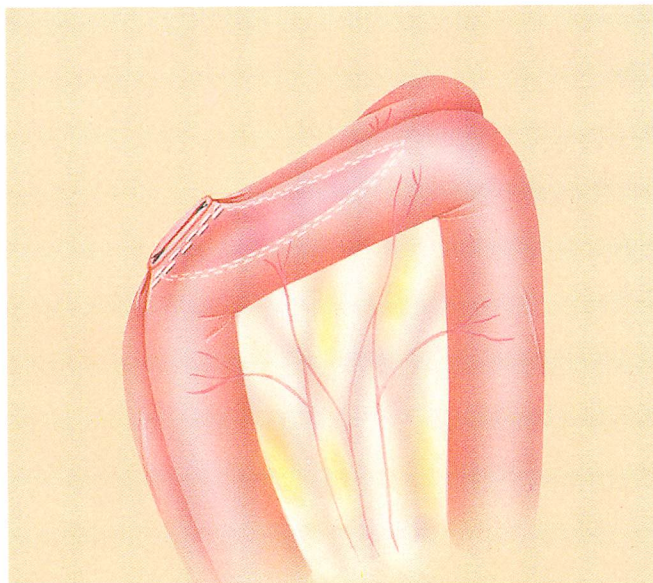


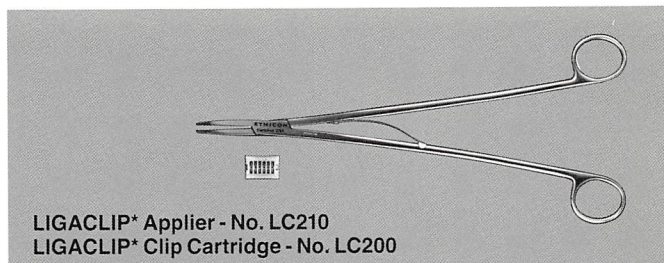
Side-to-Side Anastomosis

In this section, the technique for creating a side-to-side anastomosis (enteroenterostomy) is described and illustrated.

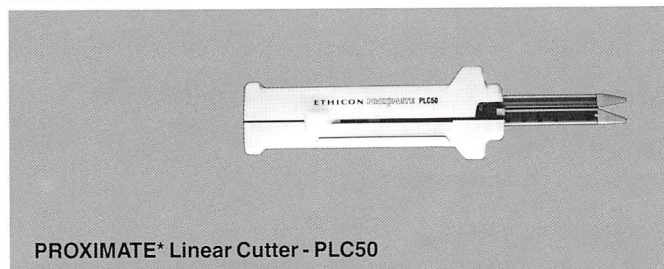


With this technique the anastomosis is created with one application of the PROXIMATE* Linear Cutter (PLC50), and the common opening is closed with one application of the PROXIMATE* Reloadable Linear Stapler (RL60).

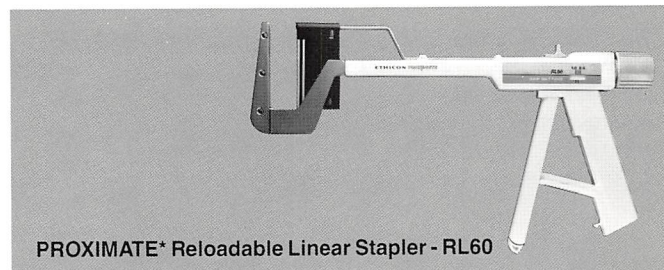
Instruments commonly used in this procedure



LIGACLIP* Applier - No. LC210
LIGACLIP* Clip Cartridge - No. LC200



PROXIMATE* Linear Cutter - PLC50



PROXIMATE* Reloadable Linear Stapler - RL60



PROXIMATE* Plus Disposable Skin Stapler - PPW35

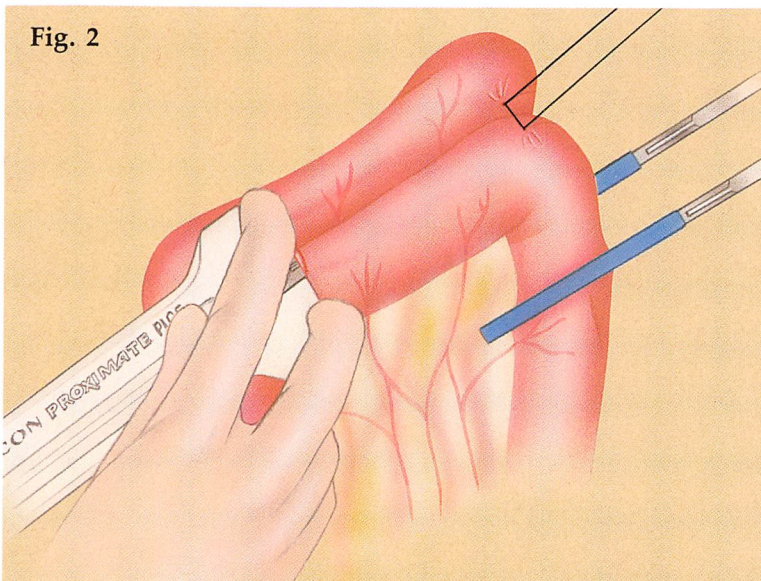
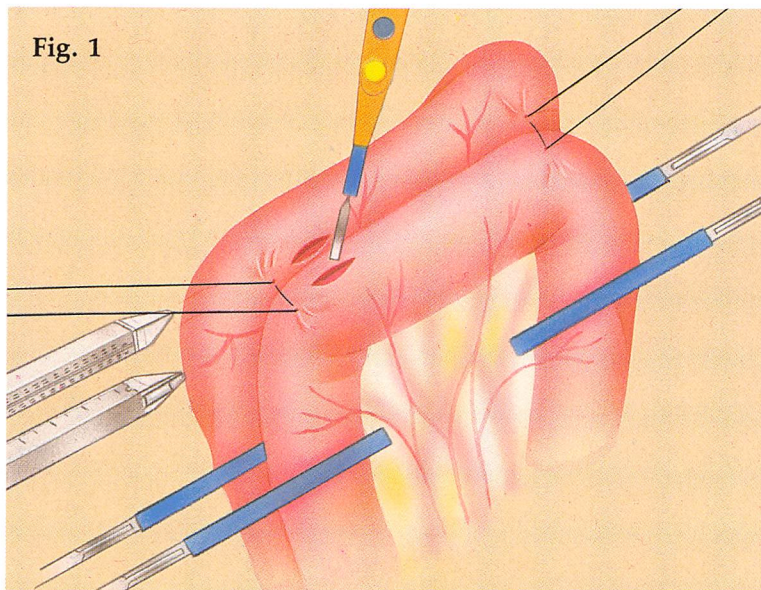
SEE PACKAGE INSERT FOR FULL PRODUCT INFORMATION.

Creating the Anastomosis

The enteroenterostomy is created by one application of the PLC50 Linear Cutter. Using traction sutures, approximate the bowel segments side by side, being certain to align the antimesenteric borders. Make a small opening into the lumen of both bowel loops on adjacent antimesenteric borders with an electrocautery or scalpel (Figure 1).

Insert one fork of the PLC50 into each lumen (Figure 2). Place the instrument locking lever in the intermediate or "detent" position to facilitate alignment of the tissue edges on the forks. Close the instrument and fire the stapler. The PLC50 places two double staggered staple lines that join the two bowel segments; at the same time, the knife blade in the instrument divides the walls of the bowel between the two staple lines, creating an anastomosis.

Pull back the firing knob, open the PLC50 and withdraw the forks. Carefully inspect the anastomotic staple lines for hemostasis. If necessary, cauterize or ligate bleeders.



Closing the Common Opening

The now common opening in the bowel is closed with one application of the RL60 Linear Stapler by placing a traction suture through each PLC50 staple line to distract the staple lines before closure (Figure 3). Slip the opened jaws of the RL60 stapler around the approximated tissue, push the retaining pin into place, close the jaws, release the safety and fire the stapler (Figure 4).

Prior to removing the stapler, use heavy scissors (e.g., Mayo) along the edge of the instrument to excise the redundant tissue protruding through the jaws.

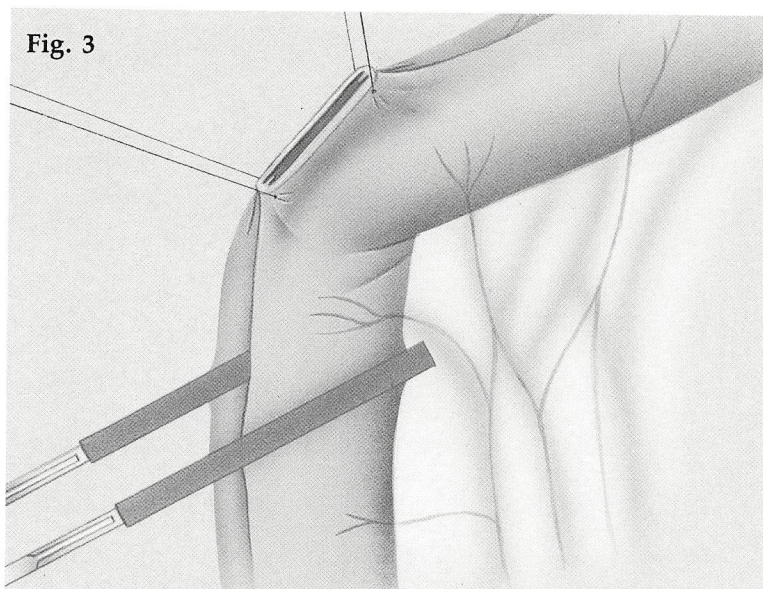


Fig. 3

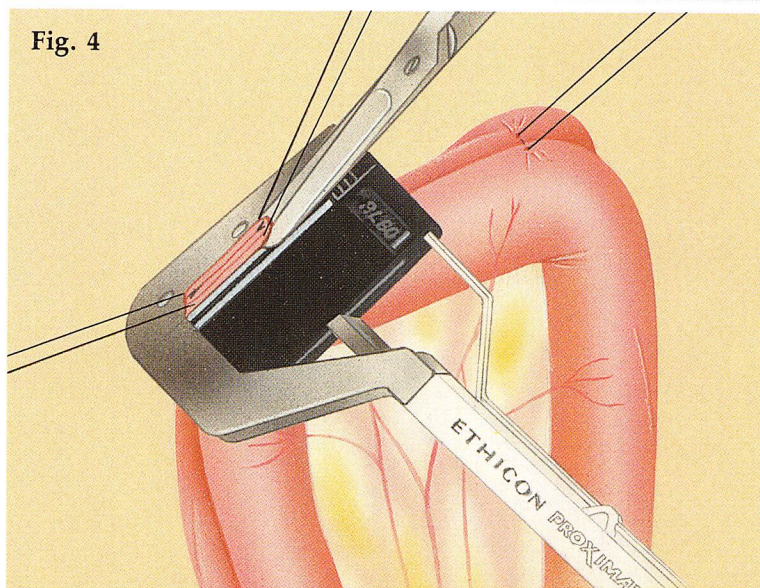


Fig. 4

Completed Reconstruction

The completed enteroenterostomy is illustrated in Figure 5, with the anterior wall made transparent to show the reconstruction.

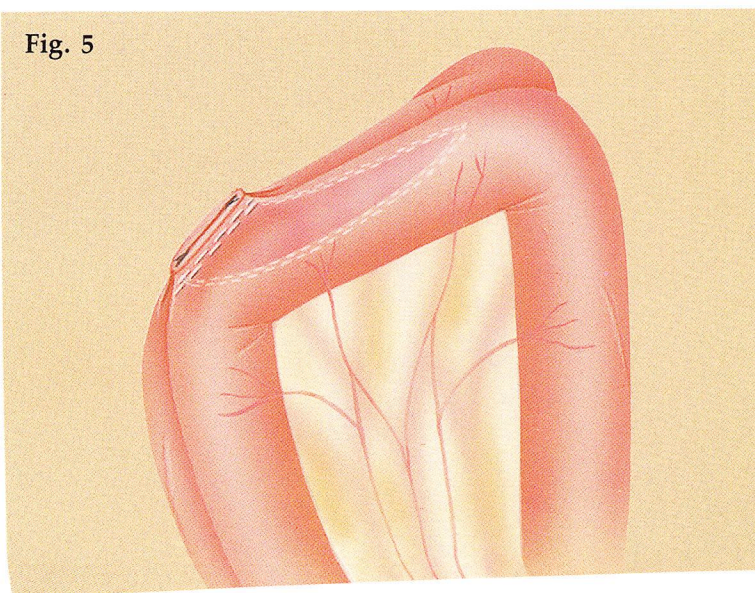


Fig. 5