» Rigid endoscopes with working channel «

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To minimize risks to patients, users, or potentially third parties, the instructions for use must be carefully followed. The use, reprocessing, and testing of the instruments may only be carried out by trained personnel. The entire instructions for use must be read before using the instrument. This also applies to the instructions for use of any accessories (adapters, fiber optics, light sources). The specifications, safety information, and warnings in the respective instructions for use must be strictly adhered to and followed.

Reusable rigid endoscopes with working channel (hereinafter referred to as " **endoscopes** ") and their accessories are supplied non-sterile and must undergo the complete reprocessing cycle (cleaning, disinfection and sterilization) before the first and every subsequent use.

1 SCOPE

These instructions for use are valid for the following **rigid** endoscopes with working channel from Tekno-Medical Optik-Chirurgie GmbH (Tekno-Medical):

MD

- Surgical hysteroscopes,
- Surgical laparoscopes / surgical endoscopes,
- Nephroscopes,
- Surgical cystoscopes.

(See the list of items in the last paragraph of these instructions.)

2 HANDLING

Endoscopes may only be used for their intended purpose by appropriately trained and qualified personnel. The attending physician or user is responsible for selecting the appropriate instruments for specific applications or surgical procedures, ensuring adequate staff training, and possessing experience in handling the products. We recommend that you always have a spare endoscope available for every endoscopic procedure. This reduces the risk of disruptions during surgery or diagnostic procedures and also prevents potential errors.

3 INTENDED PURPOSE

3.1 Nephroscopes

In examination, diagnosis and/or in conjunction with endoscopically usable accessories for treatment, rigid nephroscopes with a working channel serve exclusively for visualization of the renal pelvis and kidney.

3.2 Cystoscopes

Rigid cystoscopes with a working channel are used exclusively for visualizing the lower urinary tract, including the urethra and bladder, during examination, diagnosis and/or in conjunction with endoscopically usable accessories for treatment.

3.3 Hysteroscopes

In examination, diagnosis and/or in conjunction with endoscopically usable accessories for treatment, rigid hysteroscopes with a working channel serve exclusively for visualizing the uterus and cervix.

3.4 Laparoscopes

In examination, diagnosis and/or in conjunction with endoscopically usable accessories for treatment, rigid laparoscopes with a working channel serve exclusively for visualization of the abdominal cavity.

3.5 Surgical endoscopes

Rigid surgical endoscopes with a working channel are used for visualization in the general torso area during examination, diagnosis and/or in conjunction with endoscopically usable accessories for treatment.

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4 INDICATIONS

4.1 Nephroscopes

Rigid nephroscopes with a working channel are indicated as aids in examinations and for visualization of the renal pelvis and kidney, and for percutaneous nephrolithotomy (PNL) or for the removal of kidney stones or stone fragments after intra- and extracorporeal shock wave lithotripsy.

4.2 Cystoscopes

Rigid cystoscopes with a working channel are indicated as an aid in examinations and for visualizing the lower urinary tract, including the urethra and bladder, for diagnostic purposes and in cases of suspected tumors, foreign bodies, urinary stones, fistula formation, urethral strictures, recurrent or persistent cystitis or urinary tract infections, hematuria, unclear urinary incontinence, or tumor follow-up.

4.3 Hysteroscopes

Rigid hysteroscopes with a working channel are indicated as an aid in examinations and for visualizing the uterus and cervix, among other things for clarifying possible pathological findings in bleeding disorders (menstrual irregularities), in case of suspected malformations or to exclude intracavitary causes of sterility and infertility (e.g. synechiae, submucosal myomas, polyps or uterine anomalies such as septa), for tumor diagnostics, chorionic villus sampling, transcervical tubal sterilization or for removing a lost intrauterine device.

4.4 Laparoscopes

Rigid laparoscopes with a working channel are indicated as an aid in examinations and for visualizing the abdominal cavity, including the abdominal organs, in cases of acute unclear abdominal pain, chronic pain in the abdominal and pelvic region, acute abdominal trauma (e.g., stab wounds), tumor diseases, hernias, abdominal and visceral surgical procedures (e.g., appendectomy, cholecystectomy), gynecological diseases (e.g., endometriosis, ovarian cysts, ectopic pregnancy), liver diseases (e.g., fatty liver, hepatitis, liver failure, liver cirrhosis), or ascites (abdominal fluid).

4.5 Surgical endoscopes

Rigid surgical endoscopes with a working channel are indicated as aids in examinations and for visualizing the general trunk area, including for the diagnosis and removal of tumors or foreign bodies, for biopsies, for the diagnosis and localization of inflammations, injuries, (congenital) anomalies or other abnormalities, or for completing the diagnostics.

5 CONTRAINDICATIONS

5.1 Generally

The use of rigid endoscopes with a working channel is generally contraindicated when the use of other surgical techniques is indicated.
Furthermore, there are generally contraindications:

- in cases of general inoperability,
- in the event of the patient's lack of willingness,
- if the technical requirements are not met,
- for applications outside of its intended purpose.

Not for use on the central circulatory and nervous system as defined in the regulation.

5.2 Nephroscopy

The following contraindications apply to nephroscopy:

- Anticoagulation or coagulation disorders,
- Anatomically difficult access to the kidney.

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5.3 Cystoscopy

The following contraindications apply to cystoscopy:

- Acute infection or inflammation of the urinary tract / bladder / prostate / epididymis
- Severe blood clotting disorder.

5.4 Hysteroscopy

The following contraindications apply to hysteroscopy:

- Acute or chronic inflammation of the external and internal genitalia and in cases of pelvic peritonitis
- Heavy uterine bleeding
- Pregnancy

5.5 Laparoscopy

The following contraindications apply to laparoscopy:

- Serious cardiovascular and/or pulmonary diseases
- Circulatory instability or shock
- Serious coagulation disorder
- Infection of the abdominal wall
- Diffuse peritonitis (inflammation of the peritoneum)
- Ileus (intestinal obstruction)

5.6 Surgical endoscopy

The following contraindications apply to the use of surgical endoscopes:

- shock
- After acute myocardial infarction
- Peritonitis
- Acute perforation
- Fulminant colitis

6 PATIENT POPULATION

With regard to rigid endoscopes with a working channel, there are no limitations or restrictions on the patient population, unless at least one contraindication exists.

7 DISPOSAL

Irreparable or non-recyclable products should be disposed of through standard hospital waste disposal procedures.
The following must be observed when disposing of the waste:

- Thoroughly clean and sterilize endoscopes before disposal.
- Dispose of packaging and used parts in accordance with country-specific regulations.
- Protect endoscopes from unauthorized access

8 COMBINATIONS

When used in combination with electrically powered, endoscopically usable accessories, there is a potential risk of injury due to excessively high voltages and currents. It is essential to ensure that patient leakage currents are minimized in such combinations. To prevent electrical coupling between the patient and the device, Tekno-Medical recommends the use of Tekno-Medical devices and accessories.
Rigid endoscopes with a working channel should only be combined with other medical devices if:

- the intended use as described in the operating or user manuals allows this;
- the technical data in the operating or user manuals allow this;
- The standard of the TV lenses or cameras corresponds to the general standard.

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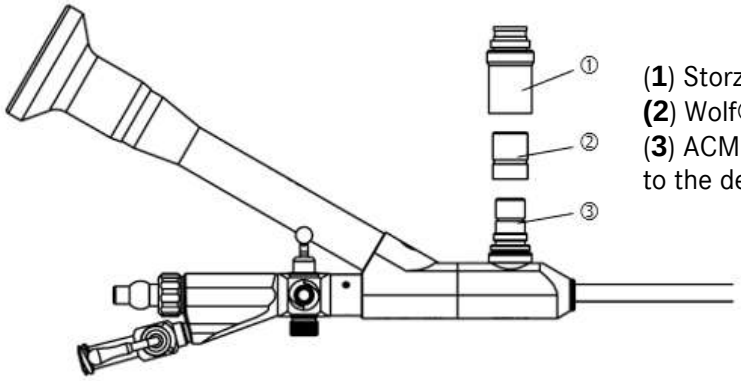
9 ASSEMBLY AND DISASSEMBLY

Always hold the endoscope by the main part or eyepiece. Ensure that glass surfaces do not touch other instruments. There is a risk of infection when disassembling contaminated endoscopes.

9.1 Fiber optic connection

Mount or dismount the fiber optic connector as shown in the illustration.

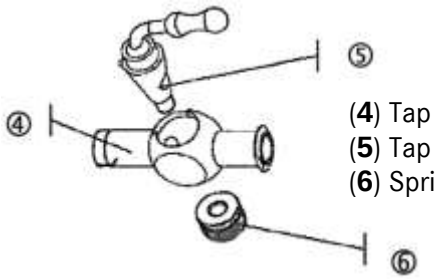


(**1**) Storz®/Aesculap®/Olympus® adapter
(**2**) Wolf® - Adapter
(**3**) ACMI® connection permanently attached to the device

Disassembly	Assembly
Fiber optic connection: Adapter (**1**) or (**2**) unscrew from the endoscope.	Fiber optic connection: Adapter (**1**) or (**2**) unscrew.
For working channels: • Remove the sealing cap. • Unscrew the valve body. • Remove the valve.	For working channels: • Insert a new valve. • Screw on the valve body. • Attach the sealing cap.

Ensure that the fiber optic cable adapters are compatible with the endoscope adapters. Corresponding connection systems only fit into their designated adapters. Adapters for Storz®/Aesculap®/Olympus® and Wolf® fiber optic connections are included as standard.
To prevent the endoscope from fogging up during the operation, the proximal end of the optics must be completely dry before connecting the camera or camera adapter.
To ensure a firm and secure connection between the individual components, the endoscope and adapter closures must not be dirty or damaged.

9.2 Taps



(**4**) Tap
(**5**) Tap plug
(**6**) Spring cap

Disassembly	Assembly
The spring cap (**6**) and remove the tap plug (**5**) from the tap (**4**).	To protect against corrosion and to maintain functionality, the valve plug (**5**) must be treated with a lubricant before each sterilization. When inserting the valve plug (**5**) Ensure that the guide pin runs in the guide and that the lever points towards the opening when open. Cock chick (**5**) with the spring cap (**6**) Screw them together. Check the taps for proper function.

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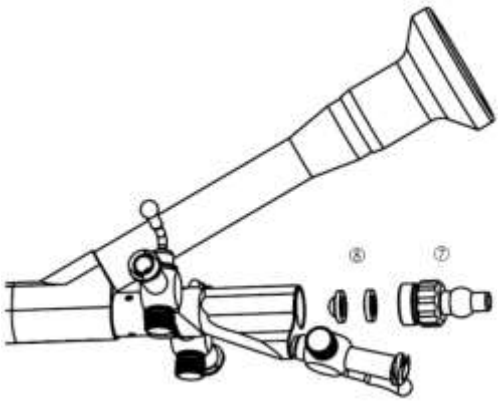
9.3 Instrument bridge



(**7**) Knurled component
(**8**) Seal

Disassembly	Assembly
knurled component (**7**) and remove seal (**8)** .	Insert new proximal seal (**8) .** using the knurled component (**7**). Check instrument bridge for secure fit

10 INSPECTION AND MAINTENANCE

10.1 General inspection (visual inspection)

- Allow endoscopes and accessories to cool to room temperature before each inspection and maintenance.
- Assembling collapsible endoscopes and accessories.
- After each cleaning and disinfection, check endoscopes and accessories for protein residues and contamination. Reclean any contaminated endoscopes and accessories. The endoscopes must be free of any cleaning or disinfecting agent residues.
- Before each sterilization and before each use, the endoscopes must be checked for cleanliness, function and damage.
- The entire endoscope must be free of damage such as loose, bent, deformed, broken, cracked, rough, broken parts, worn surfaces, sharp edges, etc.
- Discard and replace damaged, defective, stained, or cloudy endoscopes and accessories.
- Ensure that no parts are missing or have come loose (e.g. sealing rings) and that the connecting elements between the instruments are functioning correctly.
- Visual inspection of the glass surfaces: The surfaces must be clean and smooth.
- Do not use the product if it has damaged fiber optics, damaged glass surfaces, or stubborn deposits that cannot be removed by cleaning.

⚠ Should any of the aforementioned deviations occur, the endoscope must no longer be used and must be sent to the manufacturer or an authorized service center for repair or disposed of properly.

10.2 Continuity test

The working channel must be checked for patency before each use, cleaning, disinfection and sterilization:

- The working channel should be flushed with water using a disposable syringe.
- Ensure continuity and tightness.

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10.3 Fiber optic testing

Before each use, the image quality (clear and distortion-free) and the light transmission through the optical fibers must be checked:

- Point the distal end of the endoscope towards glare-free light, e.g. in front of a bright ceiling light (not a cold light source), hold the light guide connection close to the eyes (10 cm distance) and move it back and forth.
- The brightness of the fiber changes. If the optical fibers appear as dark spots at the distal end, some fibers are broken, and adequate illumination may no longer be guaranteed. If individual fibers remain dark, this is harmless. However, if the breakage rate reaches approximately 10-20%, it is recommended that the endoscope be sent in for repair.

10.4 Maintenance and servicing

Rigid endoscopes with a working channel and accessories are maintenance-free. They contain no components that require maintenance by the user or manufacturer.

- The taps must be lubricated after each cleaning and before each sterilization.
- Only lubricants with proven biocompatibility may be used. The lubricant must be suitable for this application and approved for steam sterilization.
- Regular cleaning of the optical surfaces with 70% alcohol (ethanol, isopropanol) prevents deposits from sticking/burning on.

11 REPROCESSING INSTRUCTIONS

The endoscopes are not supplied sterile and must be cleaned, disinfected and sterilized before the first and every subsequent use.

⚠ **Endoscopes must not be cleaned in an ultrasonic bath.**
Endoscopes must not be exposed to gamma rays.

11.1 General instructions for safe processing

- After each cleaning/disinfection and before each use, the endoscopes must be checked for cleanliness, functionality, and damage. Damaged or defective endoscopes must not be used. Damaged parts must be replaced immediately with original spare parts. Damaged endoscopes must be discarded immediately.
- Reprocess contaminated endoscopes and accessories as quickly as possible.
- Manual or machine (automatic) cleaning and disinfection must be carried out after each use. Observe manufacturer's instructions (e.g., dosage).
- Do not apply strong pressure by hand.
- Ensure that endoscopes and accessories do not touch each other during cleaning.
- Use only cleaning agents that completely dissolve proteins.
- Avoid any fixation of proteins before and during processing.
- Do not use abrasive cleaners or metal brushes.
- The parameters specified by the manufacturer of the cleaning and disinfecting agent regarding concentration, temperature, duration of use and exposure time must be adhered to, and automatic dosing devices must be controllable.
- If elevated chloride concentrations are present in the water, pitting and stress corrosion cracking can occur on the instruments. Such corrosion can be minimized by using demineralized water or alkaline cleaning agents.
- The choice of cleaning and disinfecting agent depends on the properties of the instruments and national guidelines and recommendations.
- The applicable country-specific laws and regulations must always be observed.
- In case of contact with corrosive substances, clean immediately with water. Use demineralized water (DI water) if possible.
- Incorrect cleaning can lead to damage.

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endoscopes mechanically (automatically) after contact with:

- Blood,
- wounds,
- internal tissue,
- Organs.

11.2 Preparation of instruments and pre-cleaning

11.2.1 Preparation of the instruments at the place of use

- Remove visible surgical residues and surface soiling as completely as possible with a clean, damp, lint-free cloth.

⚠ Do not use warm water **(> 40 °C**) or fixing disinfectants, as this can lead to fixation of the residues on the product (risk of protein coagulation or denaturation), which can affect the success of the subsequent processing steps.

11.2.2 transport

- The instruments can be transported to the respective reprocessing rooms either wet or dry.
- For safe and smooth transport during processing, we recommend using designated storage systems (e.g., disposal containers).

⚠ **Drying of residues must be avoided at all costs!**

11.3 Manual pre-cleaning

Pre-cleaning must always be carried out before both manual and machine (automatic) cleaning:

- Disassemble endoscopes and accessories into their individual parts. Disassemble the endoscope as much as possible. Remove all fiber optic adapters and stopcocks before reprocessing.
- To loosen stubborn dirt, soak the product in cold tap water (**<40°C) for at least 5 minutes** .
- Using a soft cleaning brush (natural bristles), clean the product under running cold city water (**< 40°C**) until all visible dirt is removed.
- **for at least 30 seconds) with cold city water** using a water pressure gun (or syringe) .
- Cleaning the working and flushing channel:
  - Insert a long cleaning brush into the canal from proximal to distal without using force.
  - Guide the cleaning brush through the channel in only one direction and only withdraw it when the brush head has emerged at the distal end.
  - Do not pull the cleaning brush back and forth as this can cause damage.
- Clean the optical surfaces (proximal eyepiece, distal tip, fiber optic connector) with a lint-free cleaning cloth and gently rinse them under running, cold tap water (**<40°C**). Do not use a cleaning brush, as this may cause scratches. Contaminants and scratches that impair optical quality may be visible through light reflections on the optical surface.
- If residues remain on the surface of the optical fibers after cleaning, these residues can burn onto the surface when a light source is used, thus impairing fiber transmission (light transmission).

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11.4 Manual processing

11.4.1 Manual cleaning

Validated with the alkaline cleaning agent Neodisher® MediClean forte:

- Immerse the instruments completely in the alkaline cleaning bath (e.g., 0.5% Neodisher® MediClean forte for 5 minutes). Observe the contact time according to the manufacturer's instructions.
- It must be ensured that the cleaning solution reaches all areas of the instrument. Moving parts of the instrument must be moved several times (**at least 3 times)** in the cleaning bath. Cavities, lumens, narrow gaps, and slits in the cleaning bath must be rinsed thoroughly and repeatedly (**at least 3 x 20 ml)** using a syringe (without a needle).
- After the required contact time, the instruments are cleaned again under running, cold tap water (**< 40 °C**) using a soft brush. Cavities, lumens, narrow gaps and slits are rinsed again with a water pressure gun (or syringe) **for at least 30 seconds** .
- Then rinse the endoscopes again under running, cold tap water (**< 40 °C**) and clean them further with a brush to completely remove the cleaning agent (**min. 30 sec.**).

11.4.2 Manual disinfection

Validated with the aldehyde-free disinfectant BODE Bomix® Plus

- Immerse instruments in an RKI- or VAH-listed disinfectant (e.g., 1% BODE Bomix® Plus for 15 minutes). Follow the disinfectant manufacturer's instructions.
- It must be ensured that the disinfectant reaches all areas of the instrument. Moving parts of the instrument must be moved several times (**at least 3 times**) in the disinfectant bath. Cavities, lumens, narrow crevices, and slots must be rinsed and flushed several times (**at least 3 x 20 ml**) in the disinfectant bath using a syringe (without a needle).
- After the contact time, brush the instrument with a soft brush and rinse thoroughly with cold deionized water (min. 3 min). Cavities and lumens must be rinsed several times (**min. 3 x 20 ml**) with deionized water using a syringe (without a needle).
- Manual drying is carried out using a lint-free disposable cloth. To largely avoid water residue in cavities, it is recommended to blow these out with sterile, oil-free compressed air.

11.5 Automated processing (automatic cleaning and thermal disinfection)

Only special optical procedures that have been tested and approved for this purpose may be used.
(e.g., thermal disinfection). The use of a washer-disinfector (WD) in accordance with the requirements of the DIN EN ISO 15883-1 series of standards is recommended. Suitable pH-neutral or alkaline cleaners should be used for machine cleaning.

- Instruments must be placed on machine-washable instrument trays in a manner suitable for washing.
- The instrument carriers (e.g. sieve trays) must be designed in such a way that the subsequent cleaning in the cleaning and disinfection device is not hindered by rinsing shadows.
- The instruments should be fixed in the cleaning basket with a minimum distance between each other.
- Overlapping should be avoided to prevent damage to the instruments during the cleaning process.
- Manufacturer's instructions from the equipment and cleaning product manufacturers must always be followed.

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Automatic reprocessing process validated with Miele G7835 CD cleaning and disinfection unit, "Des-Var-TD" program, neodisher® MediClean forte alkaline cleaning agent, neodisher® Z neutralizing agent:

- Pre-clean for 1 minute with cold tap water (**< 40 °C**).
- Water drain
- Pre-clean for 3 minutes with cold tap water (**< 40 °C**).
- Water drain
- 5-minute cleaning at **55 °C +/- 2 °C** with alkaline cleaning agent (e.g. 0.5% neodisher® MediClean forte)
- Water drain
- 3 minutes neutralization (e.g. 0.1% neodisher® Z) with warm tap water (**40°C +/- 2°C**)
- Water drain
- Rinse for 2 minutes with warm demineralized water (**40 °C +/- 2 °C**)
- Automatic thermal disinfection in the cleaning and disinfection unit, taking into account the national requirements for the A0 value (e.g. > 90 °C (**A_0 3000**), 5 min)
- Automatic drying according to the automatic drying process of the cleaning and disinfection device (e.g. **90 °C +/- 2 °C** , 30 min).
- If necessary, manual drying with a lint-free cloth or blowing out the lumens with sterile, oil-free compressed air can then be carried out.

⚠ After machine cleaning, remove the endoscopes from the cleaning device immediately to prevent corrosion. Accelerated cooling of the instrument must be avoided!

12 STERILIZATION

⚠ The endoscopes are not supplied sterile and must be cleaned, disinfected, and sterilized before first use and before each subsequent use. Before each sterilization, the endoscopes must be thoroughly cleaned (manually or mechanically) and disinfected.
Check endoscopes for cleanliness, function and damage before each sterilization.

- Sterilize endoscopes individually in suitable sterilization containers.
- Ensure that the entire surface is in contact with the sterilization medium.
- Ensure that the fasteners securely hold the endoscopes.
- The endoscopes must not be subjected to any mechanical stress, as this could damage the sensitive optics.
- The endoscope tip must not be in direct contact with the metal container. Otherwise, the heat from the container will be transferred directly to the endoscope, which would then damage the optics.
- After the sterilization process is complete, the endoscopes should be cooled slowly to room temperature. The endoscope must not be rinsed with cold water or other liquids for cooling, as this can damage the optics.

12.1 Sterilization process

- Only procedures that have been tested and approved for this purpose may be used.
- Sterilize endoscopes according to generally accepted hospital procedures.
- Follow the manufacturer's instructions for the aids used.

⚠ **Endoscopes must not be exposed to gamma rays!**

Recommended sterilization method (validated procedure):

Steam sterilization / autoclaving (validated parameters).

It is possible that sterilization methods not listed in these instructions may also be compatible with the endoscopes.

⚠ When using procedures other than those listed as validated in these instructions, the operator is responsible for sterility.

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12.2 Steam sterilization (autoclaving)

Perform sterilization in accordance with DIN EN ISO 17665. Take into account relevant national requirements.
The sterilization result depends on various factors, such as how the sterilized instrument is packaged or stored, or how it is positioned in the autoclave. Verify the degree of sterilization using appropriate indicators.

Validated sterilization parameters:

Steam sterilization using fractional vacuum technology (in a sterilization container) and sufficient product drying in accordance with DIN EN ISO 17665:

Fractionated pre-vacuum steps	3
temperature	134 °C (273 °F)
Holding time	5 minutes
Drying time	20 minutes
Packaging	Sterilization film

13STORAGE, PACKAGING AND TRANSPORT

13.1 Storage

- The endoscopes must be completely dry before storage.
- Store and package endoscopes individually.

- Store endoscopes in a dry, clean, germ-free, dust-free and well-ventilated environment and in a protected place at room temperature (free from corrosive fumes).

- To avoid the formation of condensation, large temperature fluctuations should be avoided.
- The storage period must be determined by the user.

13.2 Packaging

- Rigid endoscopes with a working channel should always be processed and stored in single-use sterilization packaging, sterile packaging or sterilization containers suitable for steam sterilization (sufficient temperature resistance, air and steam permeability; according to DIN EN ISO 11607-1, DIN EN 868-2 and DIN EN 868-8).
- The packaging must ensure optimal protection of the sterile endoscopes during transport and storage.
- Reusable sterilization containers must be maintained according to the manufacturer's instructions. The endoscopes must be securely fixed within them and protected from damage.
- The transport packaging of the endoscopes is not intended for cleaning, sterilization and storage; therefore, do not store the endoscopes in the transport packaging.

13.3 Transport

- For transport, the endoscope must be carried out in suitable closed containers to prevent recontamination.
- Transporting endoscopes for external examinations in their original packaging is not permitted. The packaging may only be used for sending a defective device to the manufacturer for repair.

14REPAIR AND SHIPPING

14.1 Repairs

To ensure the operational safety of the endoscopes:

- Repairs should only be carried out by the respective dealer or a qualified service center authorized by Tekno-Medical.
- Use only original spare parts for repairs.
- The warranty and guarantee claim is void if repairs are carried out by service centers not authorized by Tekno-Medical.
- Information about repairs and warranties is available from Tekno-Medical.

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14.2 Shipment

Returns of used medical devices are permitted only if they are cleaned and sterilized, and must be accompanied by written proof. Always use the original shipping packaging for returns. The packaging must ensure optimal protection of the endoscopes during transport. Defective products must have undergone the entire reprocessing process before being returned for repair. Please use our **RMA** application form and decontamination certificate for returns.
Forms available at: https://www.tekno-medical.com/de/service/reparaturservice/

15 LIFETIME

Rigid endoscopes with a working channel are reusable instruments. Their lifespan depends on frequency of use, as well as maintenance and careful handling. When used as intended, rigid endoscopes can be used and reprocessed for 100 cycles without maintenance or breakage. Before each use, the endoscope must be checked for cleanliness, proper function, and damage.
At the end of its life cycle, dispose of the endoscope properly, if necessary.

16 WARRANTY

The products are manufactured from high-quality materials and undergo quality control before delivery. Should any defects occur, please contact our service department. Tekno-Medical cannot guarantee that the products are suitable for any specific procedure. Tekno-Medical accepts no liability for accidental or consequential damages. Tekno-Medical accepts no liability if these instructions for use have been demonstrably violated.

Caution : In the event of use of the instruments on patients with Creutzfeldt-Jakob disease or its variants (vCJD, BSE, TSE), Tekno-Medical disclaims all responsibility for reuse.

17 REPORTING PRODUCT PROBLEMS

In accordance with the requirements of Regulation (EU) 2017/745 on medical devices and our quality management system, all product problems must be reported to the manufacturer.
During business hours you can reach us by phone at +49 (0) 07461 / 1701-0.
Outside of regular business hours, please send an email to safety@tekno-medical.com .

Serious incidents must also be reported to the local authority responsible for their location.

18 SYMBOLS

The symbols used in this instruction and on the label have the following meaning according to DIN EN ISO 15223-1:

	Danger!		Manufacturer
MD	Medical device		Date of manufacture
NON STERILE	Non-sterile		Follow the instructions for use.
REF	Catalog number		Protect from sunlight
LOT	Batch designation		Store in a dry place
UDI	Unique product identification		
CE 0483	CE marking with the number of the notified body: **mdc – medical device certification GmbH** Kriegerstrasse 6, D – 70191 Stuttgart		

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19 ARTICLE LIST

REF

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Surgical hysteroscopes			
700-071*	700-097-0	700-070-O*	710-235
700-085-0*	700-096-O*	700-073-O*	710-236

Surgical laparoscopes / surgical endoscopes				
700-250	710-240	710-245	710-250	710-255
710-230	710-241	710-246	710-251	710-256
710-231	710-242	710-247	710-252	710-257

Nephroscopes					
700-237	700-242	710-205	710-212	710-220	710-226
700-238*	700-245	710-206	710-215	710-221	710-227
700-239*	710-200	710-210	710-216	710-222	
700-241	710-201	710-211	710-217	710-225	

Surgical cystoscopes				
700-074-A*	700-075RW*	700-079-O*	700-235	Z0000128775
700-074-O*	700-078-O*	700-079RW*	700-278*	
700-074RW*	700-078RW*	700-081*	700-382	
700-075-O*	700-078SF-O*	700-086*	710-238	

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