

## Maintaining Visualization

Visualization during and after a spray may be reduced due to the freezing of moisture that has accumulated on the endoscope lens. This accumulation may be avoided by taking steps to prevent moisture from accumulating on the endoscope lens.

### Accessories to Aid in Visualization

Place optional distal end attachment (cap) on the endoscope. Examples below:

cleanVu Endoscopic Visualization Cap

Distal Attachment cap

*Dr. Fog® lens solution may also be applied, if available*

## Maintaining Spray Integrity

Fluid in the instrument channel may result in a spray that does not result in tissue frost. This “weak spray” may be avoided by ensuring the instrument channel is dry during the truFreeze procedure.

### Technique for Establishing a Dry Endoscope

- Empty any water from the water bottle and reattach it to the endoscope tower.
- Do not flush any saline or like fluid down the instrument channel.
- Depress and hold the blue air / water button to drain any residual water from the umbilical insertion tube prior to inserting endoscope into patient.
- Introduce the Endoscope and CryoDecompression tube into the patient.

### Technique for Establishing a Dry Instrument Channel

- With Endoscope and CryoDecompression tube in the patient, turn on the truFreeze console **SUCTION** by depressing the grey pedal.
- While inserting the catheter into the instrument channel of the endoscope, turn on **DEFROST**. This dries the instrument channel, keeping it clear of fluid. If excessive fluid is seen on the Endoscope image, remove catheter and repeat this step.
- Turn off **DEFROST** once the catheter is in place.
- Re-Initiate the **COOL** function to ensure the truFreeze console is ready.

### Technique for Maintaining a Dry Instrument Channel

- Avoid using the endoscope’s Suction feature during the truFreeze procedure.

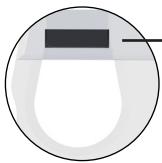
Using Scope Suction during the procedure will draw fluid, patient secretions and other liquid into the same channel as the catheter creating an immediate heat sink. Defrost will not fix this problem. A small amount of fluid will steal the energy from the catheter before it gets to the patient.



1. Remove the cleanVu cap from the pouch.
2. Use water or saline to wet the blue portion of the cleanVu cap to facilitate installation onto the endoscope.
3. Insert the cleanVu cap onto the distal end of the endoscope.

**NOTE:** Do not fully seat the cleanVū cap until the 12:00 o'clock reference marker has been properly aligned in the next step.

4. Refer to the endoscopic image and adjust alignment so that the internal marker is visible at 12:00 o'clock (Figure 1).

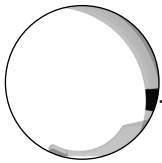


12:00 o'clock marker

Figure 1. Diagram of the cleanVu cap placement over endoscope with the 12:00 o'clock marker in view.

**NOTE:** If 12:00 o'clock marker is not visible, move to a white background surface.

5. Fully advance the cleanVu cap onto the endoscope until the alignment marker at 12:00 o'clock disappears.
6. Continue to correctly align the cleanVu cap so the newly visible marker is rotated to the 3:00 o'clock position and visible on the endoscopic image before use (Figure 2).



3:00 o'clock marker

Figure 2. Diagram of the cleanVu cap alignment over endoscope with the 3:00 o'clock marker in view.

**NOTE:** Verify that the cleanVu cap is securely attached to the endoscope before use.

**CAUTION:** If lubrication is utilized, make sure it is confined to the blue portion of the cap.

7. Hold finger over the endoscope's air button to redirect the flow of CO<sub>2</sub> over the endoscope lens (Figure 3).



Figure 3. Diagram of finger placement over endoscope air button (for Model O)

**NOTE:** The endoscope air button must be covered during the entire procedure to redirect the flow of CO<sub>2</sub> over the endoscope lens.