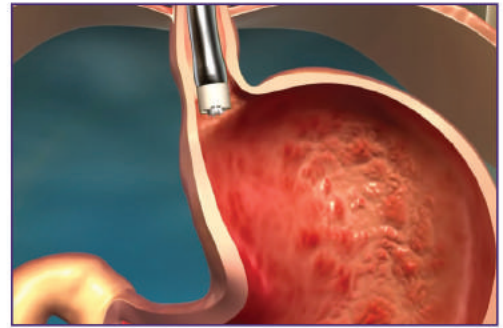


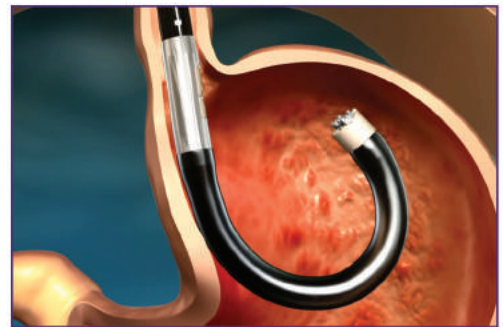
1 Advance to the GE Junction

Enter the GEJ distance from the distal tip to a fixed proximal location (such as the incisors) into the console



2 Advance into stomach while retroflexing

Observe the distal tip placement while advancing to avoid mucosal injury



3 Select stapling site, note the handle position

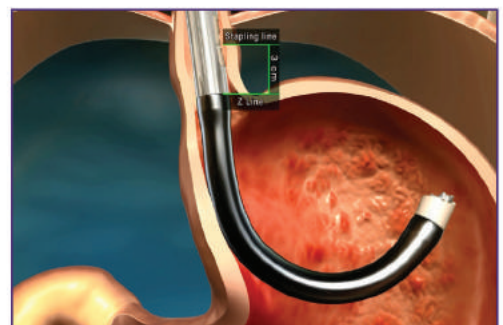
Lock the flexible tip by setting the lock in the up position to prevent the distal tip from unbending



4 Retract the device to ensure stapling location is 3 cm above the GEJ

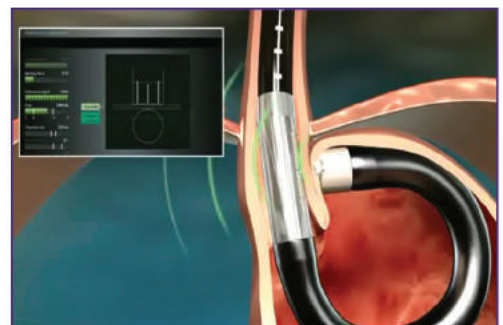
Three possible methods:

- Displayed calculated distance on the console
- 3 cm from center staple exiting the GEJ (in retroflex view)
- 6.5 cm from just above the 24 cm mark exiting the GEJ (in retroflex view)



5 Retroflex tip to clamp the tissues until:

- Angle > 270°
- Force ≈ 15%
- Ultrasound signal > 15% (Ultrasound signal indicates cartridge and anvil alignment)
- Gap in the range of 1.8-3 mm



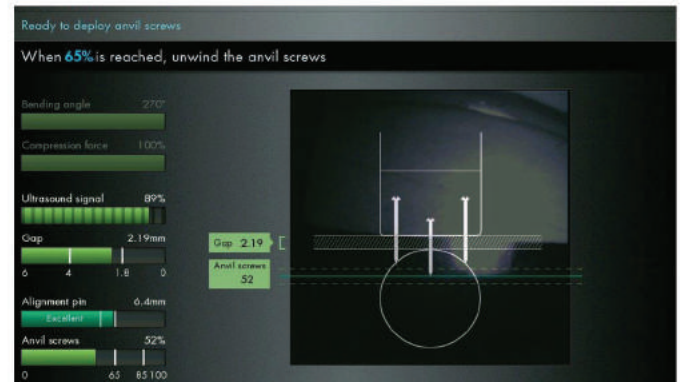
6 Ensure US signal is stable and insert alignment pin

- Note the starting gap and deploy the motorized alignment pin 2mm at a time
- Check the gap every 2mm. If it has increased, retract the alignment pin back to the starting gap, then advance 2mm, continue until the bar is green and reads "excellent"



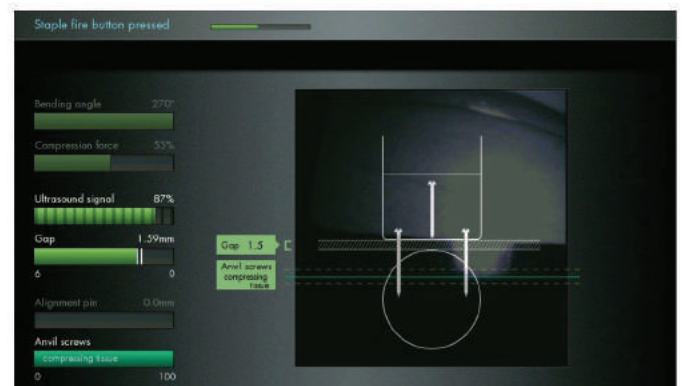
7 Compress tissues with anvil screws

- Advance and retract the anvil screws using the "tissue tango"
- When anvil screws are 100% extracted, fully retrieve alignment pin
- Continue advancing the anvil screws until reaching a gap of 1.4-1.6mm
- If high spring tension is felt, allow the handle to unwind and manually turn the screw handle back ½ turn to release the tension



8 Fire staples

Push and hold the fire button for at least 3 seconds to start the stapling process



9 Complete the procedure

- Retrieve anvil screws
- Release locking mechanism and unbend slowly
- Withdraw MUSE and change staple cartridge
- After last stapling perform gastroscopy and suction out excess air

