



## EN – ENGLISH - Instructions for use

## Triangulation platform

Do not use Endomina if the package is damaged

## Terminology and package contents

- A. Arm
- B. Active shoulder
- C. Passive shoulder
- D. Active leg
- E. Deployment leg
- F. Passive leg
- G. Foot
- H. Endoscope fixation wheel
- I. Arm pusher
- J. Brake
- K. Active therapeutic channel
- L. Passive therapeutic channel
- M. Lock connector

## Technical information

Leg length – 860 mm  
Maximum diameter of the part inserted into the patient – 16,5 mm  
Shoulder length – 61 mm  
Maximum tool diameter – 1,9 mm  
Maximum duration of use – 4 hours

## Intended use

Endomina is a short-term, single-use catheter providing additional therapeutic channels for a flexible endoscope.

## Contraindications

women who are pregnant, trying to become pregnant or nursing; children; elderly; pre-existing conditions that may lead to fragile mucosa

## For oral insertion:

- Oesophageal malformations
- Any endoscopy contraindication

## For anal insertion:

- Any endoscopy contraindication

## Warnings

In order to ensure the safe use of Endomina, it is essential to read this paragraph carefully.

▪ Before using Endomina, make sure that the package is properly sealed and includes all the components shown in the first picture and that they are in perfect condition. If any component is missing or damaged, do not use Endomina.

▪ Endomina is a device for gastroenterology. It can only be used in natural orifices.

▪ Always keep at least one additional Endomina in stock before starting a procedure.

▪ Endomina can only be used by qualified medical staff (a physician or paramedical staff under surveillance by a physician) who has received the necessary training and certification to use it.

▪ This document describes the use of Endomina, not the clinical procedures that can be performed with it.

▪ Endomina is single-use and cannot be reused.

▪ Endomina can only be used on patients under general anaesthesia.

▪ Endomina accepts tools up to 1,9 mm. Do not use larger tools (see "Tool compatibility" for more details).

▪ Endomina can only be used with adult endoscopes (see "Endoscope compatibility" for more details).

▪ Endomina cannot be resterilised. Resterilising Endomina can provoke device failure. A resterilisation cycle may not be sufficient to completely eliminate small foreign bodies from hard-to-reach parts (e.g. in long and narrow channels). Moreover, after use, some mechanical components may not fulfil the initial specifications.

▪ If Endomina is placed outside a clean zone, it cannot be used.

▪ If one of the components of Endomina becomes detached and falls into a body cavity of the patient, retrieve it with endoscopic forceps if it is judged dangerous for the patient's health.

▪ Tools can only be inserted into the channels when the distal ends of the shoulders are visible with the endoscope and when the picture is clear and the arms are straight.

## Precautions

▪ In all cases, an endoscopic examination is necessary prior to using Endomina in order to detect any malformation of the insertion channel (oesophagus for oral insertion).

▪ If perforated tissue is suspected, it is recommended that an endoscopy be performed to check the state of the tissue and take all necessary measures to treat any lesions.

▪ Never insert Endomina in the open position.

▪ Never take Endomina out of the patient in the open position. Similarly, never take

2. Turn the endoscope fixing wheel as far as possible (in the closing direction, i.e. screwing in).
3. If the shoulders are closed enough to pass through the oesophagus (i.e. the space between the shoulders is about 3 mm or less), check that no parts are protruding and gently pull Endomina out, without using force.
4. If the shoulders are not closed enough to pass through the oesophagus (i.e. the space between the shoulders is still more than about 3 mm), slide the shoulders relative to each other by pushing the passive leg and pulling the handle. This will bend the muscles and bring the shoulders closer to each other. Check that no parts are protruding and gently pull Endomina out, keeping traction between the active and passive legs.

If Endomina is damaged during the operation and a part stays in the stomach, take it out of the patient.

## Storage

Endomina must be stored in its sterile package, in a clean and dry place, away from sun exposure and at ambient temperature. The sterile package should not be stored underneath other packages that could squash it.

## Repairs and modifications

Endomina has no parts that can be repaired by the user. Endomina must not be disassembled, modified or repaired by the user. This could hurt patients or damage other medical devices.

## Endoscope compatibility

Endomina can be used with any adult flexible endoscope with a diameter of 11 mm or less. It has been validated with the endoscopes listed at the end of these instructions.

## Tool compatibility

Endomina can be used with any endoscopic tool with a diameter of 1,9 mm or less. Devices with metal sheaths are easier to manipulate. It has been validated with the tools listed at the end of these instructions. For other tools, please test prior to procedure. There is no guarantee that instruments selected solely using maximum insertion portion width and working length will be compatible in combination.

## PT – PORTUGUÊS - Instruções de utilização

## Plataforma de triangulação

Não usar o Endomina caso a embalagem esteja danificada

## Terminologia e conteúdo da embalagem

- A. Braço
- B. Ombro ativo
- C. Ombro passivo
- D. Perna ativa
- E. Perna de implantação
- F. Perna passiva
- G. Pé
- H. Roda de fixação do endoscópio
- I. Empurrador do braço
- J. Travão
- K. Canal terapêutico ativo
- L. Canal terapêutico passivo
- M. Conector de bloqueio

## Informação técnica

Comprimento da perna – 860 mm  
Diâmetro máximo da parte inserida no paciente – 16,5 mm

Comprimento do ombro – 61 mm  
Diâmetro máximo da ferramenta – 1,9 mm

Duração máxima da utilização – 4 horas

## Utilização prevista

Endomina é um cateter descartável de curta duração que proporciona canais terapêuticos adicionais para um endoscópio flexível.

## Contraindicações

Mulheres grávidas, a tentar engravidar ou lactantes; crianças; idosos; pré-existência de condições que possam provocar uma mucosa frágil.

## Para inserção oral:

- Malformações esofágicas
- Qualquer contra-indicação endoscópica

## Para inserção anal:

- Qualquer contra-indicação endoscópica

## Avisos

Para garantir a utilização segura do Endomina é essencial a leitura atenta deste parágrafo.

▪ Antes de usar o Endomina certifique-se de que a embalagem está devidamente selada e inclui todos os componentes indicados na primeira figura e que estes estão em bom estado. Não utilize o Endomina se qualquer componente estiver em falta ou danificado.

▪ Check that Endomina opens and closes. Check the action of the arm.

▪ Check that Endomina's shoulders are closed. If not, close them with the endoscope fixing wheel.

▪ Check that the arm is straight. If not, straighten it with the arm pusher.

▪ Insert two guide wires into the patient.

▪ Insert Endomina gently into the patient along the guide wires (in closed position). Use a lubricating gel if needed. Do not use force.

▪ Insert the endoscope along Endomina's channels.

▪ Check visually that there is enough space to open Endomina.

▪ Open Endomina with the endoscope fixing wheel.

▪ Place the endoscope between the Endomina shoulders.

▪ Close the Endomina shoulders.

▪ Perform the operation.

## End of procedure

1. Straighten the Endomina arm. If the arm remains open, see the emergency procedure below.

2. Remove all tools from Endomina.

3. Open the Endomina shoulders.

4. Withdraw the endoscope by a few centimetres (2 to 5) to keep the end of Endomina in view.

5. Close the Endomina shoulders. If the shoulders remain open, see the emergency procedure below.

6. Gently remove the endoscope and Endomina from the patient.

7. Dispose of Endomina in an appropriate trash bin.

## Emergency procedures

If Endomina gets stuck in the open position inside the patient, use the following procedure:

If Endomina is stuck on the endoscope:

1. Turn the endoscope fixing wheel as far as possible (in the opening direction, i.e. unscrewing)

2. Rotate the endoscope alternately + and – 90° until the endoscope is removed from Endomina.

3. If the shoulders can be closed now, continue the normal procedure. Otherwise, continue this procedure.

If Endomina is stuck in the open position, but not on the endoscope:

1. Withdraw Endomina by a few centimetres (2 to 5) to keep the end of Endomina in view.

2. Turn the endoscope fixing wheel as far as possible (in the closing direction, i.e. screwing in).

3. If the shoulders are closed enough to pass through the oesophagus (i.e. the space between the shoulders is about 3 mm or less), check that no parts are protruding and gently pull Endomina out, without using force.

4. If the shoulders are not closed enough to pass through the oesophagus (i.e. the space between the shoulders is still more than about 3 mm), slide the shoulders relative to each other by pushing the passive leg and pulling the handle. This will bend the muscles and bring the shoulders closer to each other. Check that no parts are protruding and gently pull Endomina out, keeping traction between the active and passive legs.

If Endomina is damaged during the operation and a part stays in the stomach, take it out of the patient.

5. Nunca insira o Endomina na posição aberta.

6. Nunca tire o Endomina do paciente na posição aberta. Do mesmo modo, nunca tire o Endomina do paciente sem verificar visualmente que o Endomina está fechado.

7. Nunca abra/feche o Endomina sem o verificar visualmente.

8. Mantenha sempre as extremidades distais dos braços à vista.

9. Nunca insira nem remova o Endomina enquanto os braços estiverem dobrados.

10. Verifique sempre se o Endomina não é demasiado grande para os orifícios naturais do paciente.

11. Nunca faça movimentos repentinos, especialmente durante a inserção e a remoção. Pode magoar o paciente.

12. Use sempre vestuário protetor, pois o sangue e outros tecidos acarretam risco de infecção.

13. Se houver suspeita de tecido perfurado, recomend-se a realização de uma endoscopia para verificar o estado do tecido e tomar as medidas necessárias para tratar as lesões.

14. Nunca insira o Endomina na posição aberta.

15. Nunca tire o Endomina do paciente na posição aberta. Do mesmo modo, nunca tire o Endomina do paciente sem verificar visualmente que o Endomina está fechado.

16. Nunca abra/feche o Endomina sem o verificar visualmente.

17. Mantenha sempre as extremidades distais dos braços à vista.

18. Nunca insira nem remova o Endomina enquanto os braços estiverem dobrados.

19. Verifique sempre se o Endomina não é demasiado grande para os orifícios naturais do paciente.

20. Nunca faça movimentos repentinos, especialmente durante a inserção e a remoção. Pode magoar o paciente.

21. Use sempre vestuário protetor, pois o sangue e outros tecidos acarretam risco de infecção.

22. Se houver suspeita de tecido perfurado, recomend-se a realização de uma endoscopia para verificar o estado do tecido e tomar as medidas necessárias para tratar as lesões.

23. Nunca insira o Endomina na posição aberta.

24. Nunca tire o Endomina do paciente na posição aberta. Do mesmo modo, nunca tire o Endomina do paciente sem verificar visualmente que o Endomina está fechado.

25. Nunca abra/feche o Endomina sem o verificar visualmente.

26. Mantenha sempre as extremidades distais dos braços à vista.

27. Nunca insira nem remova o Endomina enquanto os braços estiverem dobrados.

28. Verifique sempre se o Endomina não é demasiado grande para os orifícios naturais do paciente.

29. Nunca faça movimentos repentinos, especialmente durante a inserção e a remoção. Pode magoar o paciente.

30. Use sempre vestuário protetor, pois o sangue e outros tecidos acarretam risco de infecção.

31. Se houver suspeita de tecido perfurado, recomend-se a realização de uma endoscopia para verificar o estado do tecido e tomar as medidas necessárias para tratar as lesões.

32. Nunca insira o Endomina na posição aberta.

33. Nunca tire o Endomina do paciente na posição aberta. Do mesmo modo, nunca tire o Endomina do paciente sem verificar visualmente que o Endomina está fechado.

34. Nunca abra/feche o Endomina sem o verificar visualmente.

svépomoci. Prostředek Endomina nesmí být rozebírán, modifikován ani opravován uživatelem. Pacientovi by mohla být způsobena újma nebo by mohlo dojít k poškození jiných zdravotnických prostředků.

#### Kompatibilita s endoskopem

Prostředek Endomina lze používat s libovolným flexibilním endoskopem pro dospělé o průměru 11 mm a menší. Validace byla provedena pro endoskopy uvedené na konci tohoto návodu.

Ostatní nástroje před provedením postupu nejdřív otestujte. Nelze zaručit, že nástroje vybrané výhradně na základě maximální šířky zavedení a pracovní délky budou v kombinaci kompatibilní.

#### EN – Endoscopes compatibility

#### PT – Compatibilidade com endoscópios

#### CZ – Kompatibilita s endoskopem

Gastrokop / Gastroscop / Gastroscopio

- Pentax EG-2985K
- Olympus GIF-160, GIF-Q165, GIF-H180, GIF-H180J, GIF-H190, GIF-HQ190
- Fujinon EG-590WR, EG-600WR, EG-760Z

#### EN – Tools compatibility

#### PT – Compatibilidade com ferramentas

#### CZ – Kompatibilita s nástroji

- Olympus:  
FB-19N-1
- Endo Tools Therapeutics:  
TAPES – 1,9 mm
- US Endoscopy:  
Raptor – grasping device / Dispositivo de preensão / grasper
- Endo-Flex GmbH:  
311 100 Guide wire for dilators / Fio guia para dilatadores / Vodicí drát pro dilatátory  
▪ Ewald Bacher Medizintechnik GmbH:  
148-23-165 Grasping device / Dispositivo de preensão / grasper  
139-25-160

#### EN – Symbols used

#### PT – Símbolos usados

#### CZ – Použité symboly



EN – Consult Instruction for use  
PT – Consultar as instruções de utilização  
CZ – Přečtěte si návod k použití



EN – Do not reuse  
PT – Não reutilizar  
CZ – Nepoužívejte opakováně



EN – Sterile (Ethylene oxide)  
PT – Estéril (óxido de etileno)  
CZ – Sterilní (ethylenoxid)



EN – Caution  
PT – Cuidado  
CZ – Upozornění



EN – Serial number  
PT – Número de série  
CZ – Výrobni číslo



EN – Keep away from direct sun exposure  
PT – Evitar a exposição solar direta  
CZ – Uchovávejte mimo přímé sluneční světlo



EN – Keep in a dry location  
PT – Manter num local seco  
CZ – Uchovávejte na suchém místě



EN – Do not use if package is damaged  
PT – Não usar com embalagem danificada  
CZ – Nepoužívejte, pokud je obal poškozený



EN – Store at room temperature (1-30°C)  
PT – Guardar à temperatura ambiente (1-30 °C)  
CZ – Skladujte při teplotě místnosti (1-30°C)



EN – Product malfunction can be reported by e-mail to urgent@endotools.be.  
Please include your phone number in your e-mail.



PT – Anomalias no produto podem ser comunicadas por e-mail para: urgent@endotools.be.  
Indique o número de telefone no seu e-mail.



CZ – Selhání výrobku nahláste e-mailem na adresu urgent@endotools.be.  
Do e-mailu uvedte i své telefonní číslo.

