

Reusable Detachable Endoscopic Instruments

Instructions for use

Ref. no.:

Handle: 0207-HR, 0207-HX;

Shaft: 0207-S05UN;

Insert: 0207-ID01, 0207-IS01, 0207-IS02, 0207-IS03, 0207-IG01, 0207-IG02, 0207-IG03, 0207-IG04, 0207-IG05.

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Important:

The instructions provided herein are not intended to serve as a comprehensive manual for surgical techniques related to the use of the Reusable Detachable Endoscopic Instruments. Acquiring proficiency in surgical techniques necessitates direct engagement with our company or an authorized distributor to access detailed technical instructions, consult professional medical literature, and complete requisite training under the mentorship of a surgeon skilled in minimally invasive procedures. Prior to utilization of the device, we strongly advise a thorough review of all information contained in this manual. Failure to adhere to these guidelines may result in severe surgical outcomes, including patient injury, contamination, infection, cross-infection, or death.

Indications:

Reusable endoscopic instruments are indicated for cutting, grasping, dissecting and coagulation of tissue in laparoscopic and thoracoscopic surgical procedures.

Patient target group - adult and young patients, males and females.

Intended users: product is intended to be used exclusively by qualified medical professionals.

Contraindications:

The use of reusable endoscopic instruments is contraindicated whenever endoscopic surgical techniques are contraindicated for any reason.

Description of the device:

Reusable Detachable Endoscopic Instruments are non-sterile, mono-polar laparoscopic instruments. The instruments are available in a 5 mm diameter version with a working length of 330 mm and consist of three detachable components: handle, shaft, and insert with jaws (dissector, grasper, or scissors). Handles are available in ratcheted and non-ratcheted versions. Both handles and the shaft are compatible with all available inserts, allowing flexible configuration of the instrument according to the surgical application. The handle has a 4 mm standard high-frequency (HF) connector. The shaft of the instrument can be rotated 360° relative to the handle.

The device can be introduced through 5mm trocar cannula.

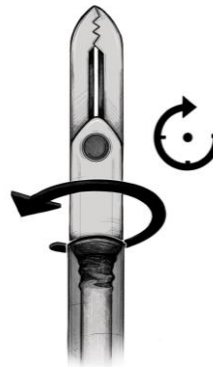
Instructions for assembly and use:

1. Take handle, shaft and required insert.
2. Place the insert into the shaft (pic. I) and rotate it clockwise all the way to fix insert in the shaft (pic. II).

Pic. I



Pic. II

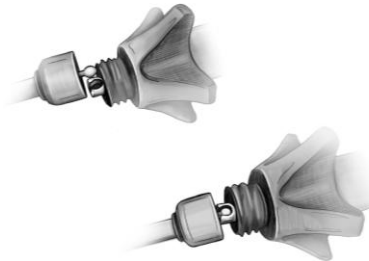


3. Close instrument jaws and open the handle (pic. III). Enter ball on the proximal end of the insert into the slot on the upper part of the handle's drawbar (pic. IV).

Pic. III



Pic. IV



4. Close the handle and fix shaft with the handle by rotating nut on the shaft clockwise (pic. V). Instrument is ready for use.

Pic. V



5. In the ratcheted handle, the ratchet lever is on the side of the handle. It activates the ratchet when moved rearward and deactivates it when moved forward. Once the ratchet is activated, the clamped jaws of the instrument will remain in the closed position until the ratchet is deactivated by moving the lever forward. To temporarily deactivate the ratchet, press and hold the oval button on the front of the handle.
6. If coagulation is required, connect a monopolar HF cable with the standard 4 mm connector.
7. Insert the instrument into the cannula with the jaws in the closed position.
8. Perform grasping, dissection, cutting, or coagulation as appropriate for the instrument type and surgical requirements. Engage or disengage the ratchet mechanism as needed.
9. Withdraw the instrument out of the cannula with the jaws closed.
10. Non-ratcheted instruments open and close freely without requiring additional action.
11. Use rotation knob to turn instrument jaws in any direction.
12. To disassemble, follow reverse procedure than for assembling.

Electrosurgery:

First, connect the electrosurgical cord (not furnished with the instrument) to the instrument by placing 4 mm female end of the cord on the 4 mm male adapter pin. Plug the other end of the cord into the monopolar receptacle of the HF generator. If instrument and/or return electrode is not properly connected to the generator, electrosurgery will not be possible to perform. Recommended maximal output power of the generator to be used with the device is 350W for cut and 120W for coagulation with blend cut power between above values. Rated accessory voltage of the device – 1 500V.



Electrosurgery precautions:

1. A complete understanding of the principle of monopolar electrocautery surgical procedures is necessary to avoid accidental shocks, burns, or potential gas embolism to the patient.
2. Be sure that the entire area of the return electrode has been properly attached to the patient's body and is as close to the operating field as possible. Incomplete body-electrode contact may lead to burns and/or inability to perform electrosurgery.
3. The patient should not come into contact with metal parts which are earthed or which have an appreciable capacitance to earth (for example operating table supports, etc.) as it may lead to burn injury of the patient. The use of antistatic sheeting is recommended for this purpose.
4. To protect patient from burns skin-to-skin contact (for example between the arms and body of the patient) should be avoided, for example by insertion of dry gauze.
5. The use of flammable anaesthetics or oxidizing gases such as nitrous oxide (N₂O) and oxygen should be avoided if a surgical procedure is carried out in the region of the thorax or the head, unless these agents are sucked away. Combustible gases can ignite during electrosurgery, seriously injuring the patient and the surgeon.
6. Non-flammable agents should be used for skin cleaning and disinfection wherever possible. Flammable agents used for cleaning or disinfecting, or as solvents of adhesives, should be allowed to evaporate before the application of HF surgery. There is a risk of pooling of flammable solutions under the patient or in body depressions such as the umbilicus, and in body cavities such as the vagina. Any fluid pooled in these areas should be mopped up before HF surgical instrument is used. Residual flammable agents can ignite during HF surgery, leading to severe thermal injuries of the patient and the surgeon.
7. Attention should be called to the danger of ignition of endogenous gases. Some materials, for example cotton, wool and gauze, when saturated with oxygen may be ignited by sparks produced in normal of the HF surgical instrument leading to thermal injuries of the patient and the surgeon.
8. For patients with cardiac pacemakers or other active implants, a possible hazard exists because interference with the action of the pacemaker may occur, or the pacemaker may be damaged. In case of doubt, approved qualified advice should be obtained.
9. If any physiological monitoring equipment is used simultaneously with HF generator on the same patient, any monitoring electrodes (including monitoring device) should be placed as far as possible from HF generator. Needle monitoring electrodes are not recommended as they may cause patient burns. The use of monitoring systems incorporating high frequency current limiting devices is recommended.
10. The cables to the electrosurgical instruments (including HF generator) should be positioned in such a way that contact with the patient or other leads is avoided to prevent short-circuit or patient burns in case of insulation damage.
11. Temporarily unused electrosurgical instruments (including HF generator) should be stored in a location that is isolated from the patient.
12. For surgical procedures where the HF current could flow through parts of the body having a relatively small cross-sectional area, the use of bipolar or pure heat techniques may be desirable in order to avoid unwanted coagulation.
13. Do not activate the generator until instruments' jaws are in contact with tissue or are in a position to deliver high frequency energy to the tissue. Premature activation can lead to coagulation at unintended sites.
14. Keep the output power as low as possible to achieve the desired effect. Surgeon is fully responsible for the correct coagulation time and power. Prolonged coagulation time and/or excessive power may lead to tissue charring and widening of the area of lateral lesions.
15. Avoid HF output settings of the generator where maximum output voltage may exceed rated accessory voltage. Exceeding the rated voltage may damage the insulation and result in thermal injury of the patient and the operator.
16. Apparent low output or failure of the HF surgical equipment to function correctly at the normal operating settings may indicate faulty application of the neutral electrode or poor contact in its connections. In this case, the application of the neutral electrode and its connections should be checked before selecting a higher output power.
17. When using electrosurgery, verify that jaws of the instrument are not in contact with a conductive irrigation fluid. HF current flowing through conductive fluid may lead to burns in multiple areas inside the patient body.
18. Electrosurgical generators used with these devices may cause unintended destruction of tissue and are dangerous if operated improperly. Read carefully instruction for use of the generator prior to procedure.
19. Sufficient care and distance must be maintained during use to prevent arcing to other instruments leading to unintended coagulation of the sites remaining in direct contact with these instruments.
20. Ensure that the active electrode is securely connected to the active handle. Poor electrical connection may lead to excessive heating, arcing, or unintended burns. Do not use the instrument if secure engagement cannot be achieved.
21. To reduce exposure to surgical smoke, the use of an appropriate smoke-plume evacuation system is recommended whenever the instrument is activated. Surgical smoke may contain harmful chemical and biological contaminants.



Additional warnings and precautions:

1. Any surgical and minimally invasive procedures should be performed only by persons having adequate training and familiarity with the techniques. Consult medical literature relative to techniques, complications, and hazards prior to performance of any surgical procedure.
2. To avoid injury to internal organs, a pneumoperitoneum must be maintained during the use of reusable endoscopic instruments.
3. Surgical instruments may vary from manufacturer to manufacturer. When surgical instruments and accessories from different manufacturers are employed together in a procedure, verify compatibility prior to initiation of the procedure. Failure to do so can result in an extended procedure time, inability to perform surgery or necessity to convert to an open surgery.
4. Modification of the device may lead to serious consequences with death of patient included.
5. If it is necessary to dispose of the product, it must be done in accordance with all applicable local regulations including, without limitation, those pertaining to human health and safety and the environment.
6. Do not use damaged instrument. Using of damaged Reusable Detachable Endoscopic Instruments may result in improper tissue cutting, grasping, dissecting and coagulation. Always check the alignment of the instrument jaws before use. If this is not done, patient injury may occur.
7. If the jaws of the instrument are not closed when inserting or removing it from the plastic cannula, it may lead to scraping of the material from the inner surface of the cannula and the detached plastic particles may fall into the body cavities.
8. In the case of Reusable Detachable Endoscopic Scissors, do not cut hard structures such as clips, staples etc. as this will lead to accelerated blunting of blades, not covered by the warranty.
9. Always inspect the site for hemostasis before procedure is finished.
10. Grena does not promote or recommend any specific surgical practices. Surgical technique, types and sizes of tissues and vessels appropriate for cutting, grasping, dissecting and coagulation with Reusable Detachable Endoscopic Instruments are the responsibility of the surgeon.
11. Exercise caution when there is a potential for exposure to blood or bodily fluids. Adhere to hospital protocols regarding the use of protective wear and equipment.

Warranty:

Warranty is limited to 12 months after purchase date. Instrument should be checked carefully prior to each use and in case of any technical failure send back to the manufacturer. In case of any defect in the material instrument will be repaired or replaced. Standard signs of wear are not covered by the warranty.

Reprocessing instructions:

The following sections outline the steps required for the reprocessing of Reusable Detachable Endoscopic Instruments.

This includes pre-treatment at the point of use, manual cleaning and disinfection, machine processing as well as steam sterilization in the fractionated vacuum process.

WARNINGS	ATTENTION: Shaft lumen is long and narrow. It requires special attention during cleaning to remove all the soil from it. Do not use solidifying detergents. ATTENTION: The user/processor should comply with local laws and ordinances in countries where reprocessing requirements are more stringent than those detailed in this manual. Furthermore, the hospital hygiene regulations must be observed as well as the recommendation of the relevant professional associations. ATTENTION: Used devices must be thoroughly processed according to these instructions prior to use. ATTENTION: Universal Precautions should be observed by all hospital personnel that work with contaminated or potentially contaminated medical devices. Caution should be exercised when handling devices with sharp points or cutting edges. ATTENTION: During all reprocessing steps Personal Protective Equipment (PPE) should be worn when handling or working with contaminated or potentially contaminated materials, devices and equipment. PPE includes gowns, masks, goggles or face shields, gloves and shoe covers. Observe the usual regulations for handling contaminated objects and the following precautionary measures: - Use protective gloves when touching; - Isolate the contaminated material using suitable packaging and labeling. ATTENTION: Do not place heavy instruments on top of delicate devices. Metal brushes or scouring pads must not be used during manual cleaning procedures. These materials will damage the surface and finish of the instruments. Soft bristled, nylon brushes and pipe cleaners should be used. ATTENTION: Do not allow contaminated devices to dry prior to reprocessing. All subsequent cleaning and sterilization steps are facilitated by not allowing blood, body fluid, bone and tissue debris, saline, or disinfectants to dry on used devices.
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	Used devices must be transported to the central supply in closed or covered containers to prevent unnecessary contamination risk. ATTENTION: After the treatment is over, all parts that come into contact with the patient must be cleaned and disinfected. ATTENTION: Only use cleaning agents / disinfectants approved for the reprocessing of medical devices. Observe the manufacturer's instructions for the cleaning / disinfecting agents. If unsuitable cleaning or disinfecting solutions are used, or if unsuitable cleaning or disinfection procedures are applied, this can have negative consequences for the devices: - Damage or corrosion; - Discoloration of the product; - Corrosion of metal parts; - Reduced service life; - Expiration of the guarantee. ATTENTION: Grena Ltd. recommends using only EN ISO 15883-1 and -2 compliant washer-disinfectors for automated cleaning / disinfection. It is recommended that mechanical reprocessing should, if possible, be given preference over manual reprocessing methods.
Limitations on reprocessing:	Instruments are delivered non-sterile and must be cleaned and sterilized before each use. For endoscopic instruments the initial cleaning should be performed using an ultrasonic cleaner to remove any preservative from the device. The recommended parameters are 3 min, 40°C, 35 kHz. Extensive use or repeated reprocessing can have significant impact on the instruments. Product lifetime is determined by prints of wear and damages due to usage. Do not use damaged or corroded instruments. Use of hard water should be avoided. Softened tap water may be used for initial rinsing. Purified water should be used for final rinsing to eliminate limescale deposits on the devices. One or more of the following processes may be used to purify water; ultra-filter (UF), reverse-osmosis (RO), deionized (DI), or equivalent.
INSTRUCTIONS	
Point of use:	A pre-cleaning of the devices should be carried out immediately after treatment, taking personal protection into account. The aim is to prevent organic material and chemical residues from drying on in the lumen or on the outer parts of the instruments and to prevent contamination of the surrounding area. 1. Remove excess soil, body fluids and tissue with disposable cloth/paper wipe. 2. Submerge instrument in the water (temperature below 40°C) immediately after use. 3. Do not use solidifying detergents or water with temperature exceeding 40°C because they can lead to sticking of the soil and influence further steps of reprocessing.
Containment and transportation:	It is recommended that devices are reprocessed as soon as it is reasonably practical following use. To avoid any damage devices should be safely stored and transported to the place of further reprocessing in the closed container (e.g. tub with lid) to avoid contamination of the surrounding area. Maximum time between pre-cleaning the instrument and further steps of cleaning must not exceed 1 hour. Transport instruments to the processing room and place it in the basin with cleaning solution.
Preparation for cleaning:	Disassembly is required for cleaning. To disassemble, follow reverse procedure than for assembling. After cleaning, assemble instrument again. Do not attempt to hold instrument by the jaws for disassembly / assembly procedure, as it can affect proper jaws alignment. All cleaning agents should be prepared at the use-dilution and temperature recommended by the manufacturer. Softened tap water may be used to prepare cleaning agents. Use of the recommended temperatures is important for optimal performance of cleaning agents. NOTE: Fresh cleaning solutions should be prepared when existing solutions become grossly contaminated (bloody and/or turbid).
Cleaning/ Disinfection: Manual	Equipment: pH neutral or alkaline proteolytic enzymatic detergent, Steris 1B3B3 soft bristle brush or similar, cleaning pressure pistol or high-volume syringe, ultrasonic water bath. Validated pre-cleaning procedure: 1. Soak the device in a washing/disinfecting solution for 5 minutes. (4% Sekusept Activ, 30-35°C was used for validation) 2. Using soft bristle brush and keeping the device inside the soaking solution apply washing/disinfecting solution to all surfaces ensuring that jaws are cleaned in both opened and closed positions. Make sure that all visible contamination has been removed. Flush the inside of the shaft with the solution. 3. Rinse instrument with tap water (<40 °C), while actuating device until there is no sign of blood or soil on the device or in the rinse stream, but at least for 3 minutes. 4. Use a high-volume syringe (or cleaning pressure pistol) to aggressively flush the inside of the shaft with tap water (<40 °C) through the flushing port at the proximal end of the shaft until no visible soil leaves the shaft, but at least for 1 minute. Validated manual cleaning procedure: 1. Place device in ultrasonic water bath filled with a washing/disinfecting solution and sonicate for 3 min, 40±1°C, 35 kHz (2% Sekusept Activ was used for validation). 2. Remove instrument from ultrasonic water bath. 3. Using soft bristle brush scrub the instrument under running tap water below 40°C for minimum of 1 minute or until all visible residue is removed. 4. Use cleaning pressure pistol or high-volume syringe to aggressively flush inside of the shaft with tap water (below 40°C) until no visible soil leaves the shaft, but for minimum of 1 minute. 5. Rinse device under clean running water, including flushing channel, while actuating device. UF, RO or DI water should be used for this step. 6. Remove excess moisture from the device with a clean, absorbent and non-shedding wipe. 7. Dry the device with compressed medical air including shaft's lumen. NOTE: One should remember that any cleaning and disinfection process should be validated. Check visually for cleanliness to ensure that all debris have been removed. If not visually clean, repeat the reprocessing steps until the device is visually clean. NOTE: It is recommended that used cleaning brushes must be cleaned after each use (if possible, in an ultrasonic water bath) and then disinfected. After cleaning, disinfection and sterilization, they must be stored dry and protected from contamination.
Cleaning/ Disinfection: Automated	Equipment - Washer / disinfectant, pH neutral or alkaline proteolytic enzymatic detergent. Steris 1B3B3 soft bristle brush or similar, cleaning pressure pistol or high-volume syringe, ultrasonic water bath. Endoscopic instruments have channels, crevices and fine joints. Dried soiling is very difficult to remove from such areas by automated cleaning. In order to achieve effective cleaning, it is necessary to remove massive impurities before automated reprocessing, therefore Grena Ltd. recommends manual pre-cleaning. In particular, make sure to pre-clean the shaft before cleaning in the washer /disinfectant. Validated pre-cleaning procedure: 1. Soak the device in a washing/disinfecting solution for 5 minutes. (4% Sekusept Activ, 30-35°C was used for validation) 2. Using soft bristle brush and keeping the device inside the soaking solution apply washing/disinfecting solution to all surfaces ensuring that jaws are cleaned in both opened and closed positions. Make sure that all visible contamination has been removed. Flush the inside of the shaft with the solution. 3. Rinse instrument with tap water (<40 °C), while actuating device until there is no sign of blood or soil on the device or in the rinse stream, but at least for 3 minutes. 4. Use a high-volume syringe (or cleaning pressure pistol) to aggressively flush the inside of the shaft with tap water (<40 °C) through the flushing port at the proximal end of the shaft until no visible soil leaves the shaft, but at least for 1 minute. Validated automatic cleaning procedure: Grena Ltd. recommends the use of an EN ISO 15883-1 and -2 compliant cleaning / disinfection device in combination with a suitable load carrier. Follow the instructions for use of the manufacturer of the washer / disinfectant. Load instruments into the washer / disinfectant according to the manufacturer instructions. Connect flushing channels of the instruments to the washer / disinfectant so that it is rinsed through. The following process parameters are suitable for reprocessing the instruments: 1. Cold pre-wash, water < 40°C, 1 min. 2. Washing, hot water, 10 minutes, detergent concentration and temperature as per manufacturer's recommendation (process validated with 0,70% Thermosept RKF, 55°C). 3. Neutralization, neutralizing agent concentration and time as per manufacturer's recommendation (process validated with 0,15% Thermosept NKZ, >30°C, 2 min). 4. Rinse, cold water below 40°C, 1 min. 5. Thermal disinfection >2,5 min, > 93°C with UF, RO or DI water, concentration of additive as per manufacturer's recommendation (process validated without any additive). 6. Drying 110°C, 6 min. NOTE: One should remember that any cleaning and disinfection process should be validated. NOTE: The validated parameters correspond to a process with an A0 value of > 3000s. Grena Ltd. Recommends to use only processes with an A0 value of > 3000s. NOTE: Never leave the instruments wet after reprocessing. This can lead to corrosion and germ growth. If the devices are not completely dry after the machine processing has been completed, dry the instruments manually (see drying point) and store accordingly.
Drying:	Dry any remaining moisture with a clean, absorbent, non-shedding cloth. Use compressed medical air or a high-volume syringe to blow inside of the shaft and jaws hinge until no more moisture escapes.
Maintenance:	Hinges and other moving parts should be lubricated with a water-soluble product intended for surgical instruments that must be sterilized. Manufacturer's expiration dates should be adhered to for both stock and use-dilution concentrations of the cleaning / disinfecting agents.
Inspection and function testing:	Inspect the device for functionality – in case of any technical impairment instrument must be rejected. Check the action of moving parts (e.g. jaws, hinges, connectors, knobs etc.) to ensure smooth operation throughout the intended range of motion. Check jaws for excessive play. Visually inspect for damage and wear. Pay attention to proper jaws alignment. Check the insert for distortion. Before each use, inspect the accessory for signs of damage, including cracks, cuts, abrasions, insulation defects or exposed metal. If necessary, inspect under magnification. Do not use damaged accessories, as insulation failure may result in unintended burns. Carefully inspect each device to ensure that all visible contamination has been removed. If contamination is noted, repeat the cleaning / disinfection process. Discard damaged instruments.

Packaging:	Singly: A standard commercially available, medical grade steam sterilization pouches or wrap may be used. Ensure that the pack is large enough to contain the device without stressing the seals. Do not use packaging that is too large, to prevent the instruments from sliding around in the packaging. In sets: Instruments may be loaded into general-purpose sterilization trays. Trays and cases with lids may be wrapped in standard medical grade, steam sterilization wrap. Ensure that jaws are protected. The total weight of a wrapped instrument tray or case should not exceed 11.4 kg/25 lbs for the safety of the personnel handling instrument sets; instrument cases exceeding 11.4 kg/25 lbs should be split into separate trays for sterilization. All devices must be arranged to ensure steam penetration to all instrument surfaces. Instruments should not be stacked or placed in close contact. The user must ensure that the instrument case is not tipped or the contents shifted once the devices are arranged in the case. Silicone mats may be used to keep devices in place. Devices for validation of sterilization process were packed in pouches compliant with EN ISO 11607-1.										
Sterilization:	Equipment: Grena Ltd. recommends the use of a sterilizer in accordance with EN ISO 17665 or EN 285. The sterilization must be carried out in packaging suitable for the sterilization process. The packaging should comply with EN ISO 11607 (e.g. paper / laminate film). Moist heat/steam sterilization is the preferred and recommended method for Grena devices. The instrument can be sterilized both assembled and disassembled (validation was performed in assembled condition). The hospital is responsible for in-house procedures for the inspection, and packaging of the instruments after they are thoroughly cleaned in a manner that will ensure steam penetration and adequate drying. Provisions for protection of any sharp or potentially dangerous areas of the instruments should also be recommended by the hospital. Sterilizer Manufacturer's Instructions for operations and load configuration should be followed explicitly. When sterilizing multiple instrument sets in one sterilization cycle, ensure that the manufacturer's maximum load is not exceeded. Instrument sets should be properly prepared and packaged in trays and/or cases that will allow steam to penetrate and make direct contact with all surfaces. CAUTION: Plasma gas sterilization should not be used. ATTENTION: Never sterilize uncleaned instruments! The success of a sterilization depends on the previous cleaning status! Minimum validated steam sterilization parameters required to achieve a 10⁻⁶ sterility assurance level (SAL) are as follows: <table><tr><th>Cycle type</th><th>Temperature [°C]</th><th>Exposure time [min]</th><th>Pressure [bar]</th><th>Drying time [min]</th></tr><tr><td>Fractional prevacuum 10 kPa</td><td>134</td><td>3</td><td>3,11</td><td>15</td></tr></table> NOTE: One should remember that any sterilization process should be validated prior to use. The validation of the suitability of the above parameters for the fractional vacuum process was carried out by Grena in accordance with the requirements of EN ISO 17665-1. The user is responsible for validating the correct functioning of the sterilizer.	Cycle type	Temperature [°C]	Exposure time [min]	Pressure [bar]	Drying time [min]	Fractional prevacuum 10 kPa	134	3	3,11	15
Cycle type	Temperature [°C]	Exposure time [min]	Pressure [bar]	Drying time [min]							
Fractional prevacuum 10 kPa	134	3	3,11	15							
Storage:	Sterile, packaged instruments should be stored in a designated, limited access area that is well ventilated and provides protection from dust, insects, vermin, and temperature/humidity extremes. The device does not require special/controlled environmental conditions. Storage and transport should take place under normal healthcare facility conditions.										
Additional information:	The instructions provided above have been recommended by the medical device manufacturer as being CAPABLE of preparing a medical device for re-use. It remains the responsibility of the processor to ensure that the processing as actually performed using equipment, materials and personnel in the processing facility achieve the desired result. This requires validation and routine monitoring of the process. Likewise, any deviation by the processor from the recommendations provided should be properly evaluated for effectiveness and potential adverse consequences. Users must then establish an appropriate cleaning protocol for the reusable medical devices used at their sites, using the recommendations of the device manufacturer and cleaner manufacturer. Because of the many variables involved in sterilization / decontamination, each Medical Facility should calibrate and verify the sterilization / decontamination process (e.g., temperatures, times) used with their equipment. It is the responsibility of the Medical Facility to ensure that reprocessing is performed using the appropriate equipment and materials, and that personnel in the reprocessing facility have been adequately trained in order to achieve the desired result.										
A notice to the user and/or patient:	If any serious incident has occurred in relation to the device, it should be reported to the manufacturer and the competent authority of the Member State in which the user and/or patient is established.										
Manufacturer contact:	See the headline of instructions for use.										



Caution



Keep dry



Quantity in package



Manufacturer



Authorized Representative in the European Union



Catalogue number



Batch code



Medical device



eIFU indicator
www.grena.co.uk/IFU

Consult electronic instructions for use

*The hard copies of instructions for use delivered with Grena products are always in English language.
If you require a hard copy of IFU in other language, you can contact Grena Ltd.
at ifu@grena.co.uk or + 44 115 9704 800.*

*Please scan the below QR code with the appropriate application.
It will connect you with Grena Ltd. website where you can choose eIFU in your preferable language.*

You can enter the website directly by typing in www.grena.co.uk/IFU in your browser.

*Make sure that paper version of IFU in your possession is in the latest revision prior to use of the device.
Always use the IFU in the latest revision.*

