply **slight** pressure on the handle spool as the device is removed from the endoscope.

Refer to current instructions for detailed system use.



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