Reprocessed by

Stryker Sustainability Solutions

Instructions for Use
Reprocessed Covidien Trocars and Cannulas

Reprocessed Device for Single Use

Caution: Federal (U.S.A.) law restricts this device to sale by or on the order of a physician.

- STERILE

Explanation of Icons

STERILE EO Sterilized by Ethylene Oxide Gas

Date of Reprocessing

Use by Date

Product Code

Do Not Reuse

See Instructions For Use
Reprocessed Covidien Trocars and Cannulas

Covidien Trocar and Cannula Description
Trocars and cannulae are designed to establish a port of entry for endoscopic instruments used during minimally invasive surgery.

Trocar Cannulae is available with smooth or threaded sleeve in sizes 5-15mm inner diameter and 70 – 150mm length. Cannulae are equipped with a sealing system for maintenance of pneumoperitoneum during insertion and withdrawal of instruments and with a luer stopcock port for insufflation and desufflation of the operative cavity. Some models are provided with stability anchors inserted over the cannula sleeve to help seal the incision site and maintain cavity pressure.

Trocar Obturator is available in bladed and bladeless configurations sized 5-15 mm. Bladed obturators are equipped with a safety shield designed to expose the blade during insertion but to retract over the tip once the operative cavity has been penetrated, so as to reduce the risk for vascular or visceral injury. Bladeless optical obturators are equipped with a clear tip and a videolaparoscopy channel to allow trocar insertion under direct visual guidance and minimize the risk for internal injury.

Indications for Use
Reprocessed Endoscopic Trocars are indicated for use to establish a port of entry for endoscopic instruments in patients requiring minimally invasive surgical procedures.

Contraindications for Use
Endoscopic Trocars are contraindicated for the following uses:
• Any uses generally contraindicated for minimally invasive techniques.

Warnings
• These instruments are only intended for use by individuals with adequate training and familiarity with minimally invasive techniques. For further information about techniques, complications and hazards, consult the medical literature.
• Prior to use, read and follow the instructions of this insert as well as those of the instruments to be used during the procedure. Damage to the instrument can lead to patient injuries. Always inspect instrument carefully for overall integrity before use.
• Improper use of this product can result in life-threatening injury to internal organs and vasculature. Use extreme caution during trocar insertion.
• To avoid any patient and operator burn and shock hazard or instrument damage, it is essential to have a complete understanding of laser laparoscopy and electro surgical procedures.
• Do not attempt secondary trocar punctures until the primary site and recommended pneumoperitoneum (typically 12-18 mmHg) are established.
• Peritoneal pressures exceeding 20 mmHg can pose a risk for increased venous pressure, tachycardia, and hypertension.
• Always keep the trocar straight relative to the cannula when inserting or removing. Introducing or removing the trocar at an angle relative to the cannula can damage the cannula and result in desufflation.
• Although many trocar models are blunt or have safety features, care must be taken when introducing to avoid damage to major vessels and other anatomic structures.
• Keep organs out of reach of trocar penetration by ensuring a suitable positioning of the patient’s body.
• Direct the trocar away from major vessels and other anatomic structures.
• Do not use excessive force.
• Special care should be taken during insertion of bladed instruments so as not to damage the cannula valve, and/or seal resulting in desufflation of the operative cavity.
• Using an instrument with a diameter smaller than the trocar may result in desufflation of the body cavity. A reducer cap or valve should be used to seal the opening into the body cavity and allow access of instruments through the cannula.
• Instruments with a diameter ranging from 5mm to 12mm can be supported by the VERSAPORT™ Bladeless self-adjusting seal. The usage of instruments with a diameter smaller than 5mm can result in loss of pneumoperitoneum.
• Unless at least a limited intrapleural space exists (air or fluid filled), thoracoscopy is not indicated. Therefore, prior to inserting the trocar, needle aspiration through the selected site is indicated.
• After removing the instruments from the cavity, inspect the surgical site for hemostasis and take appropriate steps to achieve hemostasis as needed.
• For incisions made with a 10-15mm trocar, suture the underlying fascia at the end of the procedure to reduce the risk for incisional herniation.
Precautions
- If using instruments from different manufacturers, verify compatibility of instruments before use to avoid complications during surgery.
- The Versaport™ Bladeless and Versaport™ Plus Bladeless fixation sleeves are not compatible with other Autosuture™ trocar systems.
- Become familiar with specific model of trocar and cannula prior to employing it in a surgical procedure to avoid damage to patient, to operator or to instrument.
- Careful handling of instruments is necessary to avoid damage or breakage.
- Care should be taken when removing instruments not to prematurely dislodge the cannula.
- All precautions applicable to minimally invasive procedures should be observed at all times.
- Use a trocar that is intended for the procedure and that has all the desired attributes. For example, never use a trocar that is intended to be introduced into an air- or fluid-filled cavity if a pleural space is not present in the body cavity. Never use a trocar that does not ensure a gas seal if a gas seal is needed.
- Incorrect perpendicular trocar insertion during abdominal procedures may result in an aortic puncture.

Adverse Reactions
- Superficial lesions
- Injury to internal vessels
- Hematoma
- Infection
- Injury to the abdominal wall
- Peritonitis

Directions for Use
1. The package label is detachable and may be affixed to the medical record of the patient.
2. Before beginning the procedure, verify overall compatibility of all instruments and accessories and confirm that grounding or electrical isolation are not jeopardized.
3. Inspect the instrument and package before opening. The contents of the package are sterile if the packaging has not been compromised. If the package is damaged or if it was opened and the instrument was not used, return the instrument and packaging to Stryker Sustainability Solutions for resterilization by ethylene oxide (EtO) gas.
4. Do not attempt to resterilize.
5. Remove the instrument from the package and place it in a sterile work area using aseptic technique. Avoid contact with exposed sharp edges of the trocar.
6. Inspect the instruments for any damage. Do not use the instrument if any damage is noted. Return the instrument and packaging to Stryker Sustainability Solutions if it is not in acceptable condition for surgery.
7. If present, remove the plastic tip protector that shields the trocar blade.
8. Select and follow a suitable endoscopic and/or thoracoscopic protocol.
9. The trocar is packaged with the stopcock in its open position. To prevent desufflation during insertion, close the valve prior to use.
10. If a stability anchor is used, lock it into position near the cannula proximal end.
11. Establish the primary puncture site and insufflate the operative cavity using recommended procedures.
12. Make a small incision where the instrument will be introduced. A larger, deeper incision may be necessary for blunt trocar models.
13. Create a secondary incision of adequate size to accommodate the trocar sleeve.
   Note: Greater trocar insertion force will be required if the incision is too small. Furthermore, too large of an incision, may increase possible port instability.
14. Insert the trocar and cannula assembly through the incision by applying continuous downward pressure until the body cavity has been completely penetrated.
15. For bladed trocars, the safety shield should re-engage over the obturator blade as soon as the tip has penetrated the cavity. There is an audible click once the shield is re-engage. DO NOT DISENGAGE THE SAFETY SHIELD WITH THE OBTURATOR IN THE CAVITY.
16. Position the cannula as desired and, if used, slide the stability anchor down the sleeve into the incision. Lock the anchor in place and secure the sutures from the skin flaps around the anchor posts to ensure the seal.
17. To insufflate, attach a gas line to the trocar port and open its valve.
18. Remove the obturator and insert appropriately sized instruments. Apply an appropriately sized reducer cap as needed for smaller diameter instruments.
19. When retrieving a tissue sample through a cannula with a reducer cap, detach the cap and slide up the instrument shaft until the specimen has been removed.
20. At the end of the procedure, leave the laparoscope in place during desufflation and removal of the trocar cannula. Exteriorization of the cavity contents can occur if the laparoscope is first pulled from the cannula.
21. Detach the stability anchor (if used), remove the cannula, and suture the incision site.

**Storage and Handling**
Store in controlled environment not exceeding 130 F (54° C), away from chemical fumes.
Warranty

Reprocessed Products

Stryker warrants all reprocessed products, subject to the exceptions provided herein, to be free from defects in reprocessing and to substantially conform to the product specifications contained in the documentation provided by Stryker with the products for one use in accordance with the instructions for use of such product.

**STRYKER SHALL NOT BE LIABLE FOR ANY DAMAGES TO THE EXTENT CAUSED BY ANY DEFECT IN MATERIAL, WORKMANSHIP OR DESIGN BY THE ORIGINAL MANUFACTURER OF THE PRODUCT OR ANY ACT OR OMISSION OF THE ORIGINAL MANUFACTURER OF THE PRODUCT.**

Products for which Stryker is the Original Manufacturer

Stryker warrants all products for which it is the original manufacturer, subject to the exceptions provided herein, to be free from defects in design, materials and workmanship and to substantially conform to the product specifications contained in the documentation provided by Stryker with the products for a period of one year from the date of purchase.

General Warranty Terms Applicable to All Products

**TO THE FULLEST EXTENT PERMITTED BY LAW, THE EXPRESS WARRANTY SET FORTH HEREIN IS THE ONLY WARRANTY APPLICABLE TO THE PRODUCTS AND IS EXPRESSLY IN LIEU OF ANY OTHER WARRANTY BY STRYKER, EXPRESSED OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, ANY IMPLIED WARRANTY OR MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. NO EVENT WILL STRYKER’S LIABILITY ARISING IN CONNECTION WITH THE SALE OF THE PRODUCT (WHETHER UNDER THE THEORIES OF BREACH OF CONTRACT, TORT, MISREPRESENTATION, FRAUD, WARRANTY, NEGLIGENCE, STRICT LIABILITY OR ANY OTHER THEORY OF LAW) EXCEED THE PURCHASE PRICE, CURRENT MARKET VALUE OR RESIDUAL VALUE OF THE PRODUCTS, WHICHER IS LESS. STRYKER SHALL NOT BE LIABLE FOR INDIRECT, SPECIAL, INCIDENTAL, PUNITIVE OR CONSEQUENTIAL DAMAGES RESULTING FROM ANY BREACH OF WARRANTY OR UNDER ANY OTHER LEGAL THEORY.**

This warranty shall apply only to the original end-user purchaser of products directly from Stryker or a Stryker authorized distributor. This warranty may not be transferred or assigned without the express written consent of Stryker.

This warranty does not apply to: (1) products that have been misused, neglected, modified, altered, adjusted, tampered with, improperly installed or refurbished; (2) products that have been repaired by any person other than Stryker personnel without the prior written consent of Stryker; (3) products that have been subjected to unusual stress or have not been maintained in accordance with the instructions in the user manual or as demonstrated by a Stryker representative; (4) products on which any original serial numbers or other identification marks have been removed or destroyed; or (5) products that have been repaired with any unauthorized or non-Stryker components.

If a valid warranty claim is received within thirty (30) days of the expiration of the applicable warranty period, Stryker will, in its sole discretion: (1) replace the product at no charge with a product that is at least functionally equivalent to the original product or (2) refund the purchase price of the product. If a refund is provided by Stryker, the product for which the refund is provided must be returned to Stryker and will become Stryker’s property. In any event, Stryker’s liability for breach of warranty shall be limited to the replacement value of the defective or non-conforming part or component.

Products and product components repaired or replaced under this warranty continue to be warranted as described herein during the initial applicable warranty period or, if the initial warranty period has expired by the time the product is repaired or replaced, for thirty (30) days after delivery of the repaired or replaced product. When a product or component is replaced, the item provided in replacement will be the customer’s property and the replaced item will be Stryker’s property. If a refund is provided by Stryker, the product for which the refund is provided must be returned to Stryker and will become Stryker’s property.
The OEM information listed on the label is provided as device ID prior to reprocessing and may contain the trademarks of unrelated third parties that do not sponsor this device.

Sterilization: This product and its packaging have been sterilized with ethylene oxide gas (EtO). Even though the product then is processed in compliance with all applicable laws and regulations relating to EtO exposure, Proposition 65, a State of California voter initiative, requires the following notice:

Warning: This product and its packaging have been sterilized with ethylene oxide. The packaging may expose you to ethylene oxide, a chemical known to the State of California to cause cancer or birth defects or other reproductive harm.