

Surgycut Disposable Suction Electrode Instructions for Use



INTENDED USE:

The Surgycut fully disposable electrode is intended for irrigation, evacuation of body fluids, and electrosurgical cutting/coagulation during general laparoscopic surgical procedures.

CAUTION: Active electrode insulation should be visually inspected before use. Any obvious defect and/or wear noticed should disqualify an accessory from use.

INSTRUCTIONS FOR USE:

1. Using sterile technique, remove the suction electrode from the packaging.
2. Screw the suction electrode to the trumpet valve of the suction irrigator. Ensure the base of the probe is tightened for a leak free performance.
3. Attach a monopolar high frequency cord to the RF post located on the suction attachment.
4. Purge the irrigation line of air before use by pressing the irrigation valve until the fluid starts to flow from the distal end of the suction electrode.
5. Operate the trumpet valve by pressing the appropriate finger button for suction and irrigate as required.
6. Operate the electrosurgical electrode to cut and coagulate as required.
 - a. To un-expose the electrode, twist the non-working end of the electrode counter clockwise and pull backwards.
 - b. To expose the electrode, push the non-working end of the electrode back in and turn clockwise to lock.
7. The electrosurgical suction electrode may be rotated three hundred and sixty degrees (360°) degrees in either direction to facilitate access to the surgical site.



a. Un-exposed electrode



b. Exposed electrode

WARNINGS:

Although the disposable electrosurgical attachment may be used with physiological electrolyte irrigation solutions, simultaneous activation of the electrosurgical instrument and irrigation is not recommended. If activated while irrigating, current may be conducted to an alternate site through the shaft area and/or unintentional arcing at the distal end. Decreased effectiveness of the electrosurgical unit will result. It is necessary to clear irrigation fluid from the insulated probe cannula and suction fluid pools prior to operation of the electrosurgical unit.

Insulation failure, capacitive coupling and direct coupling can cause laparoscopic injuries that can lead to severe postoperative complications. Do not bend the electrosurgical tip. The potential hazards of endoscopic electrosurgery can be avoided by understanding these issues and how to prevent them.

PRECAUTIONS & CONTRAINDICATIONS:

Safe and effective electrosurgery is dependent not only on equipment design, but also on facton under the control of the operator. It is important that the instructions supplied with the equipment are read, understood, and followed to enhance safety and effectiveness.

During electrosurgery, the patient should not be allowed to come in contact with the metal parts that are grounded. It is recognized that this recommendation may not be practical during certain procedures; however, to maximize patient safety during the use of electrosurgical devices, such practices should be minimized.

Unshielded electrosurgical leads (active, bipolar, or returns) should be positioned so that they cannot come in contact with the patient or other leads connected to the patient.

Electrodes or probes of monitoring, stimulating, and imaging devices can provide a path for high frequency currents if they are battery powered, insulated, or isolated at 60 Hz. The risk of burns can be reduced, but not eliminated, by placing the electrodes as far away as possible from the electrosurgical site and from the dispersive electrode. Protective impedances incorporated into the monitoring leads may further reduce the risk of burns. Needles should not be used as monitoring electrodes during such procedures.

NOTE: The Surgycut suction electrode is supplied sterile for single patient use only. Discard after use.