

Using Minos Megachannel* –

1 Prepare the Megachannel

Remove the Megachannel from the tray, open the quick release and place about 50ml of water based lubricant to the inner surface of the foam seal and to the opening of the peel plug. Introduce the endoscope into the Megachannel until the distal tip of the endoscope arrives at the peel plug and the scope reaches the quick release seal at the handle. Turn the quick release seal clockwise to lock it in place.

2 Insert the Endoscope with loaded Megachannel

Use standard clinical technique until the peel plug arrives at the level of the anus. A small amount of lubricant can then be applied to the outer surface of the peel plug to ensure smooth insertion through the anus. Continue to straighten the scope ensuring the endoscope tip remains in place and advance the tip of the Megachannel over the scope into the anus.

3 Using the Megachannel

Once in place the Megachannels working channel can be expanded from 15mm to 20mm by removing the peel plug. This allows extra diameter for large specimen removal or the introduction of bulky instruments such as suction cups or banding devices.

4 Removing the Peel Plug

Once at the target site, the peel plug can be removed by first pulling back the scope until the tip is 8cm inside the Megachannel and the peel plug can be visualized, using a standard snare to capture the peel plug tab. Remove the endoscope and snare until the peel plug arrives at the quick release seal. Open the seal by turning counter clockwise and remove peel plug. Reinsert instrument, reattaching the quick release seal to the Megachannel. Advance the endoscope or other instruments until the tip exits the end of the Megachannel for use.

5 Rapid exchange with the Megachannel

When removing the endoscope with large specimens or using bulky end devices such as banding devices the quick release seal can be removed. With an assistant holding the Megachannel in place the endoscope or other device can be rapidly reinserted until the tip of the instrument exits the Megachannel. Replace the quick release seal if it has been removed and secure tightly in the clockwise direction.

6 Removing Megachannel

Advance the endoscope 10cm beyond the end of the Megachannel to ensure no tissue is trapped. Slowly pull back the endoscope and Megachannel. Dispose of Megachannel using normal hospital practice.

* For approved instructions for use, contact Minos Medical.

Order Code
OT-22-80
3 per box

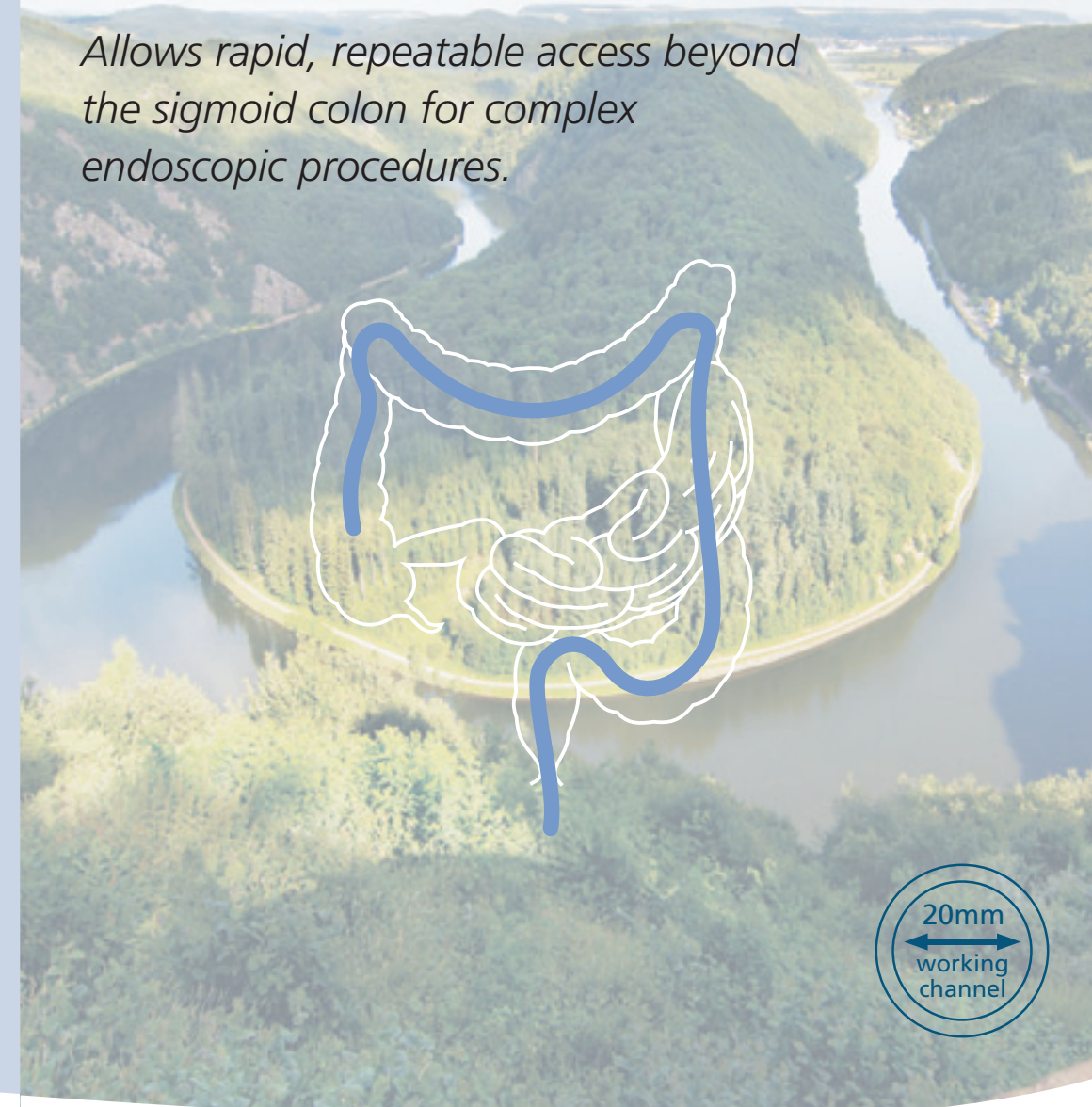


0086

Part number: D03-0105-001 Rev A

Minos Megachannel – Natural Orifice Endoscopic Access Platform

*Allows rapid, repeatable access beyond
the sigmoid colon for complex
endoscopic procedures.*



20mm working channel for rapid, repeatable access to the right colon.



15560-C Rockfield Boulevard
Irvine, CA 92618 USA • www.minosmedical.com

© 2008 Minos Medical Inc. USA. All trademarks are owned by their respective companies

Megachannel™

Minos Medical – the natural orifice device company™



World's first endoscopic access system designed for complex procedures beyond the sigmoid colon providing rapid, repeatable access and a larger working channel allowing multiple passes with bulky instruments.

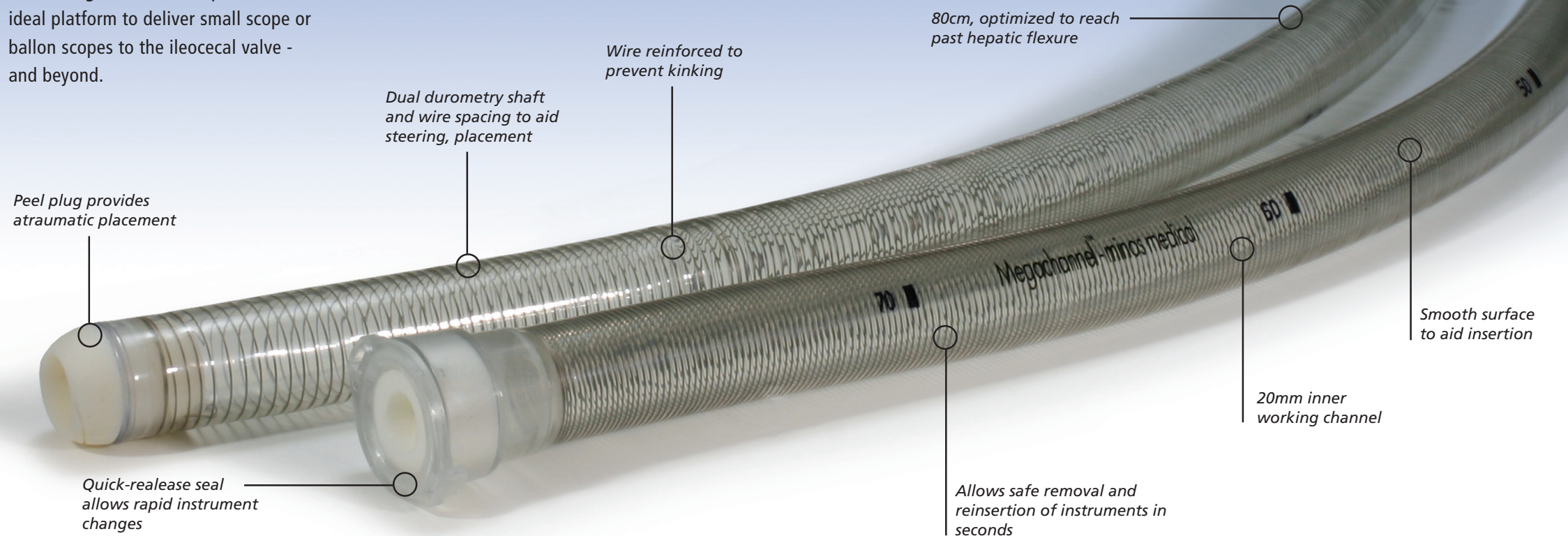
Cluster polyps, larger specimens that must be removed in pieces, or complex procedures using multiple instruments - in the right colon can be daunting for even the most experienced physician. The Minos Megachannel was designed to help you meet those challenges by providing 20mm of safe, rapid, repeatable access. Once in place, provides a physical barrier against perforation, reduces time to make subsequent passes eliminating problems with netting or bagging samples. The Minos Megachannel even provides an ideal platform to deliver small scope or balloon scopes to the ileocecal valve - and beyond.

After the Minos Megachannel is placed, you can easily deliver a EUS scope - as well as banders, suction cups, endolumenal power cutters, SMR systems, and other emerging technologies. The Megachannel even provides longitudinal stiffness to give counter force for tissue inversion. It's also the perfect platform for advanced endolumenal procedures requiring instrument changes, including appendectomies and endolumenal stapling.

- Provides safe, rapid, repeatable access for complex procedures
- 20mm working channel allows use of advanced endolumenal technologies and procedures
- Multiple passes or introduction of instruments with no additional risk of perforation
- Ideal for cluster polyps and larger specimens



Peel Plug technology provides atraumatic delivery. 15mm channel when in place, 20mm when removed.



Peel plug provides atraumatic placement

Dual durometry shaft and wire spacing to aid steering, placement

Wire reinforced to prevent kinking

80cm, optimized to reach past hepatic flexure

Smooth surface to aid insertion

20mm inner working channel

Allows safe removal and reinsertion of instruments in seconds

Quick-release seal allows rapid instrument changes



Quick release foam seal allows for various scope sizes, rapid specimen removal, backloading of bulky devices.