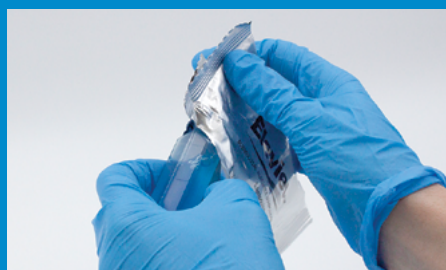


PREPARATION AND ADMINISTRATION

Eleview™* submucosal injection composition



- 1** Open the aluminum pouch and detach one ampoule from strip.



- 2** Open ampoule by twisting off cap following arrow direction.



- 3** Screw a disposable, sterile plastic or glass syringe with male Luer-lock connection fitting (not provided with the device) directly to ampoule.



- 4** Turn ampoule upside down and extract whole volume of emulsion.



- 5** Unscrew disposable, sterile plastic or glass syringe from ampoule and expel air from syringe until some drops of emulsion pour out of the tip.



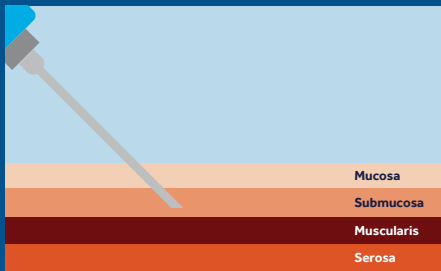
- 6** Discard the empty ampoule and store the unused ampoules inside the aluminum pouch in the folding box.

Use with a standard, commercially available 23-gauge to 26-gauge endoscopic injection needle†

† Injection needle not included with Eleview™ submucosal injection composition.

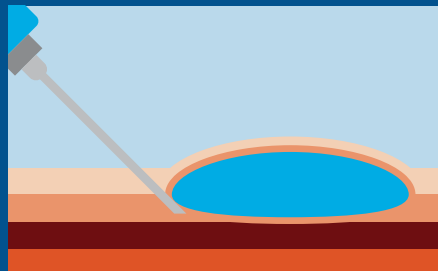
INJECTION BEST PRACTICES

Correct injection technique¹



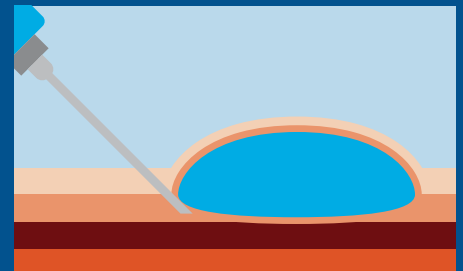
The diagram shows a cross-section of the gastrointestinal wall with four layers: Mucosa (top, light blue), Submucosa (orange), Muscularis (dark red), and Serosa (bottom, light blue). A needle is shown entering from the top left, passing through the Mucosa and Submucosa layers, and reaching the interface between the Submucosa and Muscularis layers.

1 The needle is advanced into the tissue, allowing for continuous injection of Eleview™ submucosal injection composition into the submucosa.



The diagram shows the needle tip positioned in the submucosal layer, creating a small, clear space between the needle and the surrounding tissue.

2 Proper placement of the needle allows Eleview™ submucosal injection composition to collect between the submucosal layers.

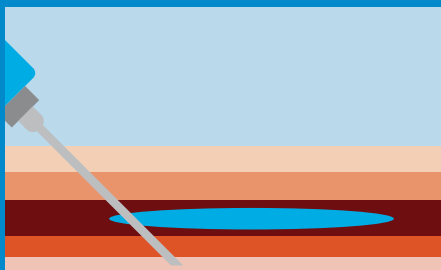


The diagram shows the submucosal space expanding significantly, forming a large, rounded cushion of blue fluid between the submucosal layers.

3 The submucosal space expands with Eleview™ submucosal injection composition, creating an optimal cushion.

Troubleshooting incorrect injection technique¹

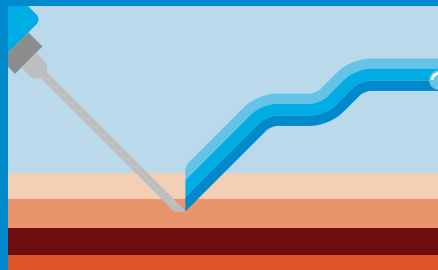
Too deep injection — no lift



The diagram shows a needle inserted too deeply, reaching the Muscularis layer. The blue fluid is contained within a narrow channel, and no lift is visible in the mucosal layer above.

Solution: Pull the needle back slightly (approximately 1 mm) or try a more shallow angle of injection. Keep injecting until you see a bleb form. If no lift is seen, pull out and find another area to inject.

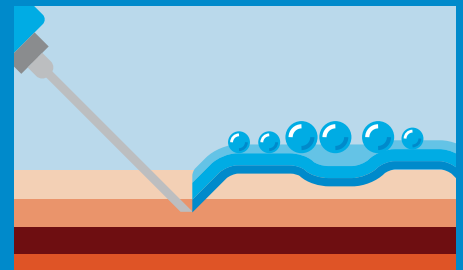
Superficial injection — lateral spray



The diagram shows a needle inserted superficially, only reaching the Mucosa layer. The blue fluid is sprayed laterally along the surface of the mucosa, creating a wavy, uneven distribution.

Solution: Advance the needle further (approximately 1 mm) into the tissue.

Superficial injection — fluid leakage



The diagram shows a needle inserted superficially, with blue fluid leaking out of the needle tip and pooling on the surface of the mucosa.

Solution: Advance the needle further (approximately 1 mm) into the tissue.

Resection using submucosal injection is a dynamic procedure, and each case may vary with respect to best practices. Each injection procedure may differ depending on the size, location, and type of lesion.

- Do not exceed a total dose of 50 ml per patient during the procedure, either in single or in multiple administrations.
- Use with a standard, commercially available 23-gauge to 26-gauge endoscopic injection needle.

Indications for Use: Eleview™* submucosal injection composition is intended for use in gastrointestinal endoscopic procedures for submucosal lift of polyps, adenomas, early-stage cancers, or other gastrointestinal mucosal lesions, prior to excision with a snare or endoscopic device.

Please see Instructions for Use for complete Important Safety Information.

References: 1. Data on File, Aries Pharmaceuticals, Inc.

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