

Hemospray[®]

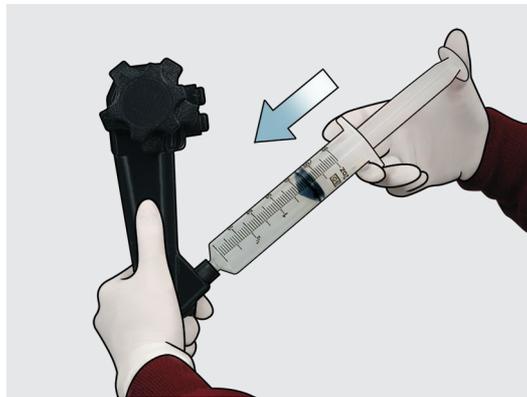
ENDOSCOPIC HEMOSTAT

Preparation



Remove the device from the package. Activate the CO₂ cartridge by turning the **red** activation knob until it stops.

Step 1



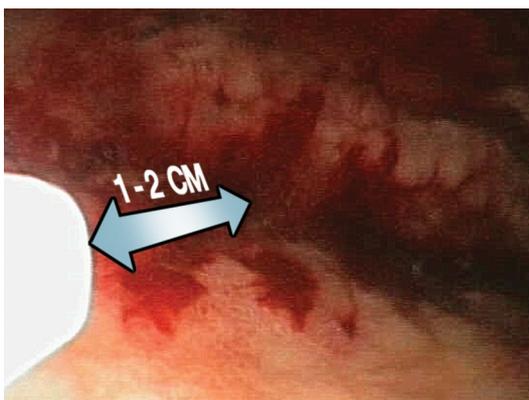
Before inserting the catheter into the accessory channel, identify the bleeding site, remove as much blood as possible, and then flush the accessory channel with air.

Step 2



To limit fluid from entering the working channel, temporarily occlude the catheter by placing a thumb over the **red** catheter hub, while advancing the catheter down the accessory channel.

Step 3



Slowly advance the catheter through the accessory channel in short increments until the catheter tip is visualized endoscopically. **Precaution:** To avoid catheter occlusion, do not place the catheter directly in contact with blood and/or mucosa, including any pooled blood, and do not aspirate blood while the catheter is in the accessory channel. To ensure proper visibility, the catheter tip should be 1–2 cm away from the bleeding site at all times.

Step 4



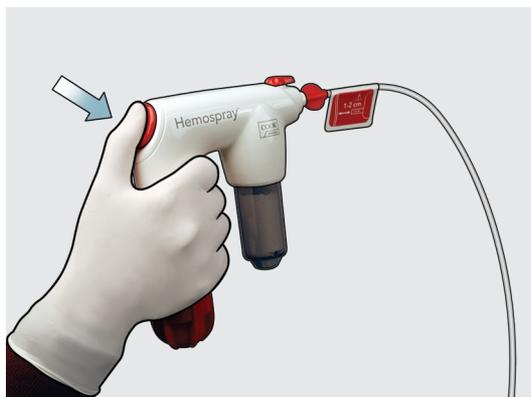
Attach the catheter to the handle, ensuring the connection is secure.

Step 5



To allow the powder to deploy, turn the **red** valve to the open position. **Note:** The device is now active and ready for use. Do not press the trigger button until you want to deploy the powder.

Step 6



To deploy the powder, hold handle upright and depress the **red** trigger button for 1–2 seconds and release it.

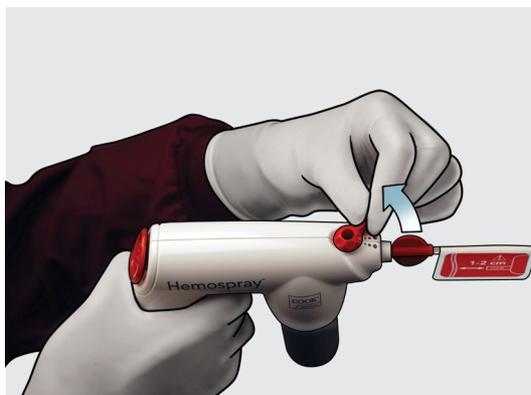
Precaution: The first press of the trigger may not deploy an adequate amount of powder. Press the trigger again to continue the movement of powder through the system.

Continue applying the powder in short bursts until the site is completely covered with powder and no active bleeding is visualized. Multiple

applications may be required; however, no more than 3 Hemospray devices should be applied per patient. **Note:** Allow time for hemostasis before aspirating. Irrigation of the treated site is not required after powder deployment. If irrigation is desired, allow time for hemostasis before irrigating with water. To avoid potential endoscope occlusion, do not aspirate powder into the endoscope channel. Scope suction can be turned off or

disconnected temporarily to avoid accidental aspiration of powder into the scope channel. If the catheter becomes occluded during the procedure, turn the **red** valve to the closed position, remove the catheter from the endoscope, and replace it with the extra catheter provided in the package. Then repeat steps 1–6. If more powder is needed and the spray canister or CO₂ cartridge is empty, a new device is required.

Step 7



Prior to removing the Hemospray device from the patient, turn the **red** valve to the closed position. To remove the device from the endoscope, grasp the catheter and pull slowly.

Step 8



Upon completion of the procedure, depressurize the device by rotating the **red** activation knob until the CO₂ cartridge depressurizes completely.

Dispose of device per institutional guidelines for biohazardous medical waste.

Refer to current IFU for detailed system use.

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