

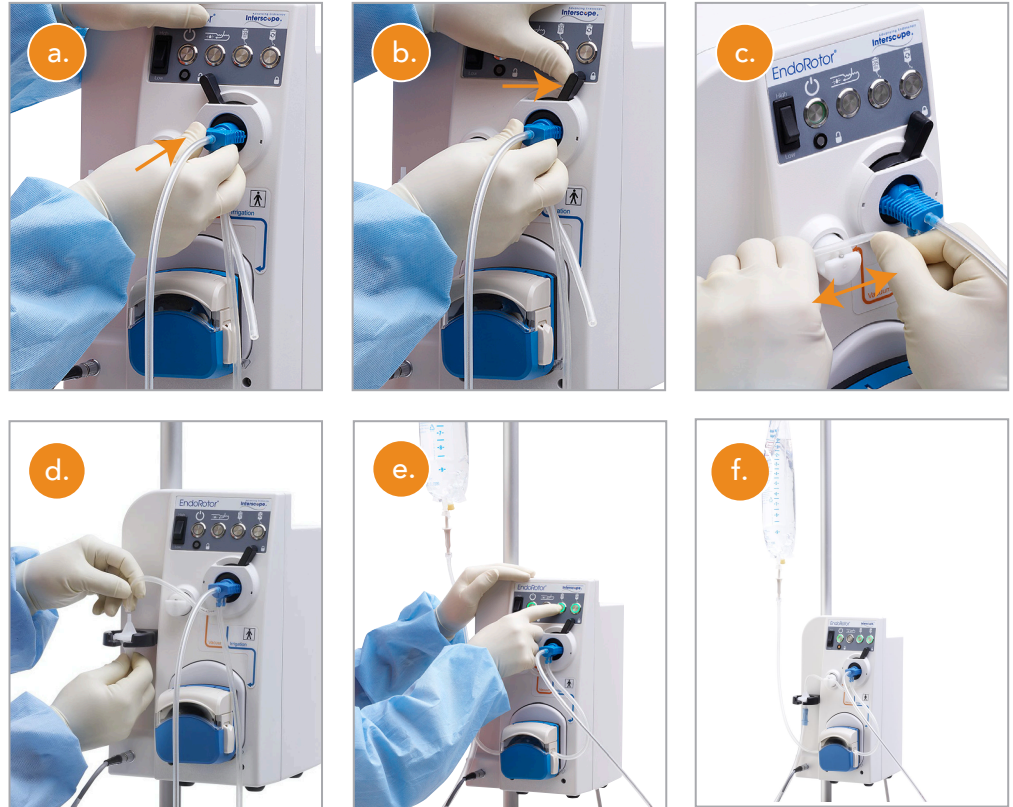
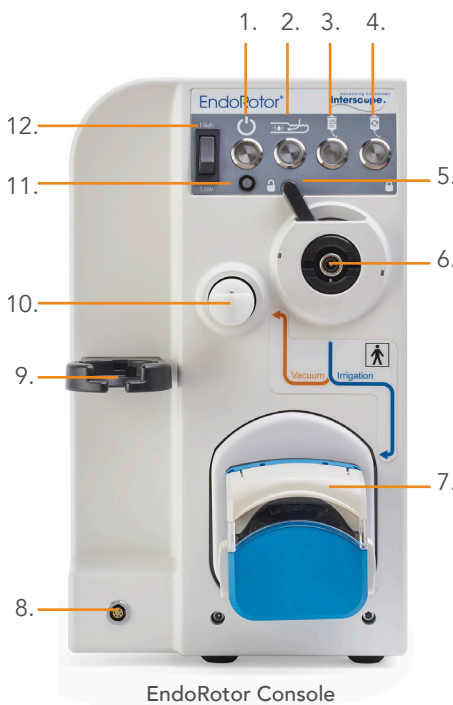
# The EndoRotor® System EPR (Resection) Quick Start Guide



**Guide Content:** This technique guide is intended as a physician supplement to the EndoRotor System Instructions for Use (IFU). Please consult the IFU for complete details, precautions and troubleshooting.

## Console Design

1. Standby Button
2. Vacuum Control Release Button
3. Prime Button
4. Irrigation On/Off Button
5. Catheter Interface Locking Lever
6. Catheter Interface
7. Irrigation Pump
8. Foot Control Interface
9. Specimen Trap Holder
10. Vacuum Control Valve
11. Indicator Light
12. Speed Control Switch



- a. Ensure Catheter Interface on console is in unlock position.
- b. Insert catheter's proximal housing into connection. Ensure hex connection aligns. Gently push catheter's housing completely inward and rotate locking lever right into locked position.
- c. On bottom surface of proximal housing are 2 connected tubing sets. The shorter of the 2 is the specimen trap connection vacuum tube. To load press vacuum release button Stretch tube and place in to vacuum release valve until seated.
- d. Connect vacuum tubing directly to top section of the specimen trap with a press fit until firmly seated. The bottom section of specimen trap must be connected to vacuum tubing. Remaining tubing will be connected to an overflow canister which will be connected to the portable Medela vacuum.
- e. Use vented spike on irrigation tubing to attach to saline bag. Open irrigation pump by lifting the irrigation pump hood. Place the irrigation tubing set on top of rollers with flow from left to right. Close irrigation pump hood. Press prime button. Once primed, amber light turns green.
- f. Tap the blue pedal once and allow the cycle to complete. Repeat this step. Place the tip of the catheter into a basin of water. Tap the blue pedal and hold down on the orange pedal to suction water through the catheter. Remove your foot from the orange pedal and tap the blue pedal to stop. The system is now ready for use.

Vacuum Start Ranges*		
EndoRotor Cutter Speed	Mucosectomy	
	Low	High
High	50–100 mmHg	100–250 mmHg
Low	50–100 mmHg	100–250 mmHg

\*For general reference only. Consult with the physician prior to the case to verify preferred vacuum and other system settings.

## Troubleshooting:

### Lights don't illuminate on front of console:

- Check that power switch located in rear of console is powered ON
- Replace fuse (shipped with console)

### Cutting blade will not rotate:

- Check that catheter is seated into housing correctly and locking lever is engaged
- Check that foot pedal is plugged into console
- Check to the integrity of foot pedal interface
- Check to see if prime button has been depressed and indicator light is green
- Remove the catheter from the scope, depress the blue foot pedal and allow the blade to run for 15s
- Grasp the catheter at the rotation knob, rotate the distal end counterclockwise while, at the same time, rotating the proximal end clockwise

### Suction does not work:

- Confirm pinch valve is operational
- Confirm foot pedal is connected
- Check the integrity of foot pedal connector and cable
- Check the short tube connection to specimen trap
- Check suction tube is properly connected to filter trap or purge kit and vacuum is operational
- Check the short tube to see if tissue is moving through. If not, suction water through the catheter until tissue moves through the short tube and the line is clear
- Perform purge

### Irrigation does not work:

- Confirm long tube is properly seated in irrigation pump (from right to left)
- Confirm spike on the end of long tube is inserted fully into saline bag
- Confirm prime button has been depressed and run through cycle
- Indicator light must be green
- Confirm the irrigation button is illuminated (ON)

### Outer sheath will not rotate:

- Confirm catheter is in line with biopsy channel
- Position console such that the catheter section extending from the endoscope to the console is as straight as possible.
- Please consider the orientation of an endoscope biopsy channel differs between gastroscopes and colonoscopes.
- Reduce any loops in the scope
- Reduce any loops to restore straight trajectory of the outer sheath between the console and working channel.

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or contact Customer Service:

#### USA

Tel: 800-461-4289 (toll-free in U.S.)  
Email: [info@interscopemed.com](mailto:info@interscopemed.com)



Interscope, Inc.  
200 Commerce Drive  
Northbridge, MA 01534  
USA  
TEL: +1-800-461-4289  
0031 (0) 73-3032541  
[www.interscopemed.com](http://www.interscopemed.com)



EMERGO EUROPE  
Prinsessegracht 20  
2514 AP The Hague  
The Netherlands  
[EMERGObyUL.com](mailto:EMERGObyUL.com)

