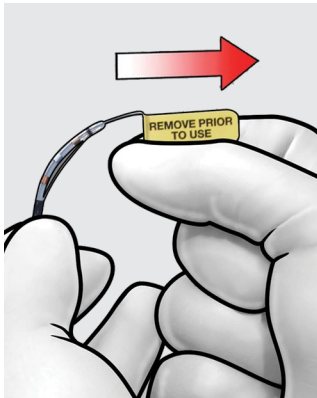
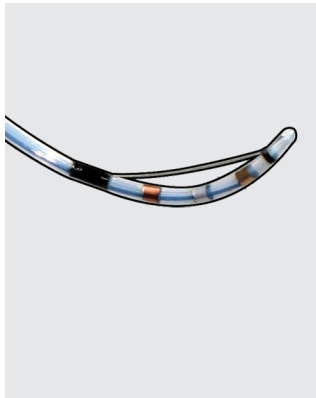


D.A.S.H.[®]
SPHINCTEROTOME WITH DOMETIP[®]

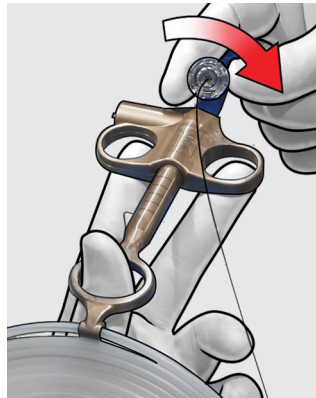
SYSTEM PREPARATION



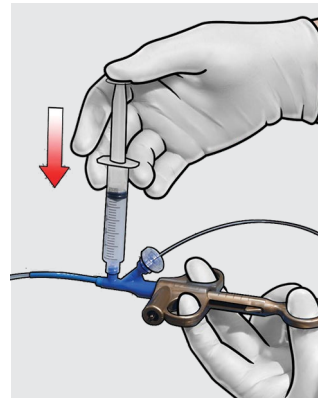
Carefully remove the precurved stylet wire from the cannulating tip.



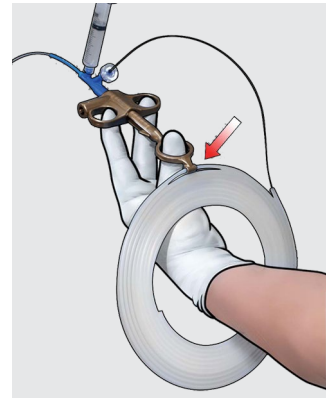
Verify the distal tip of the wire guide is even with the distal tip of the sphincterotome catheter. The wire guide should stay inside catheter.



Tighten the Tuohy-Borst adapter in a clockwise direction to secure the wire guide in position and to prevent back-flow when injecting.



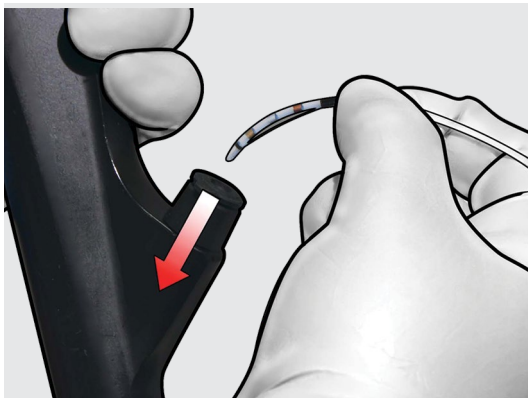
Flush the injection port with sterile water or saline to keep the wire guide wet. Use a 10 mL syringe (or smaller) to assure proper injection pressure.



Optional: Based on user preference, the wire guide racetrack can remain attached to the hook on the handle's thumb ring to help with wire management.

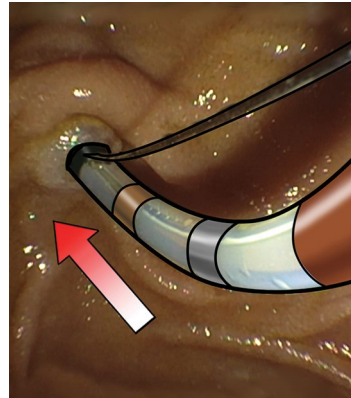
CANNULATION

Step 1

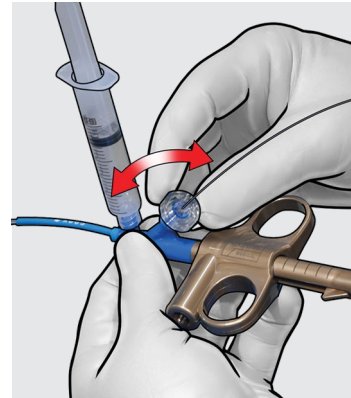


Insert the distal tip of the D.A.S.H. catheter into the endoscope accessory channel and advance the device in short increments. Confirm the cutting wire is endoscopically visualized exiting the scope.

Step 2

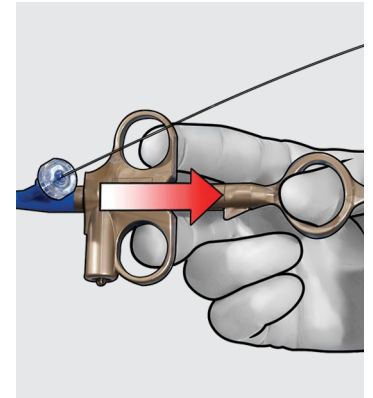


Cannulate the papilla with the D.A.S.H. sphincterotome. Note: The wire guide may be utilized to facilitate cannulation, if desired.



Wire guide: Loosen the Tuohy-Borst counterclockwise as needed to facilitate wire guide movement.

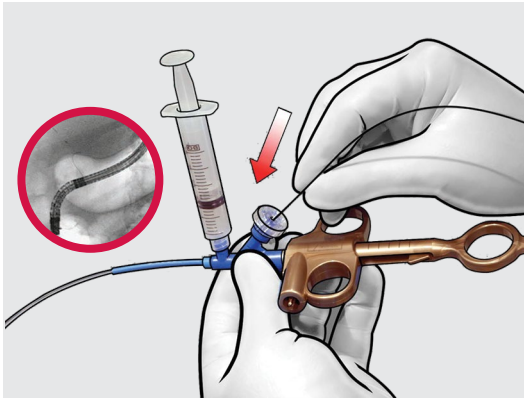
Injection: If injection is required, tighten the Tuohy-Borst clockwise as needed to prevent back-flow.



Bowing: Per physician instruction, squeeze the handle to bow the distal tip of the sphincterotome.

SPHINCTEROTOMY

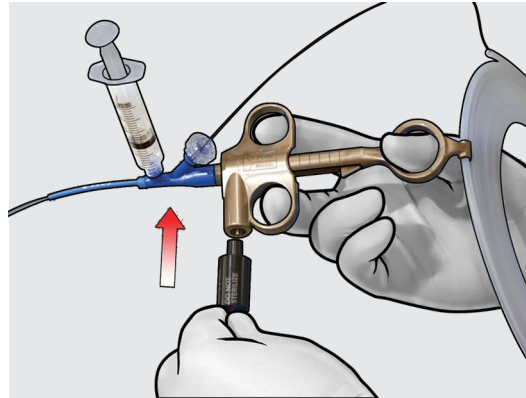
Step 3



Advance the wire guide in the ductal system. Use the radiopaque tip of the wire guide to verify position under fluoroscopy.

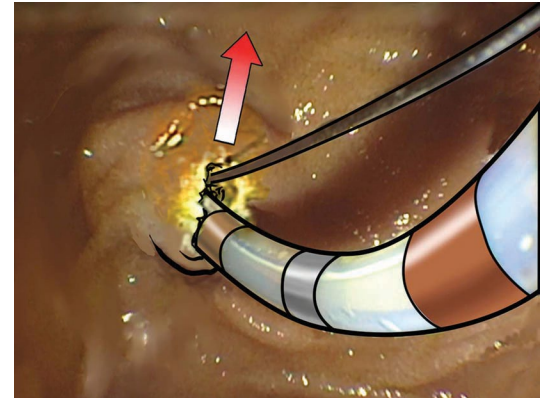
Note: Following cannulation, contrast may be injected through the injection port using a 10 mL syringe (or smaller) to fluoroscopically confirm the position of the device.

Step 4



Connect the active cord snugly to the connector on the sphincterotome handle.

Step 5



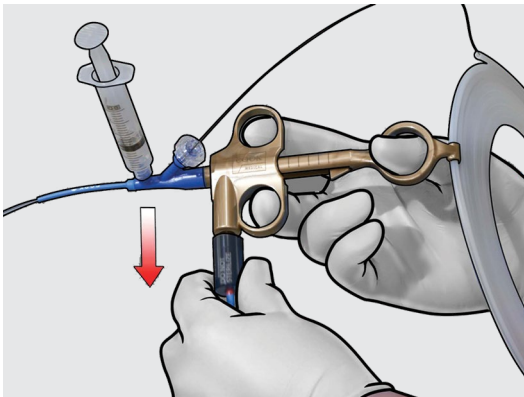
Proceed with sphincterotomy.

Activate the electro-surgical unit (ESU). Maintain constant contact with tissue when applying electrocautery current. Follow the ESU manufacturer's instructions and appropriate settings.

Note: The placement of the cutting wire can be verified by using the colored bands on the catheter sheath. The silver band denotes the center of the cutting wire, with the gold indicating distal and bronze indicating proximal.

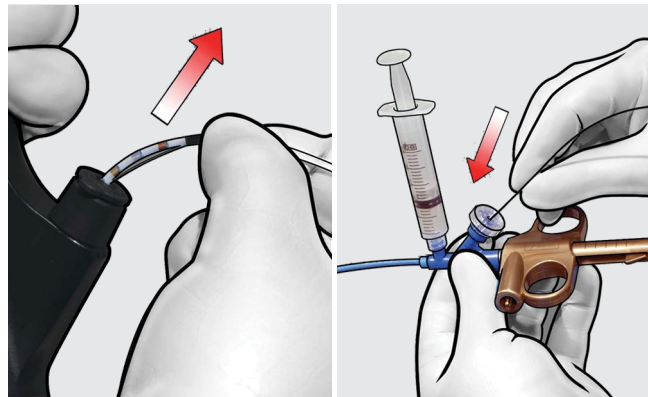
BACKLOADING

Step 6a



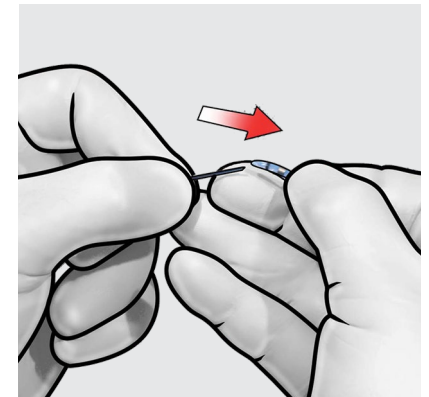
Upon completion of sphincterotomy, disconnect the active cord from the D.A.S.H. handle.

Step 6b



Remove D.A.S.H. sphincterotome from endoscope. Wire guide placement may be maintained to facilitate the introduction of compatible therapeutic devices. Loosen the Tuohy-Borst and advance the wire guide while the sphincterotome is being removed from the endoscope.

Step 7



Backloading: If the D.A.S.H. sphincterotome needs to be reintroduced onto the wire guide, loosen the Tuohy-Borst and insert the back-end of the wire guide into the distal tip of the D.A.S.H. Continue inserting the wire guide until it exits the Tuohy-Borst.

Please refer to the product's current Instructions for Use (IFU) for detailed system use, and full prescribing information, warnings, precautions, contraindications, and potential adverse events.