



Technical Specification

Stapler	Description	Reloads	Color	Open length	Close length	Number of firings	Number of staples	Rows of staples	Staple Line Length
MALS30	Mirus Auto Linear Stapler 30	MLSR30-3.5	Blue	3.5 mm	1.5 mm	8	11	2	30 mm
		MLSR30-4.8	Green	4.8 mm	2.0 mm	8	11	2	30 mm
MALS45	Mirus Auto Linear Stapler 45	MLSR45-3.5	Blue	3.5 mm	1.5 mm	8	15	2	45 mm
		MLSR45-4.8	Green	4.8 mm	2.0 mm	8	15	2	45 mm
MALS60	Mirus Auto Linear Stapler 60	MLSR60-3.5	Blue	3.5 mm	1.5 mm	8	21	2	60 mm
		MLSR60-4.8	Green	4.8 mm	2.0 mm	8	21	2	60 mm
MALS90	Mirus Auto Linear Stapler 90	MLSR90-3.5	Blue	3.5 mm	1.5 mm	8	33	2	90 mm
		MLSR90-4.8	Green	4.8 mm	2.0 mm	8	33	2	90 mm

Kasetės linijinio siuvimo aparato siūlės ilgis 45 mm. Uždarytos kabutės aukštis 3,5-4.8mm. Atidarytos kabutės aukštis 1,5-2.0 mm. Kasetėje formuojamos dvi eilės titaninių kabučių, iš viso kasetėje yra 15 kabučių. Instrumentas skirtas naudoti viena ranka, gali būti užtaisomas iki 8 kartų.

Meril's Global Presence

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Kasetės linijinio siuvimo aparato siūlės ilgis 90 mm. Uždarytos kabutės aukštis 3,5-4.8 mm.

Atidarytos kabutės aukštis 1,5-2.0 mm. Kasetėje formuojamos dvi eilės titaninių kabučių, iš viso kasetėje yra 33 kabutė. Instrumentas skirtas naudoti viena ranka, gali būti užtaisomas iki 8 kartų.

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**For more information about Endo surgery product
Please contact your local representative.**

Please see the package inserted for complete device description, product selection information, indications, contraindications, precautions, adverse effects, warning, materials, sterilization and patient guidance associated with the Endo Surgery.



MIRUS™ Linear Stapler



MALS/ENG/BRO/MER/20190210/VER1.0

MIRUS™ Linear Stapler



Mirus Linear Stapler (without dial) is engineered to facilitate precise transection & resection in various abdominal & thoracic surgeries.

Mirus Linear Stapler gives two staggered rows of titanium staples in sizes of 30mm, 45mm, 60mm and 90mm; with reload units available for both standard tissue (3.5mm) and thick tissue (4.8mm). The device might be reloaded up to seven times for a maximum of eight firings. Gali būti naudojamas viena ranka

The ergonomic design with single handed closing & firing lever facilitates user comfort and control. Staple formation creates the perfect 'B' shape on each and every firing for improved clinical performance.

Suformuojama tiksliai "B" formos kabutė



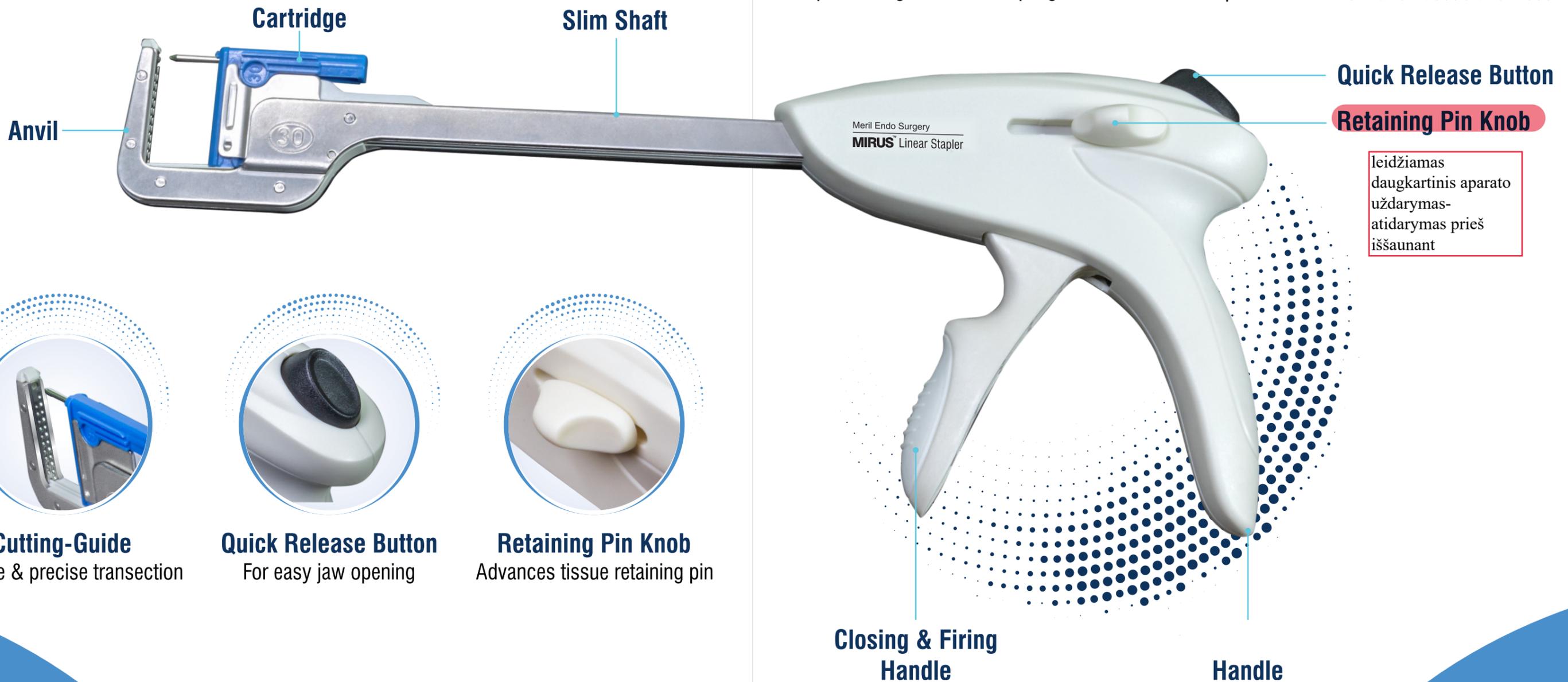
Dual Function Handle
For repositioning closure & stapling



Tissue Retaining Pin
Avoids tissue slip-out



Cartridges
For varied tissue thickness



Quick Release Button

Retaining Pin Knob

leidžiamas daugkartinis aparato uždarymas-atidarymas prieš iššaukant



Cutting-Guide
For safe & precise transection



Quick Release Button
For easy jaw opening



Retaining Pin Knob
Advances tissue retaining pin

Closing & Firing Handle

Handle

MIRUSTM
Endoscopic Linear Cutter & Reloads

Greater Precision
Better Control
Enhanced Flexibility



Meril

Endo-Surgery

MIRUS™

Endoscopic Linear Cutter & Reloads

Linijinis tiesus endoskopinis mechaninis siuvimo aparatas su peiliu

INDICATIONS

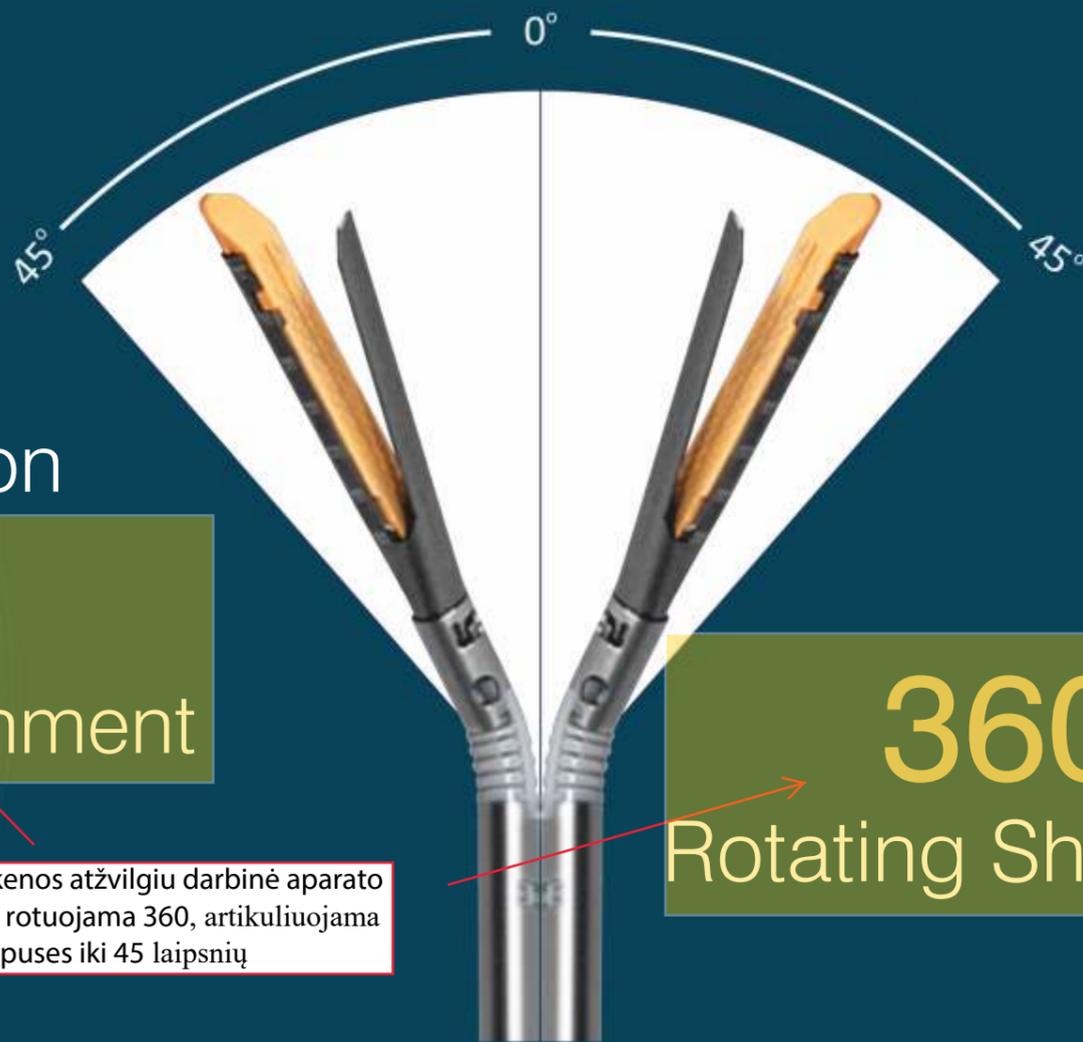
- General Surgery
- Bariatric Surgery
- Colorectal Surgery
- Thoracic Surgery
- Pediatric Surgery
- Gynecological Surgery

Optimum tissue compression is a key for attaining consistent B-shape staple line formation which ensures wound security and adequate hemostasis.

Introducing **Mirus Endoscopic Linear Cutter & Reloads** which offer unique proximally controlled and unrestricted jaw articulation from 0° to 45° on both the sides. Each reload has a new knife for precise transection and to avoid cross contamination.

Unrestricted Articulation

0° to 45°
for precise tissue alignment



Rankenos atžvilgiu darbinė aparato dalis rotuojama 360, artikuliuojama į abi puses iki 45 laipsnių

360°
Rotating Shaft



Meril

Endo-Surgery

New Knife With Each Reload :
Precise transection and avoids cross contamination



Proximal Control :
Proximally controlled jaw articulation



Enhanced Clamp Force :
Adequate tissue compression

5 Reload Variants :
Covers varied tissue thickness



Aparatas tinka imtinai iki 12 mm skersmens troakarams.



Low Profile Reloads :
Access through 12mm trocar

PRODUCT SPECIFICATIONS

MIRUSTM
Endoscopic Linear Cutter & Reloads

Aparato darbinės dalies ilgis 340 mm

Formuojamos siūlės ilgis
45mm

1.1

PRODUCT CODE	DESCRIPTION	SHAFT LENGTH	RELOAD LENGTH	ARTICULATION ANGLE
HMECL45	Mirus Endoscopic Linear Cutter 45mm - Long	440mm	45mm	Unrestricted: 0° to 45°
HMECL60	Mirus Endoscopic Linear Cutter 60mm - Long	455mm	60mm	Unrestricted: 0° to 45°
HMECM45	Mirus Endoscopic Linear Cutter 45mm - Medium	340mm	45mm	Unrestricted: 0° to 45°
HMECM60	Mirus Endoscopic Linear Cutter 60mm - Medium	355mm	60mm	Unrestricted: 0° to 45°
HMECS45	Mirus Endoscopic Linear Cutter 45mm - Small	290mm	45mm	Unrestricted: 0° to 45°
HMECS60	Mirus Endoscopic Linear Cutter 60mm - Small	305mm	60mm	Unrestricted: 0° to 45°

1.2

PRODUCT CODE	DESCRIPTION	TISSUE TYPE	OPEN/CLOSED STAPLE HEIGHT	Qty/ Box
HMECR60WE	Mirus Endoscopic Linear Cutter Reload -60mm - White	Vascular - Thin	2.5mm/ 1.0mm	6
HMECR60BE	Mirus Endoscopic Linear Cutter Reload -60mm - Blue	Regular	3.5mm/ 1.5mm	6
HMECR60GD	Mirus Endoscopic Linear Cutter Reload -60mm - Gold	Regular - Thick	3.8mm/ 1.75mm	6
HMECR60GN	Mirus Endoscopic Linear Cutter Reload -60mm - Green	Thick	4.1mm/ 2.0mm	6
HMECR60BK	Mirus Endoscopic Linear Cutter Reload -60mm - Black	Extra Thick	4.4mm/ 2.2mm	6
HMECR45WE	Mirus Endoscopic Linear Cutter Reload -45mm - White	Vascular - Thin	2.5mm/ 1.0mm	6
HMECR45BE	Mirus Endoscopic Linear Cutter Reload -45mm - Blue	Regular	3.5mm/ 1.5mm	6
HMECR45GD	Mirus Endoscopic Linear Cutter Reload -45mm - Gold	Regular - Thick	3.8mm/ 1.75mm	6
HMECR45GN	Mirus Endoscopic Linear Cutter Reload -45mm - Green	Thick	4.1mm/ 2.0mm	6
HMECR45BK	Mirus Endoscopic Linear Cutter Reload -45mm - Black	Extra Thick	4.4mm/ 2.2mm	6

Kasetėje 6 eilės
kabučių

Galimybė pasirinkti
uždarytų kabučių
aukštį 1mm, 1,5mm,
2mm

Meril's Global Presence

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Instruction for Use



titaninēs kabutēs

Formuojamos siūlės ilgis 45 mm, pjūvio ilgis 4 mm trumpesnis už siūlės ilgį, 41 mm.

Sterile Disposable Endoscopic Linear Cutter and Reload

MIRUS™ Endoscopic Linear Cutter and Reload

Automatinis saugumo mechanizmas neleidžia iššauti panaudotos kasetės

Rev. 00 Rev. Dt. : 2021/01 Document No. ME/IFU/STA/059

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CAREFULLY READ ALL INSTRUCTIONS PRIOR TO USE

INDICATIONS:

The Mirus™ Endoscopic Linear Cutter and Single use Loading Units have applications in general, gynecological, pediatric and thoracic surgery for resection, transection, and creation of anastomoses. They may be used for transection and resection of liver substance, hepatic vasculature biliary structures.

CONTRAINDICATIONS:

- Do not use the instruments on the aorta.
- Do not use the instruments on ischemic or necrotic tissue.
- Do not use on major vessels without making provision for proximal and distal control.
- Tissue thickness should be carefully evaluated before applying any stapler. Refer to Cartridge Staple Size Chart below for a guide to staple size selection. If tissue cannot be comfortably compressed to the closed staple height or easily compresses to less than the closed staple height, the tissue is contraindicated as it may be too thick or too thin for the selected staple size.
- The instruments are not intended for use when surgical stapling is contraindicated.

DEVICE DESCRIPTION:

The Mirus™ Endoscopic Linear Cutter and Single use Loading Units are sterile, single patient use instruments that simultaneously staple and transect tissue. There are six staggered rows of titanium staples, three on either side of the cut line. The instruments have a staple lines that are approximately 45 mm and 60mm long and cut lines that are 4.1 mm and 5.6 mm long respectively. The shaft can rotate freely in both directions. The distal portion can be articulated left or right to facilitate lateral access to the operative site. The Max Articulation angle is not less than 45 ° The stapling instrument is provided unloaded to allow the user to select the proper Cartridge for the tissue to be transected. The instrument must be reloaded for each subsequent firing. A Staple Retaining Cap is provided with each Cartridge to protect the staples during shipping and handling and must be removed after loading. Each Cartridge has a lock-out to prevent a spent or improperly installed cartridge from being refired or an instrument from being fired without a Cartridge.

HOW SUPPLIED:

The Mirus™ Endoscopic Linear Cutter and Single use Loading Units are supplied sterile for single patient use. PROPERLY DISPOSE AFTER USE. DO NOT RESTERILIZE.

Caution: Do not load the instrument more than 12 times for a maximum of 12 firings per instrument.

MIRUS™ ENDOSCOPIC LINEAR CUTTER

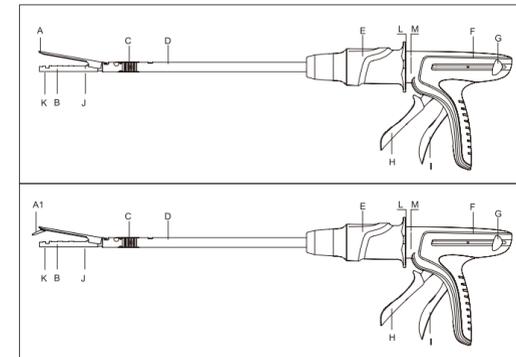
Code	Maximum Firings
HMECS45	12
HMECM45	12
HMECL45	12
HMECS60	12
HMECM60	12
HMECL60	12

Single use Loading Units for Mirus™ Endoscopic Linear Cutter 12 mm (Sold Separately):

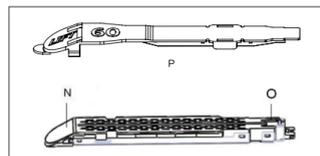
MIRUS™ ENDOSCOPIC LINEAR CUTTER RELOADS

Code	Color	Open Leg length (mm)	Close Leg length (mm)	Number of staple (EA)	Rows	Staple line Length (mm)
HMECR45WE	White	2.5 mm	1.0 mm	66	6	45
HMECR45BE	Blue	3.5 mm	1.5 mm	66	6	45
HMECR45GD	Gold	3.8 mm	1.75 mm	66	6	45
HMECR45GN	Green	4.1 mm	2.0 mm	66	6	45
HMECR45BK	Black	4.4 mm	2.2 mm	66	6	45
HMECR60WE	White	2.5 mm	1.0 mm	90	6	60
HMECR60BE	Blue	3.5 mm	1.5 mm	90	6	60
HMECR60GD	Gold	3.8 mm	1.75 mm	90	6	60
HMECR60GN	Green	4.1 mm	2.0 mm	90	6	60
HMECR60BK	Black	4.4 mm	2.2 mm	90	6	60

Illustration 1 - Nomenclature



- A) Anvil
- A1) Beak
- B) Cartridge Channel
- C) Articulation Joint
- D) Shaft
- E) Rotation/Articulation Knob
- F) Handle
- G) Return Knobs
- H) Firing Trigger
- I) Closing Trigger
- J) Tissue Stop/Proximal Mark
- K) Distal Mark
- L) Rotation Position
- M) Articulation Position



- N) Cartridge
- O) Knife
- P) Staple Retaining Cap

Illustration 2 - Load Cartridge



Illustration 3 - Unload Cartridge



Illustration 4 - Rotate & Articulate

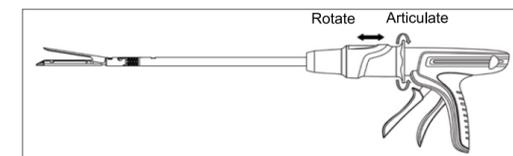


Illustration 5 - Close Jaws

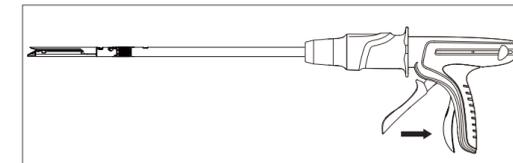


Illustration 6 - Open Jaws/Return Knobs

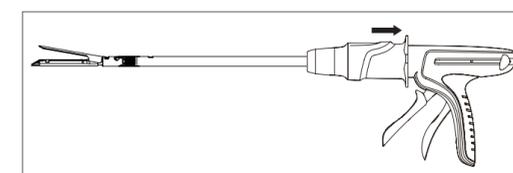
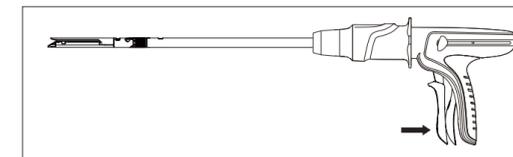


Illustration 7 - Fire device



INSTRUCTION FOR USE:

- Verify compatibility of all instruments and accessories prior to using the instrument (refer to Warnings and Precautions).
- Verify that the cartridge size matches the instrument size to be used (e.g. use an 60mm Cartridge with an 60mm instrument).
- Using sterile technique, remove the instrument and the selected cartridge from their respective packages.
- Prior to loading the cartridge, ensure the instrument jaws are in the open position and the Articulation Joint is in the straight position i.e. not articulated (Illustration 1).
- Examine the Cartridge for the presence of a Staple Retaining Cap. If the retainer is not in place, discard the Cartridge.

Caution: Tissue thickness should be carefully evaluated prior to using the instrument. Refer to the Cartridge Selection Chart for proper Cartridge selection.

- Load the Cartridge by sliding it against the top of the jaw until the cartridge alignment tab snaps in the cartridge alignment slot. Remove the Staple Retaining Cap and discard. (Illustration 2) The instrument is now loaded and ready for use.

Caution: Make sure the knife don't touch the bottom of the jaw, prevents the knife from being moved or deformed when load the Cartridge, otherwise, the device may be lock out and can't be fired

Caution: After removing the Staple Retaining Cap, observe the surface of the loaded Cartridge. The Cartridge must be replace with another Cartridge if any colored drivers are visible. If colored drivers are visible, the Cartridge may not contain staples.

- Become familiar with the articulating action of the instrument by pulling proximally on the Rotation/ Articulation Knob to the Articulation Position to engage the articulation mechanism and articulate the jaws by rotating the Rotation/ Articulation Knob (Illustration 4). As rotation of the Rotation/ Articulation Knob is applied in either direction, the jaws pivot to a maximum angle which is not less than 45 degrees, at which point the pivoting force increases to signal the end of the articulating arc.

Caution: Make sure the jaw is open when rotating the jaw by rotating the Rotation/ Articulation Knob; Otherwise, the operation of rotation may fail

Caution: Make sure that no external force is applied to the jaws when articulating the jaw; Otherwise, the device may be damaged.

- Close the jaws of the instrument by squeezing the Closing Trigger until it locks in place (Illustration 5).

Caution: Do not pull the Firing Trigger until the jaws are closed and locked. The instrument may be partially or completely fired and will need to be reloaded before using on tissue.

- Visually inspect the stapler to ensure proper Cartridge seating. Introduce the instrument into the body cavity through a trocar of the appropriate size or through an incision. When using a trocar, the instrument jaws must be past the trocar sleeve before opening.

Caution: For insertion and removal, the jaws of the instrument must be closed and straight, in-line with the of the instrument. Failure to have the instrument jaws in the straight position will result in difficult insertion or withdrawal of the instrument and may result in damage to the instrument or trocar.

Caution: When placing the instrument through the trocar or incision, avoid inadvertently pulling the Firing Trigger. If the instrument is partially or completely fired, it will need to be reloaded before using on tissue. If the instrument is partially fired, remove the instrument and replace the Cartridge.

10. Once in the cavity, open the jaws by pulling the Return Knobs proximally (Illustration 6).

11. If needed, rotate the jaws by pushing the Rotation/Articulation Knob distally to the Rotation Position. With the index finger rotate the fins of the Rotation/ Articulation Knob in either direction (Illustration 4). The instrument shaft will rotate freely 360° in either direction.

12. If needed, articulate the jaws by pulling the Rotation/Articulation Knob proximally to the Articulation Position and rotate the fins of the Rotation/ Articulation Knob in either direction (Illustration 4), the jaws must be open in order to articulate the instrument.

Caution: The instrument can achieve maximum articulation angle of 45°. When the maximum angle is reached, the force will increase indicating the maximum angle has been reached.

13. Position the instrument jaws around the tissue to be transected.

Caution: Ensure that the tissue lies flat and is positioned properly between the jaws. Any "bunching" or thicker tissue along the Cartridge, particularly near the Distal Mark and Proximal Mark of the jaws, may result in an incomplete staple line and inadvertent lockout. The Distal Mark on the Cartridge Channel designates the end of the staple line.

Caution: When positioning the jaws on the application site, ensure that no obstructions such as clips, stents, guide wires, etc. are within the instrument jaws. Firing over an obstruction may result in incomplete cutting action, improperly formed staples, and/or inability to open the instrument jaws.

14. After positioning the instrument jaws, close the jaws by squeezing the Closing Trigger until it locks (Illustration 5).

Caution: Ensure tissue has not squeezed (extended) proximal to the Proximal Mark/ Tissue Stop on the instrument. Tissue forced into the instrument proximal to the Proximal Mark/ Tissue Stop may be transected without staples. When firing across thick tissue, holding the jaws in place for 15 seconds after closing and prior to firing may result in better compression and staple formation.

Caution: If the Closing Trigger is difficult to lock:
a) Ensure that the proper Cartridge selection has been made (Refer to the Cartridge Selection Chart).
b) Reposition the instrument and reduce the amount of tissue to be clamped.
c) When clamping across thick tissue, holding the jaws in place for 15 seconds after closing and prior to firing may result in better compression and staple formation.

Caution: If the clamping mechanism becomes inoperative and the jaws do not clamp on tissue, do not fire the instrument. Remove and do not continue to use the instrument.

15. Fire the instrument by pulling the Firing Trigger repeatedly until I beam under the cartridge channel travel to Distal Mark (Illustration 7). The times which the trigger is pulled depends on the length of stapling line (45mm or 60mm).

Caution: The instrument should be replaced if it does not fire smoothly or the firing mechanism becomes inoperative. Attempting to force the device to complete the firing stroke under very high load may cause a snap sound and a sudden decrease in force to fire, if this occurs discontinue use of the instrument and thoroughly inspect the staple line integrity.

Caution: Crossing staple lines may shorten the life of the instrument (may reduce the number of times the device may be fired).

Caution: Make sure beam under the cartridge channel travel to Distal Mark when the firing is complete. If fired is not complete, it may be difficult to remove the cartridge when unload the cartridge

16. To complete the firing sequence: release the Firing Trigger and pull the Return Knobs proximally to the original position (Illustration 6), this will also open the instrument jaws.

Caution: Gently pull the instrument away from the transected tissue and ensure it is released from the jaws before removing.

Caution: Examine the staple lines for pneumostasis/ hemostasis and proper staple closure. Minor bleeding can be controlled with manual sutures or other appropriate techniques.

17. Before removing an articulated instrument, move the jaws away from any obstruction inside the body cavity while keeping the jaws open and within the field of view, and pull proximally on the fins of the Rotation Articulation Knob, twist the knob until the jaws return to the straight position.

Caution: For insertion and removal, the jaws of the instrument must be straight, in line with the shaft of the instrument. Failure to have the instrument jaws in the straight position will result in difficult insertion or withdrawal of the instrument and may result in damage to the instrument.

18. To remove the instrument from the cavity, squeeze the Closing Trigger until it locks, closing the jaws (Illustration 5).

19. Completely withdraw the instrument in the closed position.

20. Pull the Return Knobs proximally to open the instrument jaws (Illustration 6)

21. Push upward (toward the Anvil) to unsnap the spent Cartridge from the Cartridge Channel. Discard the used Cartridge. (Illustration 3)

Caution: Prior to reloading the instrument, hold the instrument in a vertical position, with Anvil and Cartridge Channel completely submerged in sterile solution. Swish vigorously and then wipe the inside and outside surfaces of the Anvil and Cartridge Channel to clean any unused staples from the instrument. Do not use the instrument until it has been visually inspected to confirm there are no staples on the Anvil or Cartridge Channel.

Caution: Before unload the cartridge, make sure the jaws and the shaft are in a straight line. Otherwise, the device may be damaged.

22. Reload and use the instrument repeating steps 3-21. The instrument can be fired up to a total of 12 times.

WARNINGS AND PRECAUTIONS:

1. Failure to properly follow the instructions may lead to serious surgical consequences, such as leakage or staple line disruption.

2. Do not load the instrument more than 12 times for a maximum of 12 firings per instrument.

3. Minimally invasive and stapling procedures should be performed only by persons having adequate training and familiarity with the techniques. Consult relative medical literature for techniques, complications, and hazards prior to performing any minimally invasive procedure.

4. When minimally invasive instruments and accessories from different manufacturers are employed together in a procedure, verify compatibility prior to initiation of the procedure.

5. When using other technologies (e.g., electrosurgery devices), observe the precautions suggested by the manufacturer to avoid the hazards associated with their use.

6. The Mirus™ Endoscopic Linear Cutter instruments may only be used with Single use Loading Units.

7. After removing the Staple Retaining Cap, observe the surface of each new Cartridge. The Cartridge must be replaced with another Cartridge if any colored driver is visible because the Cartridge may not contain staples.

8. For insertion and removal of instruments, the jaws of the instrument must be straight, in line with the Shaft of the instrument. Failure to have the instrument jaws in the straight position will result in difficult insertion or withdrawal of the instrument and may result in damage to the instrument or trocar.

9. When placing the instrument through the trocar or incision, avoid inadvertently pulling the Firing Trigger. If the instrument is partially or completely fired, it will need to be reloaded before using on tissue. If the instrument is partially fired, remove the instrument and replace the Cartridge.

10. The instrument can achieve a maximum articulation angle of 45°. When the force increases, it indicates the maximum angle has been reached.

11. Ensure that the tissue lies flat and is positioned properly between the jaws. Any "bunching" of tissue along the Cartridge, particularly near the Tissue Stop/ Proximal Mark of the jaws, may result in an incomplete staple line. The Distal Mark on the Cartridge Channel designates the end of the staple line.

12. When positioning the jaws on the application site, ensure that no obstructions such as clips, stents, guide wires, etc. are within the instrument jaws. Firing over an obstruction may result in incomplete cutting action, improperly formed staples, and/or inability to open the instrument jaws.

13. Ensure tissue has not squeezed (extended) proximal to the Tissue Stop/ Proximal Mark on the instrument. Tissue forced into the instrument proximal to the Tissue Stop/ Proximal Mark may be transected without staples. When firing across thick tissue, holding the jaws in place for 15 seconds after closing and prior to firing may result in better compression and staple formation.

14. If the clamping mechanism becomes inoperative and the jaws do not clamp on tissue, do not fire the instrument. Remove and do not continue to use the instrument.

15. The instrument should be replaced if it does not fire smoothly or the firing mechanism becomes inoperative. Attempting to force the device to complete the firing stroke under very high load may cause a snap sound and a sudden decrease in force to fire, if this occurs discontinue use of the instrument and thoroughly inspect the staple line integrity.

16. Examine the staple lines for pneumostasis/ hemostasis and proper staple closure. Minor bleeding can be controlled with manual sutures or other appropriate techniques.

17. Prior to reloading the instrument, hold the instrument in a vertical position, with Anvil and Cartridge Channel completely submerged in sterile solution. Swish vigorously and then wipe the inside and outside surfaces of the Anvil and Cartridge Channel to clean any unused staples from the instrument. Do not use the instrument until it has been visually inspected to confirm there are no staples on the Anvil or Cartridge Channel.

18. Gently pull the instrument away from the transected tissue and ensure it is released from the jaws before removing.

19. When selecting the Cartridge, careful consideration should be given to existing pathologic conditions as well as any pre-surgical treatment, such as radiotherapy, that the patient may have undergone. Certain conditions or preoperative treatments may cause change in tissue thickness that would exceed the indicated range of tissue thickness for the standard choice of Cartridge.

20. When dividing major vascular structures, be sure to adhere to the basic surgical principle of proximal and distal control.

21. If it needs to be used together with bipolar electrosurgical instrument, please pay attention to protect the anastomosis.

22. Short instrument can be used for thoracoscopic surgery and open surgery.

23. Do not modify this equipment without authorization from the manufacturer.

24. Instruments or devices which come into contact with bodily fluids may require special disposal handling to prevent biological contamination.

25. This device is packaged and sterilized for single use only. Do not reuse, reprocess or sterilize. Reuse, reprocessing, or resterilization may compromise the structural integrity of the device and/ or lead to device failure that in turn may result in patient injury, illness or death. Also, reprocessing or resterilization of single use devices may create a risk of contamination and/ or cause patient infection or crossinfection, including, but not limited to, the transmission of infectious disease (s) from one patient to another. Contamination of the device may lead to injury, illness, or death of the patient.

RISK OF REUSE:

The product is intended to be used single time only. If used multiple time it may lead to cross contamination / infection, also it may not meet the intended use. Hence instruction for single use only is mentioned on label as well as IFU.

STERILIZATION:

Mirus™ Endoscopic Linear Cutter Gun is sterilized by Gamma Radiation method and Reload is sterilized by Ethylene oxide sterilization method as indicated on package.

STORAGE:

Recommended storage conditions: Between 15°C to 30°C, keep away from moisture and direct heat. Do not use after expiry date.

SYMBOLS USED ON LABELING:

	= Caution		= Consult Instructions for use
	= Do not Reuse		= Do not Resterilize
	= Date of manufacture		= Manufacturer
	= Batch Code		= Use by (Use until Year & Month)
	= Keep Dry		= Keep away from sunlight
	= Do not Use if Package is damaged		= Content
	= CE mark and identification number of notified body		
	= Authorized representative in the European Community		
	= Sterilized by Irradiation.		
	= Sterilized using Ethylene Oxide		
	= Temperature Limitation (Store Between 15° - 30° C)		

Vienkartinio panaudojimo

