Procedure for prolapse and hemorrhoids
Optimal Device Performance Guide
Nomenclature

Illustration and nomenclature

1. Staple Housing
2. Suture Threader Ports
3. Gap Setting Scale
4. Instrument Handle
5. Adjusting Knob

6. Safety
7. Firing Handle
8. Spacer Tab
9. Anvil Shaft
10. Non-Detachable Anvil

11. Suture Threader
12. Purse-String Suture
13. Circular Anal Dilator
PPH step 1

Introduction of the Anal Dilator causes reduction of the prolapse

• The Anal Dilator is inserted and the Obturator is removed.
• The prolapsed membrane falls into the dilator lumen.
• The dentate line can now be identified.
• The Anal Dilator should remain in position throughout the procedure and should be secured to the perineum with sutures.
• The Anal Dilator is designed to allow for easy introduction of instrumentation, viewing the dentate line and protection of the sphincter.
PPH step 2

Purse-string suture

• The Purse-String Suture Anoscope is introduced through the dilator.

• A circumferential purse-string is created at the correct depth and height above the dentate line.
  – Suture placement should be high enough to produce a staple line 2cm above the dentate line.
  – The purse-string suture should primarily include mucosa and submucosa.
    > Avoid inclusion of underlying muscle tissue if possible.
  – Presence of some muscle fibers in the tissue specimen will not compromise the procedure but should be minimized through use of good technique, including proper purse-string placement and instrument positioning.

• Ensure that the tissue thickness is within the indicated range, and that it is evenly distributed in the instrument. Excess tissue on one side may result in unacceptable staple formation and can result in staple line leakage.
PPH step 3

Hemorrhoidal Circular Stapler (HCS) insertion

• Remove Purse-String Suture Anoscope after the purse-string suture has been placed.

• Fully open and insert the Hemorrhoidal Circular Stapler (HCS) through the anal dilator into the anal canal.

• Position anvil beyond the purse-string suture.

• Tie the purse-string suture to the anvil shaft to incorporate the prolapsed mucosa and submucosa into the instrument, allowing for sliding along the anvil shaft.
  — In females always check to see that the vaginal wall is not incorporated in the purse string.

• Insert Suture Threader through the Suture Threader Ports and pull the ends of the suture through the stapler housing.
  — The suture ends may be knotted or fixed using a clamp.
PPH step 4

Closing

- Close the HCS by turning the Adjusting Knob clockwise; firmly compress tissue while observing the indicator in the gap setting scale for adequate closure.

  Note: Avoid excessive tissue resection by controlling the traction on the suture during instrument closing.

- While closing the instrument, keep it in proper orientation with respect to the anal canal.

- Inspect to ensure that extraneous tissue is excluded.

- To promote hemostasis, it is recommended to wait 30 seconds before firing.

- Ensure that the orange indicator is fully within the green range or as far as possible within the green range of the gap setting scale before firing.
PPH step 5

Firing

• To fire the instrument, draw the red safety back toward the Adjusting Knob until it sits in the body of the instrument.

• To ensure that the instrument remains in the safe firing range, do not turn the Adjusting Knob once the Safety has been released.

• When the Safety has been released, squeeze the Firing Handle with firm, steady pressure.
  – Ensure that the firing handle is fully squeezed to ensure proper staple formation and cutting of tissue.

• The surgeon will feel reduced Firing Handle pressure as the instrument completes the firing cycle. The firing cycle is complete when the Firing Handle reaches its stopping point.

• After firing, release the Firing Handle, allowing it to return to its original position, and re-engage the Safety. If necessary, pull the Firing Handle back to its original position to reset the Safety.
  – Do not fire the instrument more than one time. Additional firings could result in tissue damage.

• To promote hemostasis, it is recommended to wait approximately 20 seconds after firing before opening the instrument.
PPH step 6

Removal

- To remove the instrument, open the instrument 1/2 to 3/4 of a turn counterclockwise.

- To ensure the Anvil is free from tissue, rotate the instrument 90° in both directions.

- To withdraw the open instrument, gently apply rearward traction while simultaneously rotating.
  - Occasionally, the maneuver can be hampered by the interposition of mucous membrane between the head and upper edge of the Circular Anal Dilator and the Hemorrhoidal Circular Stapler. Under these conditions, it may be easier to extract the Circular Anal Dilator and the Hemorrhoidal Circular Stapler simultaneously.

- The staple line may be examined using the Purse-String Suture Anoscope or other suitable instrument.

- Remove the tissue specimen by cutting it from within the Circular Knife and inspect.
The PPH effect

Before

Morphological view

After

Patient view

For complete product details, see Instructions for Use.
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