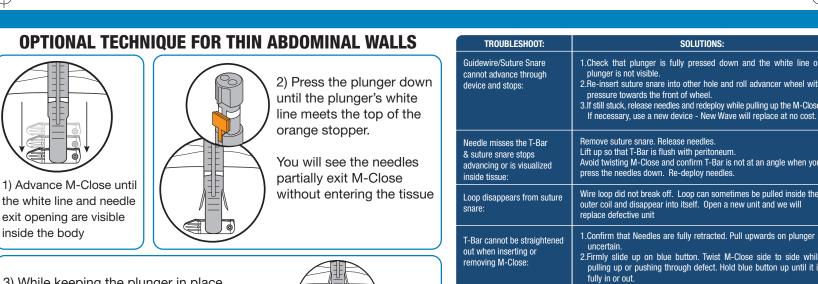








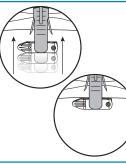
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3) While keeping the plunger in place (with the white line remaining over the top of the orange stopper), pull upwards on M-Close until the T-Bar is flat against the peritoneum

4) Once pulled fully upwards, press the plunger to the first click and proceed as normal



TROUBLESHOOT:	SOLUTIONS:
Guidewire/Suture Snare cannot advance through device and stops:	 Check that plunger is fully pressed down and the white line on plunger is not visible. Re-insert suture snare into other hole and roll advancer wheel with pressure towards the front of wheel. If still stuck, release needles and redeploy while pulling up the M-Close. If necessary, use a new device - New Wave will replace at no cost.
Needle misses the T-Bar & suture snare stops advancing or is visualized inside tissue:	Remove suture snare. Release needles. Lift up so that T-Bar is flush with peritoneum. Avoid twisting M-Close and confirm T-Bar is not at an angle when you press the needles down. Re-deploy needles.
Loop disappears from suture snare:	Wire loop did not break off. Loop can sometimes be pulled inside the outer coil and disappear into itself. Open a new unit and we will replace defective unit
T-Bar cannot be straightened out when inserting or removing M-Close:	 Confirm that Needles are fully retracted. Pull upwards on plunger if uncertain. Firmly slide up on blue button. Twist M-Close side to side while pulling up or pushing through defect. Hold blue button up until it is fully in or out. If necessary, use another instrument to straighten out T-Bar intra-abdominally.
Needles do not retract when white button is pressed:	 Press and hold down white release button while at the same time pull up firmly on plunger using your hands. If necessary, secure a Kelly clamp to plunger and pull up firmly.
Local anesthesia leaks out of defect while injecting:	 Confirm that the needles are oriented perpendicular to the muscle fibers of defect. Pull up on M-Close gently but firmly while injecting. Minor leaking of a few drops is normal. If one side is facing connective tissue and fluid cannot spread, inject in other hole only.



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