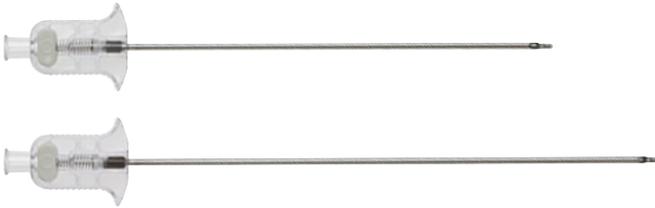


Pneumo-Matic Insufflation Needle Models 900-200 and 900-210



Directions for Use



**Read all safety information and instructions
before using this product**

DESCRIPTION

This sterile, single-use (disposable) device simplifies pre-operative insufflation for laparoscopic procedures. The Pneumo-Matic Insufflation Needle connects easily to the OR air source; allows easy, positive penetration into the patient's peritoneal cavity along with controlling the air supply that is facilitated by a unique push-button switch. Model 900-200 is 120 mm in length and Model 900-210 is 150 mm in length (both 14 gauge needles).

CAUTION

- U.S. Federal law restricts this device to sale by or on the order of a physician.
- The design of this device may not perform as intended by the manufacturer if it is reused. The manufacturer cannot guarantee the performance, safety and reliability of a reprocessed device. Handle in a manner that will prevent accidental puncture. Carefully place the used needle in a sharps biohazard container after the procedure is completed.
- Dispose of in accordance with all applicable Federal, State, and local Medical / Hazardous waste practices.

INDICATIONS FOR USE

The Pneumo-Matic Insufflation Needle is used to establish a Pneumoperitoneum prior to abdominal endoscopy.

CONTRAINDICATIONS

This device is not intended for use except as indicated. It is not intended for use when endoscopic techniques are contraindicated.

DIRECTIONS FOR USE

The Pneumo-Matic Insufflation Needle has a specific indication as noted above. The following instructions are recommended for the proper use of this device, and are not a reference for pneumoperitoneum techniques.

1. Make a small incision to insert the Pneumo-Matic Needle.
2. The airflow push-button switch should be in the “off” position.
3. Using proper laparoscopic technique, at the angle of the insertion, perpendicular to the abdominal wall, insert the Pneumo-Matic Needle into the peritoneum, just below the umbilicus, at the mid-line.
4. Attach a syringe to the luer fitting, open the airflow push-button switch, and draw back the syringe plunger to aspirate through the needle. Presence of blood, or other liquid, indicates potential perforation of organs or vessels.
5. Some clinicians allow free flow of saline through the insufflation needle as added confirmation of correct placement.
6. If there is no aspiration, the insufflation line may be connected to distend the abdomen.
7. During insufflation, attention should be given to abdominal pressures as indication of proper peritoneal insufflation.
8. Loss of liver dullness on percussion is often taken as an indication of proper insufflation needle placement.
9. Careful attention to prevent over-inflation of the peritoneal cavity impairing respiratory activity should be given in consultation with the anesthesiologist.
10. Once the abdomen is distended, and pneumoperitoneum is established, position the airflow push-button switch to the “off” position.
11. Remove the needle from the patient.

EXPLANATION OF SYMBOLS



Reorder Number



Batch Code



Use By



Sterilized Using Ethylene Oxide



Do Not Reuse



Latex Free



ATTENTION: See instructions for use.

© 2012 CooperSurgical, Inc.

CooperSurgical

Made in the USA

95 Corporate Drive
Trumbull, CT 06611 USA
Phone: (800) 243-2974 • (203) 601-9818
Fax: (800) 262-0105 • (203) 601-4747

www.coopersurgical.com

04002 • Rev. D • 5/12