



## INSTRUCTIONS FOR USE FOR PRODUCT MODEL: **JH-DS**

### SINGLE USE SPRING TIP GUIDE WIRE

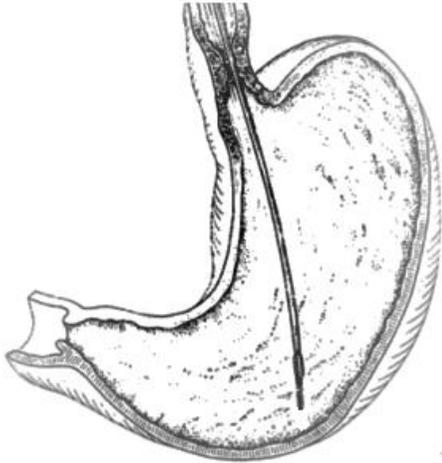
**INTENDED USE:** This device is a marked spring tip guidewire. It is a solid metal mandrel with a flexible variable thread spring attached to it. The marked spring tip guidewire is to be used with oesophageal bougie dilators

**NOTES:** Do not use this device for any purpose other than the stated intended use-Store in a dry location away from temperature extremes-Use of this device is restricted to a trained health care professional

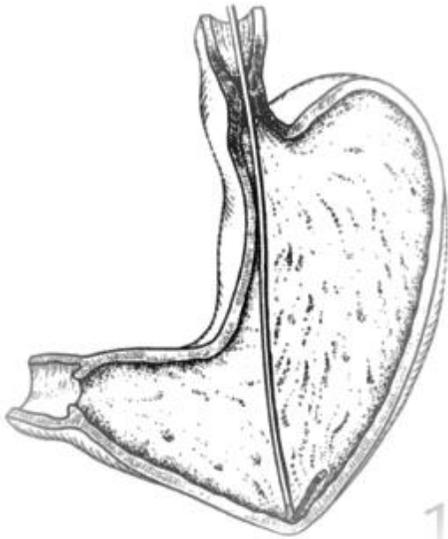
**CONTRAINDICATIONS:** Contraindications include those specific to upper GI endoscopy. Contraindications include but are not limited to: perforation, haemorrhage, aspiration, fever, infection, allergic reaction to medication, hypotension, respiratory depression or arrest, cardiac arrhythmia, or arrest

#### **WARNINGS:**

- This device is designed for single use only. Attempts to reprocess, resterilise and/or reuse may lead to device failure and/or transmission of disease.
- The guidewire should not be advanced if resistance is met without determining the cause and taking remedial action
- Wire perforation can occur when excessive force is applied below a stricture or at an acute angle
- Excessive force during insertion, can create an acute bend between the flexible tip and the wire, if there is contact with the stomach wall
- If the package is open or damaged, do not use.
- Inspect the flexible spring tip and discard the wire if the tip appears to be bent or fatigued. Also inspect the soldered joints and discard the wire if the soldered joints appear loose or cracked. If any anomalies are noted, do not use. Contact CK Surgitech



The guidewire is placed into the proximal gastric antrum, near the greater curvature but not in contact with it. Once the wire has passed through the stricture it is further inserted gently until there is slight resistance against the gastric wall. It is then withdrawn approximately 5cm to avoid contact of the flexible tip of the wire with the gastric wall. The position of the wire should be noted, and it must be maintained in this position



Excessive force must not be used during insertion of the wire. An acute bend can occur if there is contact with the stomach wall.

## INSTRUCTIONS FOR USE



1. Perform screening endoscopy and identify the strictured area
2. Remove the protective sheath from the distal end of the Guidewire (spring tip) This sheath can now be used to puncture the biopsy cap and assist with the safe insertion and passage of the Guidewire

**Note: It is not uncommon to find some biopsy valve caps that are not pre-split. If you have not passed any other instrument through the biopsy valve cap prior to guidewire use, it is imperative to follow the above steps to ensure the wire has free passage and will not meet unnecessary resistance allowing kinks or bends. Due to the delicate construction of the floppy tip, the above use of insertion catheter should always be adhered to.**



3. Carefully guide the wire down the working channel in small increments until visualisation is achieved well beyond the tip of the scope. Advance guidewire past point of stricture OR Oesophageal strictures in an unoperated GI tract would require guide wire placement in the distal body or antrum of the stomach.
4. Once resistance is met then withdraw wire approximately 5cm to avoid contact of the flexible tip of the wire with the gastric wall. The position of the wire should be noted, and it must be maintained in this position
5. Slowly begin to withdraw the endoscope in 5-10cm increments to ensure the guidewire remains in position.
6. Continue with bougie dilation – Consult CK Surgitech Bougie Dilator IFU