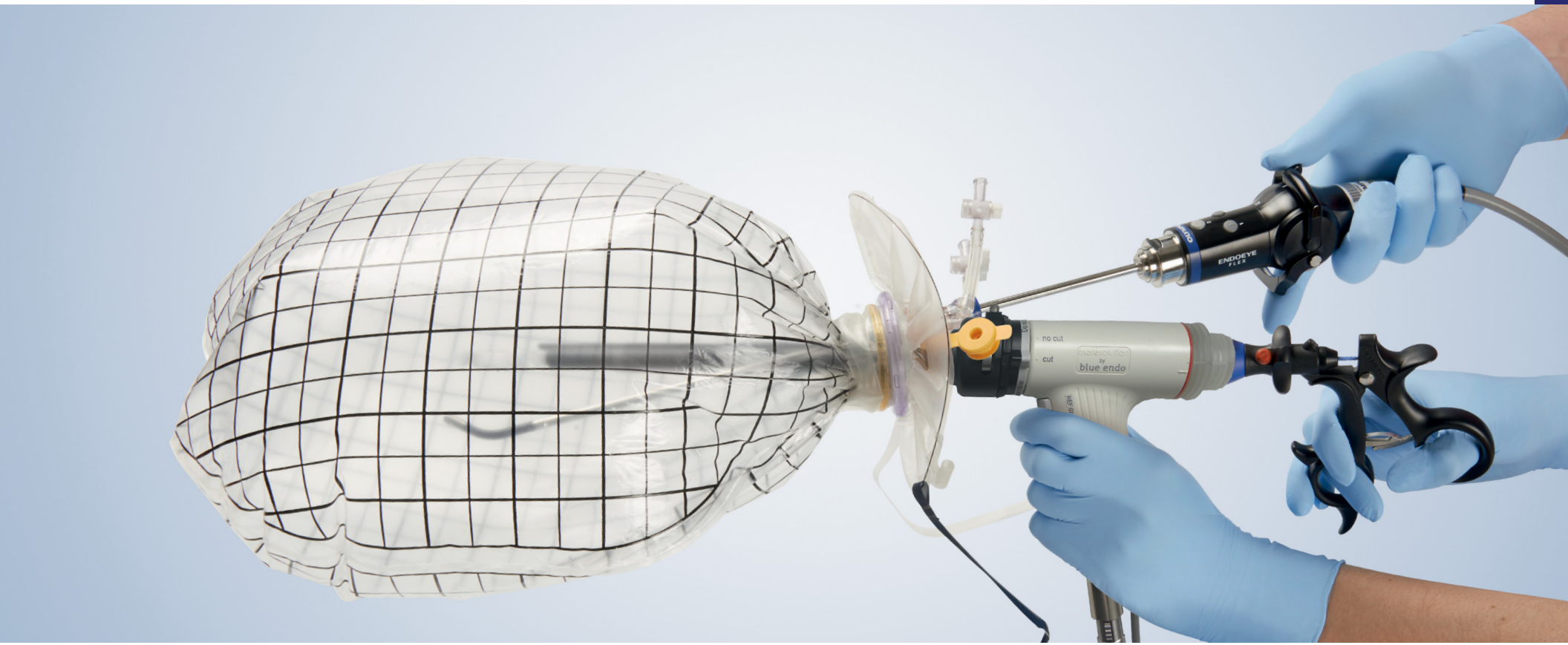
OLYMPUS

blue endo

Electromechanical Morcellator and Containment Device

BLUE ENDO® moresolution® Morcellator and PneumoLiner™ Containment Device

Quick Reference Guide



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Please note that this Quick Reference Guide is not designed to replace full Instructions for Use for these device. Please be sure to review full Instructions for Use before using these products in the operating room.

Indications and Contraindications for Use

BLUE ENDO® moresolution® Morcellator and PneumoLiner™ Containment Device

- This is a quick reference guide only.
- For detailed operating instructions, be sure to follow the instructions for use that are included with your devices when purchased.
- Before use, thoroughly read the respective instructions for use of all other products that will be used during the procedure.
- If the required instructions for use are missing, immediately contact an Olympus representative.

PneumoLiner Containment Device:

INDICATION FOR USE: The PneumoLiner Containment Device is intended for use as a multiple instrument port and tissue containment system during minimally invasive gynecologic laparoscopic surgery to enable the isolation and containment of tissue, considered benign, resected during single-port or multi-site laparoscopic surgery during power morcellation and removal. When used in women with fibroids, the PneumoLiner is for women who are pre-menopausal and under age 50. The PneumoLiner is compatible with bipolar or electromechanical laparoscopic power morcellators that are between 15mm and 18mm in shaft outer diameter and 135mm and 180mm in shaft working length and which have an external component that allows for the proper orientation of the laparoscope to perform a contained morcellation.

WARNING: Information regarding the potential risks of a procedure with this device should be shared with patients. Uterine tissue may contain unsuspected cancer. The use of laparoscopic power morcellators during fibroid surgery may spread cancer. The use of this containment system has not been clinically demonstrated to reduce this risk.

CONTRAINDICATIONS: Do not use on tissue that is known or suspected to contain malignancy. Do not use for removal of uterine tissue containing suspected fibroids in patients who are: post-menopausal or over 50 years of age; or candidates for en bloc tissue removal, through the vagina or via a mini-laparotomy incision. Do not use in women with undiagnosed uterine bleeding. Do not use this device on patients with known or suspected allergies to polyurethane. Do not use where the abdominal wall thickness is larger than 10cm. This device should only be used by physicians who have completed the formal validated required training program administered by Olympus and/or Advanced Surgical Concepts.

For more information, please read the full PneumoLiner Containment Device Instructions for Use for indications, additional contraindications, warnings and precautions.

BLUE ENDO moresolution Morcellator:

INDICATION FOR USE: The Morcellator is a motorized unit for morcellating and extracting benign tissue during laparoscopic procedures, in general surgery, gynecology including the removal of myomas and hysterectomy, and urology including nephrectomy. When used in women with fibroids the morcellator is for women who are pre-menopausal and under 50 years of age.

WARNING: Uterine tissue may contain unsuspected cancer. The use of laparoscopic power Morcellators during fibroid surgery may spread cancer, and decrease the long-term survival of patients. This information should be shared with patients when considering surgery with the use of these devices.

CONTRAINDICATIONS:

The Morcellator may not be used in the treatment of malignant tumors/tissue or for vascularized tissue.

Laparoscopic Power Morcellators are contraindicated in gynecologic surgery in which the tissue to be morcellated is known or suspected to contain malignancy.

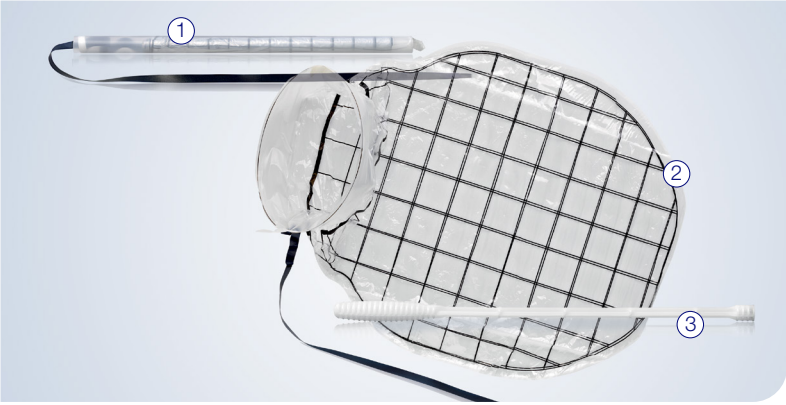
Laparoscopic Power Morcellators are contraindicated for removal of uterine tissue containing suspected fibroids in patients who are:

- post-menopausal or
- over 50 years of age, or
- candidates for en bloc tissue removal through the vagina or via a mini-laparotomy incision

It may also not be used to prepare tissue.

Do not use in women with undiagnosed uterine bleeding.

Instrumentation for PneumoLiner™ Containment Device



1. PneumoLiner Containment Device introducer, 2. PneumoLiner Containment Device, 3. Plunger

4. Boot, 5. Retractor, 6. Retractor introducer

Product	Technical Data
PneumoLiner Containment Device for laparoscopic morcellation with laparoscopic instrument port	**PneumoLiner Containment Device:** Volume ..... 9 L Collar diameter ..... 160 mm
Boot Retractor Retractor introducer	**Boot:** Size Large valve..... for 15-18 mm instruments Small valve.....for 5 mm instrument

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Preparation of PneumoLiner™ Containment Device Prior To Deployment

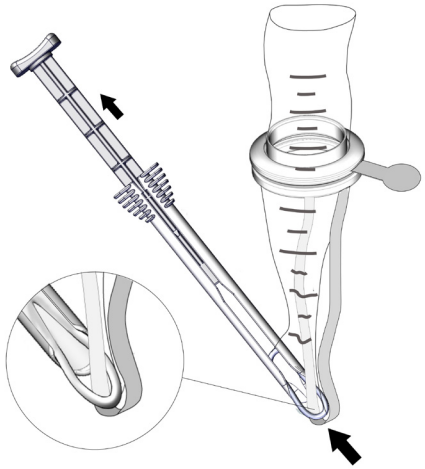

fig. 1

- Create an incision with a length of 20-25 mm.
- Insert the distal ring into introducer with the removal ribbon at its distal end (fig. 1).

Tip:

- Avoid bunching of the sleeve.
- Ensure that the removal ribbon is at the distal tip of the introducer.

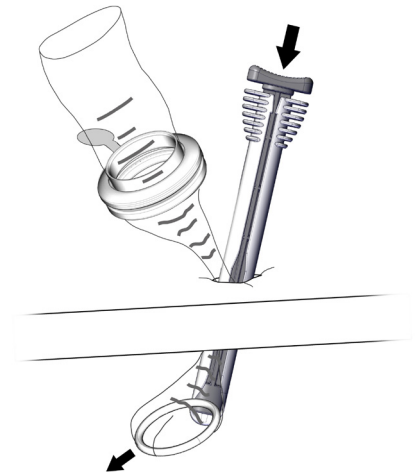

fig. 2

- Pass the retractor introducer through the incision.
- Fully eject the distal ring into the cavity (fig. 2).
- Remove the retractor introducer.

Deployment of PneumoLiner™ Containment Device

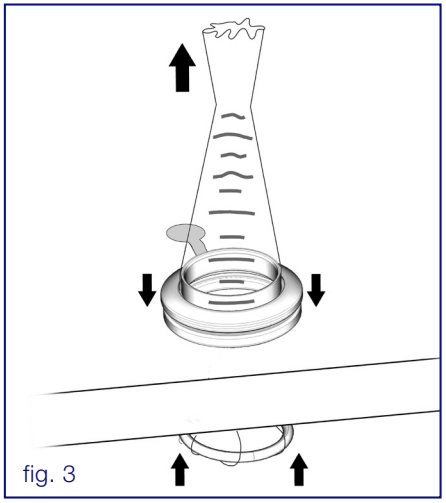
fig. 3

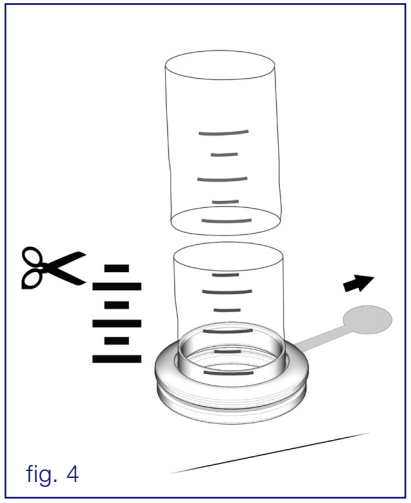
fig. 4

· While pulling upwards on the retracting sleeve, push down on the outer proximal ring to slide it towards the abdomen. Be sure to retract the incision opening to at least roughly the size of a quarter for maximum amount of space during the procedure (fig. 3).

Tip:
Check for viscera/adhesions under the distal ring prior to full retraction.

· Gently pull on the removal ribbon to remove excess inside the incision. Trim the retracting sleeve eight gradations above the inner proximal ring (fig. 4).

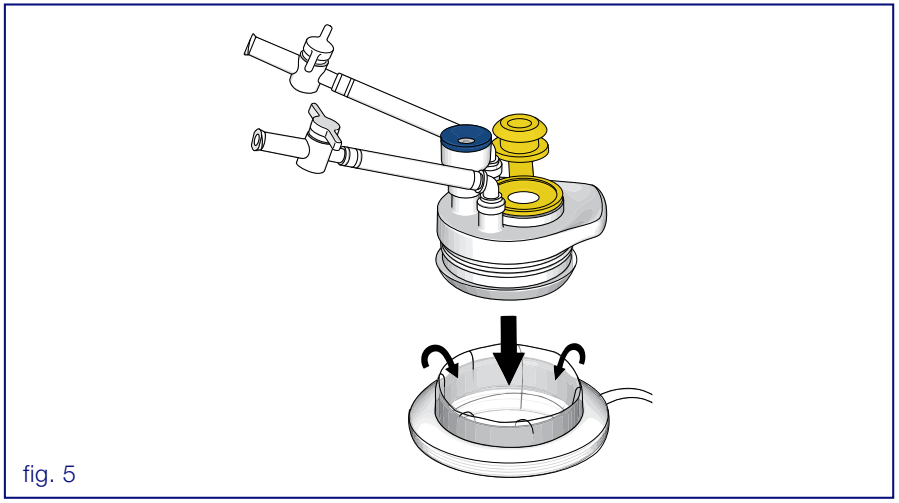
fig. 5

· Fold the retracting sleeve inside the inner proximal ring and press the boot into position (fig. 5).

Deployment of PneumoLiner™ Containment Device (continued)

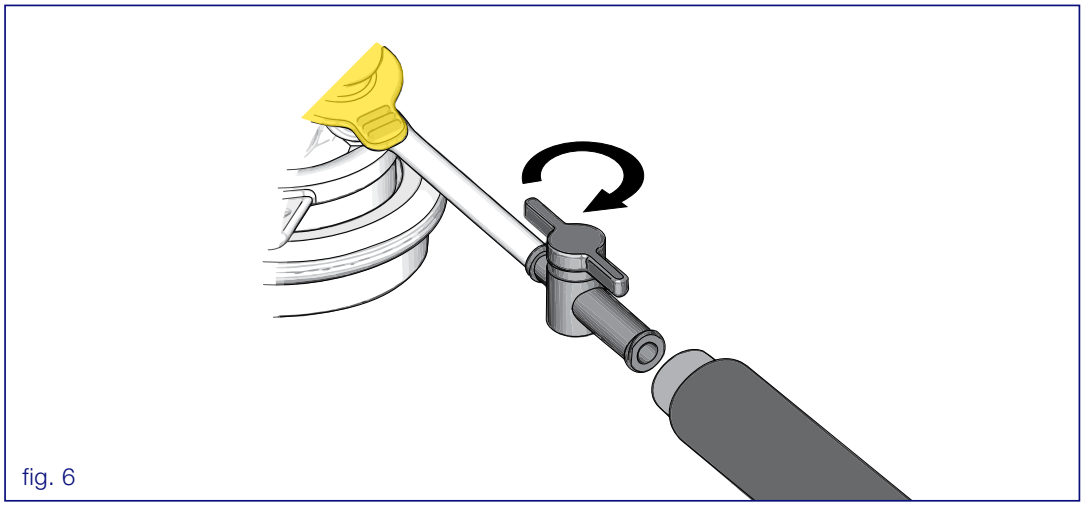

fig. 6

- Insufflate abdomen through either of the insufflation/venting ports (fig. 6).
- Smoke can be vented through the unused insufflation/venting port.

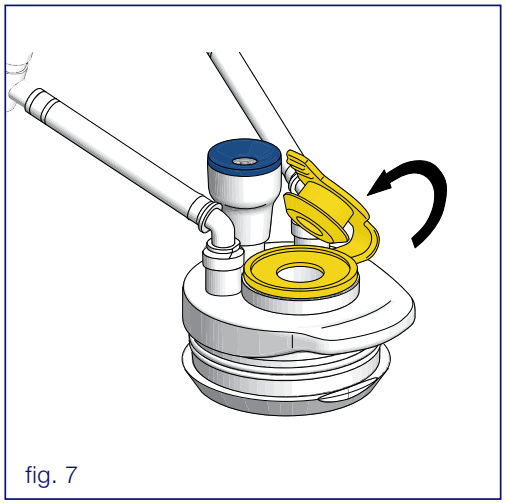

fig. 7

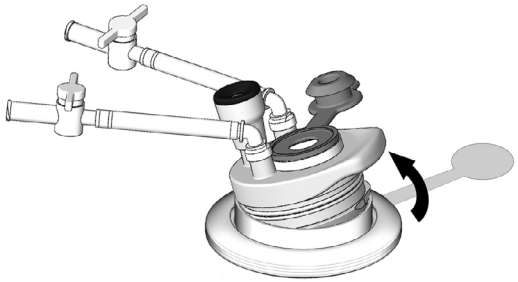

fig. 8

- A 5 mm instrument can be inserted through the yellow valve using the reducer (fig. 7).
- The boot can be removed using the removal tab, and reattached (fig. 8).

Deployment of PneumoLiner™ Containment Device (continued)

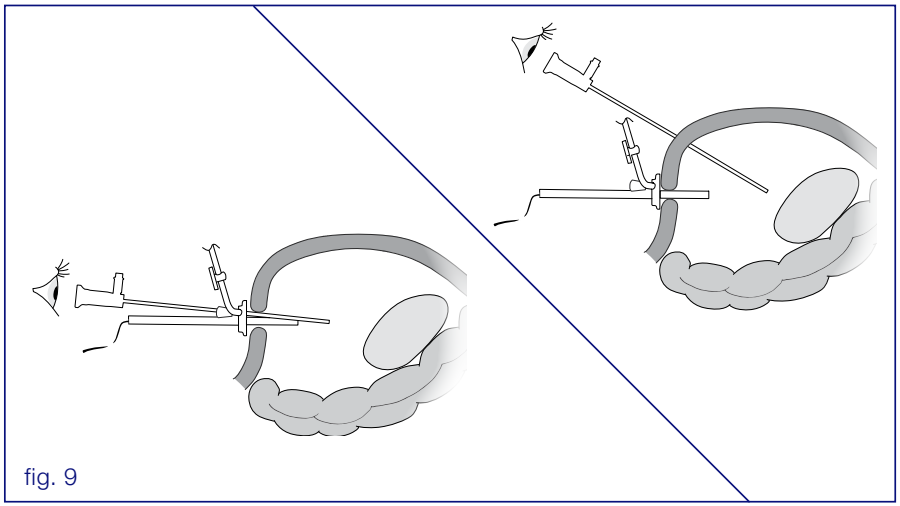

fig. 9

· Insert a 5 mm laparoscope with minimum 30° lens angle or deflectable tip either through the blue valve or through a separate trocar.

Tip:
Before deployment of the PneumoLiner Containment Device, bring the target tissue into a position which enables easy encapsulation.

· Insert PneumoLiner Containment Device introducer shaft (fig. 9), white distal tab first, through the yellow valve.

Tip:
Ensure that the distal tab is the leading end and is pointing up.

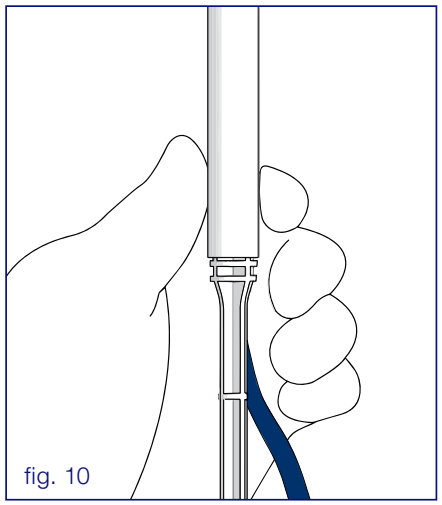

fig. 10

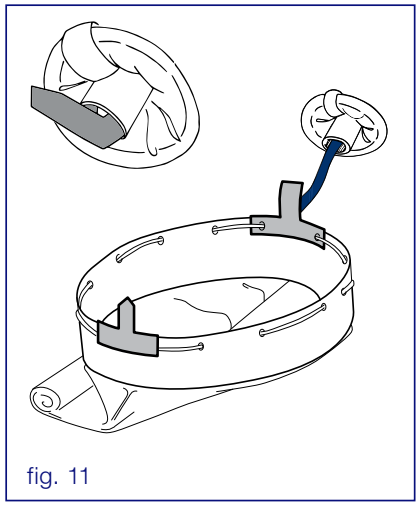

fig. 11

· Insert PneumoLiner Containment Device introducer plunger into shaft. Push plunger to deploy PneumoLiner Containment Device. Remove PneumoLiner Containment Device introducer (fig. 10 and fig. 11).

· The distal tab should point upwards to indicate correct orientation of the PneumoLiner Containment Device.

· Ensure free end of the tether remains external throughout procedure.

Tip:
Remove plunger and introducer shaft simultaneously to avoid losing pneumoperitoneum.

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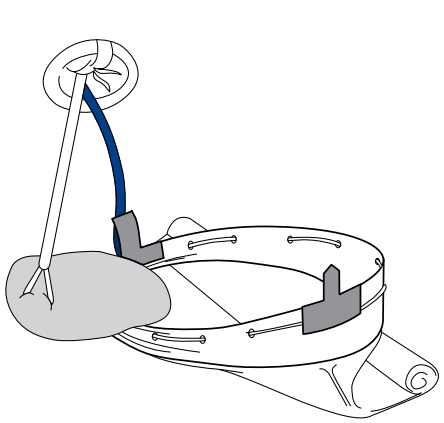
Deployment of PneumoLiner™ Containment Device (continued)



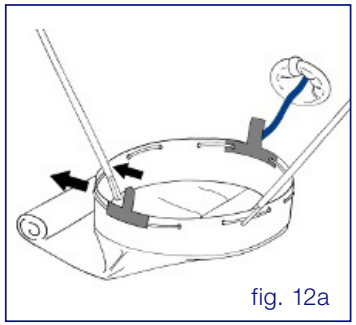


fig. 12a

fig. 12

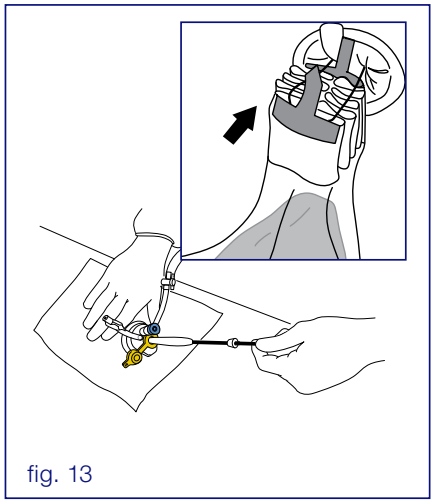


fig. 13

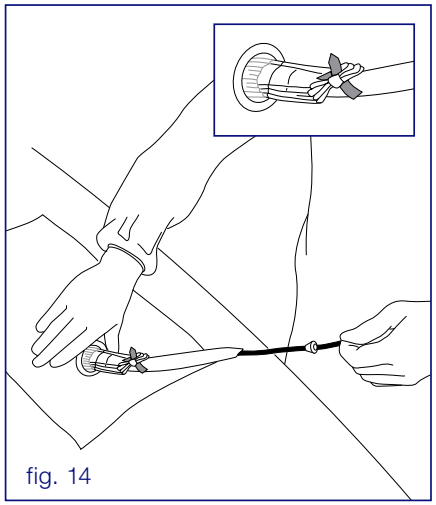


fig. 14

· Manipulate the target tissue into the PneumoLiner Containment Device, ensuring it is contained within the collar (fig. 12).

NOTE: Only use an atraumatic grasper to manipulate PneumoLiner Containment Device.

Tip:

· Grasp collar to move the PneumoLiner Containment Device and ensure encapsulation.

· Pull the distal tap upward and slightly forward over the tissue to ensure complete containment of the tissue within the collar.

Tip:

· In some instances, the PneumoLiner containment bag may not fully unroll, which may make specimen encapsulation challenging. To avoid this issue, two atraumatic graspers should be used to unroll the bag material first before placing the specimen into the PneumoLiner (fig. 12a).

Tip:

· Ensure no viscera is located within the opening ring of the bag prior to Bag closure to prevent risk of inadvertent tissue damage.

· Using the tether, pull the opening ring partially through the yellow valve until PneumoLiner Containment Device is closed (fig. 13).

· Remove all trocars and detach boot, deflating abdomen. Remove the boot from tether.

Tip: · Ensure that the boot remains in the sterile field at all times.

· Pull the tether until the printed line is visible (fig. 14).

Deployment of PneumoLiner™ Containment Device (continued)

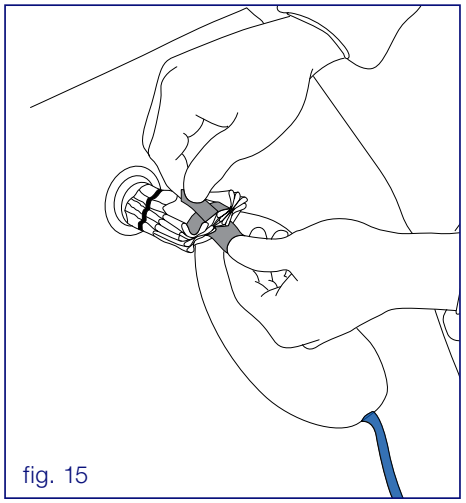


fig. 15

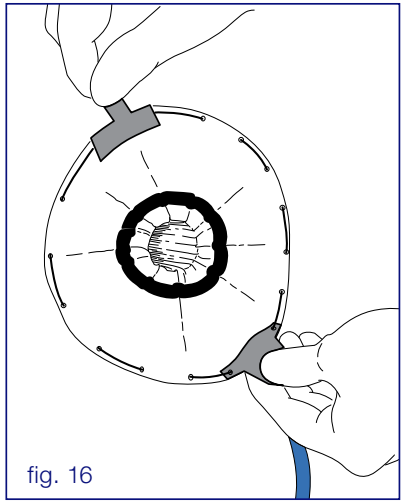


fig. 16

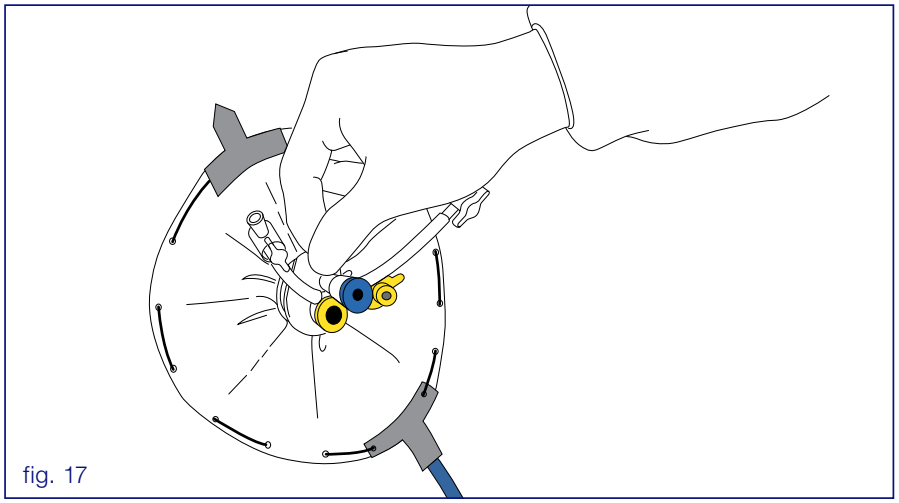


fig. 17

- Pull the tabs apart to open PneumoLiner Containment Device (fig. 15 and fig. 16).

  Tip:
  - Check that opening ring is in correct orientation.
  - Check that the PneumoLiner Containment Device is not twisted.

- Reattach boot in desired orientation (fig. 17).

  NOTE: Do not twist boot while it is attached.

- Prior to insertion of the instruments, insufflate PneumoLiner Containment Device using the insufflation port (12-15 mmHg).

- **IMPORTANT: Adequate insufflation is critical to the safety of contained morcellation, using the PneumoLiner Containment Device, to ensure that the bag itself is at a safe distance from instrument tips. In the case where the PneumoLiner Containment Device is not adequately inflated or exhibits a leak, the PneumoLiner Containment Device (bag) can be replaced.**

- Once the PneumoLiner Containment Device is fully inflated, insert the 5 mm laparoscope through the blue valve).

  Tip:
  - If you are using a 30 degree angled laparoscope, drive the tip of the scope to the top of the bag first and then rotate the camera angle so that you are looking downward.

Instrumentation for BLUE ENDO® moresolution® Morcellator

	Product	Technical
	U.S. Operating and Control Unit	**Dimensions** Width .....308 mm Height ..... 130 mm Depth.....300 mm Weight ..... 6.5 kg Voltage..... 100-240 V ~
	BLUE ENDO moresolution Morcellator comprised of: Grip Module Valve Module Cutting Module Protection Sleeve Obturator Flexible Shaft Rinsing Adapter (for cleaning)	**Outer dimensions** Instrument channel diameter ..... 15 mm Working length..... 170 mm
	Claw forceps or a Tenaculum to grasp tissue	**Outer dimensions** Instrument..... 13 mm

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BLUE ENDO® moresolution® Morcellator Setup

fig. 18

· Insert Valve Module (fig. 18). Screw in the Valve Module clockwise, simultaneously pressing it against the Grip Module.
· The Valve Module will lock in audibly and is then firmly seated.

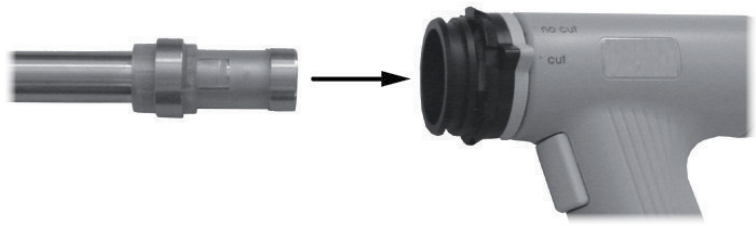

fig. 19

· Insert Cutting Module into the Grip Module (fig. 19).
· **CAUTION: Do not touch distal end of the Cutting Module. Very sharp!**

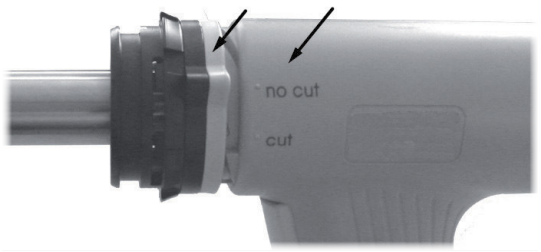

fig. 20

· Turn safety ring to “NO CUT“ position before inserting into the Protection Sleeve (fig. 20).

Ø Cutting Module / Trocar Sleeve	Suitable accessory
Ø 15 mm	Ø 13 mm Grasping Forceps with outer tube

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BLUE ENDO® moresolution® Morcellator Setup (continued)

Set Up and Function Test

fig. 21

- Slide the Protection Sleeve over the Cutting Module until it clicks into place. The distal end of the Cutting Module is now positioned approximately 1 mm inside the Protection Sleeve (fig. 21).
- To ensure the Grip Module is assembled properly, perform a function test in the sterile field by turning the Cutting Module from the “CUT” to “NO CUT” position several times prior to entering the PneumoLiner™ containment device.
- **WARNING: Risk of injury from the use of incompatible instruments; only use original accessories.**

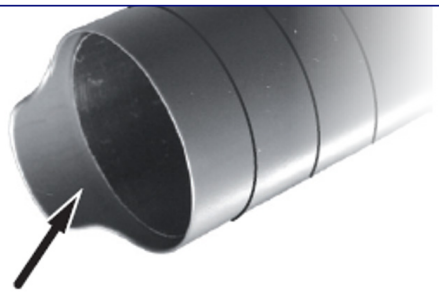


fig. 22

- The duckbill on the Protection Sleeve includes a tissue stop function designed to promote peeling and reduce coring of the tissue so that the tip of the Morcellator is always in view (fig. 22).

Protection Sleeve Positions and Safety

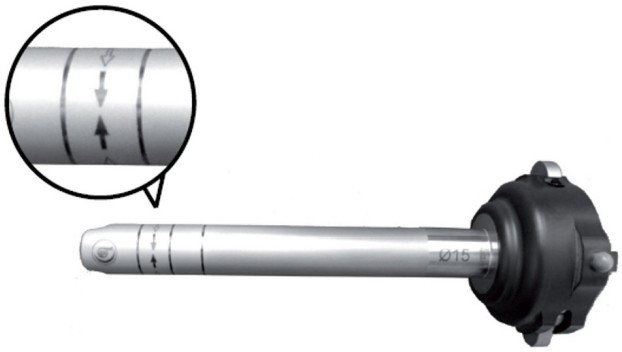


fig. 23

- The lines and arrows on the distal end of the Protection Sleeve help to position the Protection Sleeve in the peritoneum. The lines indicate the depth of penetration (fig. 23). A depth of 2 lines is recommended.
- The arrows are in aid of the correct positioning of the protective shield. In addition the housing of the Protection Sleeve is color marked to give orientation of the protective shield position under direct visualization.

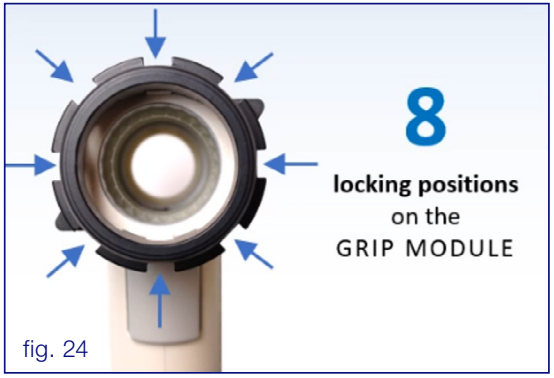


fig. 24

- The Protection Sleeve can be placed into 8 different locked positions offset by 45˚. The angle of the tissue-STOP function (duckbill) can be selected by these locking positions.
- This can be altered during the procedure by turning the adjusting ring. Press down on the two buttons to unlock, rotate, and click back into place (fig. 24).

NOTE: When changing position during the procedure, the Morcellator MUST be in the NO CUT position.

Connecting the Handpiece to the Control Unit

fig. 25

· Connect the Flexible Shaft (thick grey cord) to the Grip Module and then to the Control Unit. (fig. 25).

NOTE: When handling the Flexible Shaft, make sure that it does not fall down and do not bend it at a diameter smaller than 20 cm (7.5“). Due to its weight and inherent tension, this can easily happen.

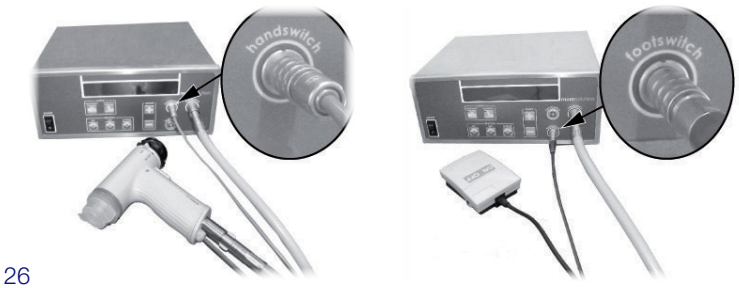


fig. 26

· Connect the Grip Module and Foot Pedal control cables to the Control Unit (fig. 26).

BLUE ENDO® moresolution® Morcellator Application

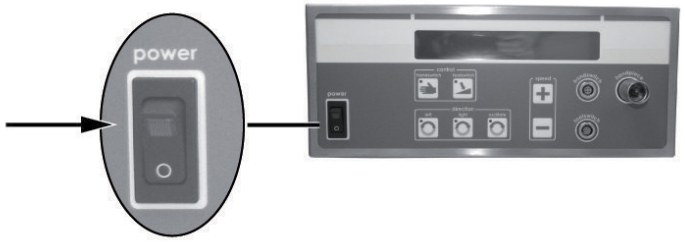


fig. 27

· Switch on the Control Unit (fig. 27).

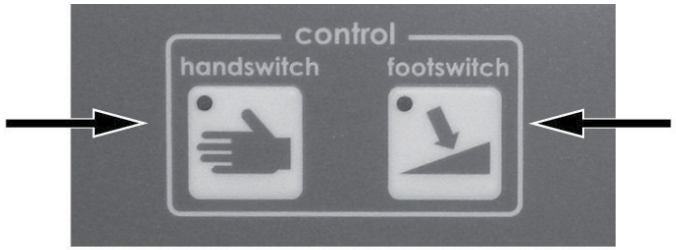


fig. 28

· Select Grip Module control or Foot Pedal control (fig. 28).

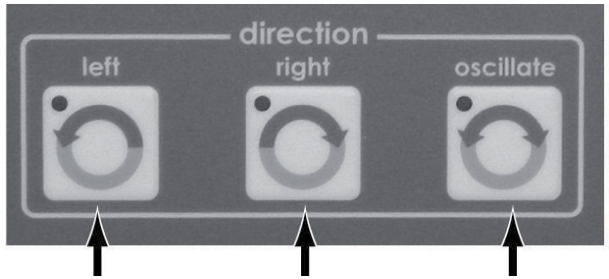


fig. 29

· Select direction of rotation: left or right. The oscillation button is reserved for a different instrument and not intended for use during morcellation (fig. 29).

BLUE ENDO® moresolution® Morcellator Application (continued)

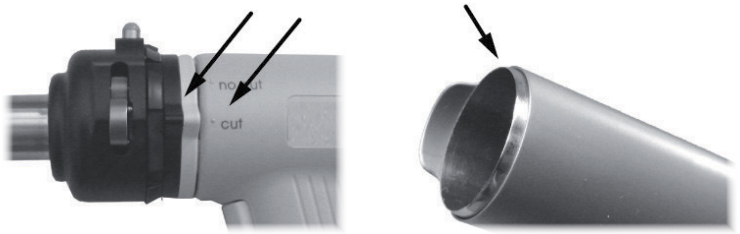


fig. 30

· Turn safety ring to “CUT“ position after the Protection Sleeve has been inserted safely into the PneumoLiner (fig. 30).

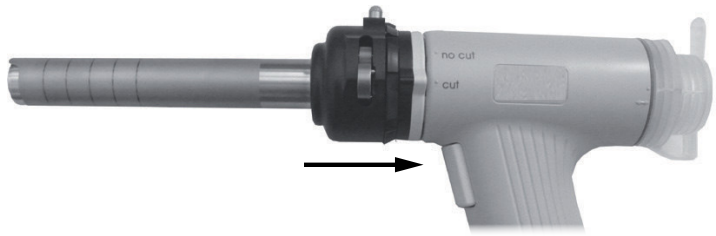


fig. 31

· Press the On/Off button of the Grip Module (fig. 31)

Obturator Insertion

· Lubricate the Obturator, Protection Sleeve and Valve Module with sterile lubricant and insert into the Valve Module with the reducer cap removed. Also, lubricate the grasper of choice to ensure smooth entry into the Valve Module.

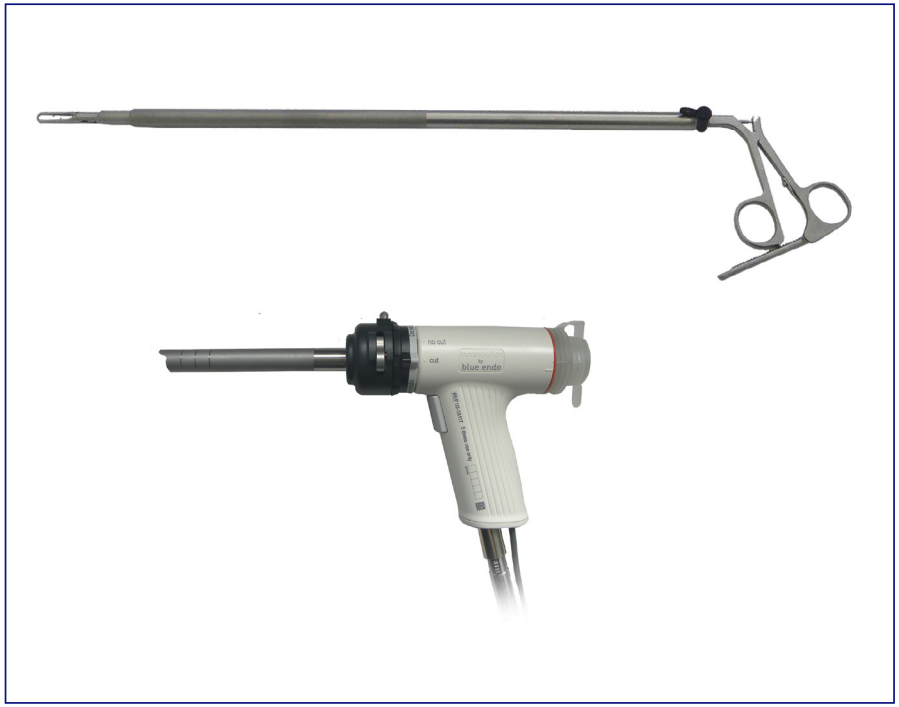
Abdominal Entry

- Especially when inserting the Morcellator into the containment system, there is a risk that the Morcellator can damage the containment system. The use of lubricant is recommended.

- Insert the Grip Module under direct visualization and remove the complete system Obturator.

- The grading on the Protection Sleeve shows the depth. A penetration depth of two lines is recommended.

Grasper



- Insert a grasping/retracting instrument of choice through the central lumen of the Grip Module.

- For use with the 15mm Cutting Modules, **13 mm Grasping Forceps are required to ensure pneumoperitoneum is maintained during the procedure**.

- **Use of lubricant is recommended by the manufacturer prior to insertion into the Valve Module and through Cutting Module.**

  WARNING: Risk of infection or injury due to damaged instruments; Do not touch the distal end of the Cutting Module with the Grasping Forceps.

Beginning Morcellation

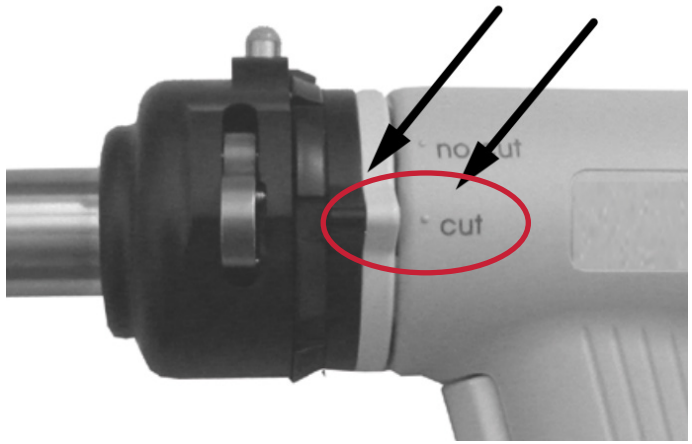


fig. 32

· Once ready to morcellate tissue, set the safety ring to the "**CUT**" position (fig. 32). The distal end of the Cutting Module must always be kept in sight under direct visualization.

IMPORTANT: While morcellating, the protective shield should not be penetrating the tissue.

fig. 33

· Use the device with rotation speed as low as possible. The speed can be increased or decreased by pressing the speed control buttons on the Control Unit during the procedure (fig. 33). Trokamed recommends starting at 300 rpm.

Morcellation

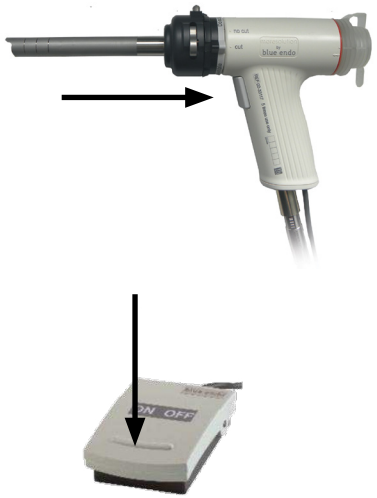


fig. 34

fig. 35

· Grasp the tissue to be removed with an appropriate forceps.

· Under direct visualization, firmly hold the Morcellator in place and activate morcellation via the trigger button on the Grip Module or the switch on the Foot Pedal (fig. 34).

· Pull the tissue into the Cutting Module with the jaws grasping the tissue.

· Once the tissue has been completely cut and pulled through the lumen, release the trigger button on the Foot Pedal or the switch on the Grip Module (fig. 35).

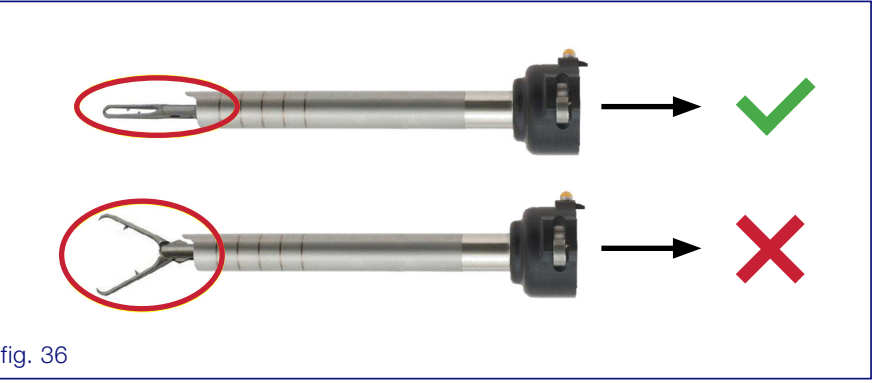


fig. 36

· Don't remove a grasper with the jaws open (fig. 36).

WARNING: If used incorrectly, the grasping/retracting instrument may damage the blade of the Cutting Module.

Completing Morcellation

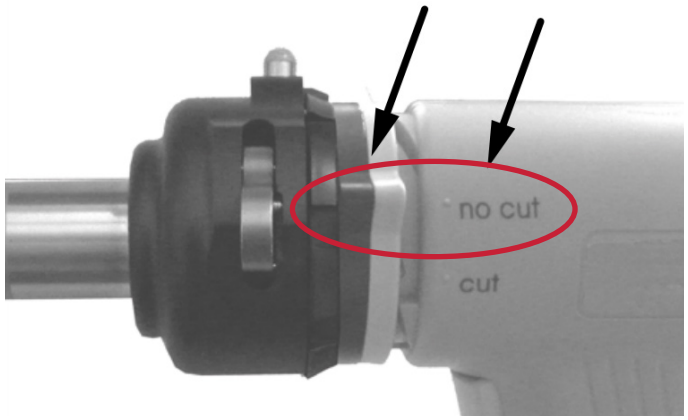


fig. 37

· When all tissue has been morcellated and removed, Turn the safety ring to the “NO CUT” position before removing from the patient (fig. 37)

· Turn the power off on the Control Unit.

BLUE ENDO® moresolution® Disassembly after Use

fig. 38

· Remove the Valve Module from the Grip Module.
· Disconnect it by twisting it in a counterclockwise direction (fig. 38).

fig. 39

· Properly dispose of the Valve Module (single use). It is not intended for reuse (fig. 39).

BLUE ENDO® moresolution® Disassembly after Use (continued)

fig. 40

· Remove all instruments from the Grip Module and pull the Cutting Module out of the Grip Module to disconnect (fig. 40).

CAUTION: Risk of injury on the distal cutting end!

fig. 41

· Dispose properly of Cutting Modules (single use). Do not reuse (fig. 41).

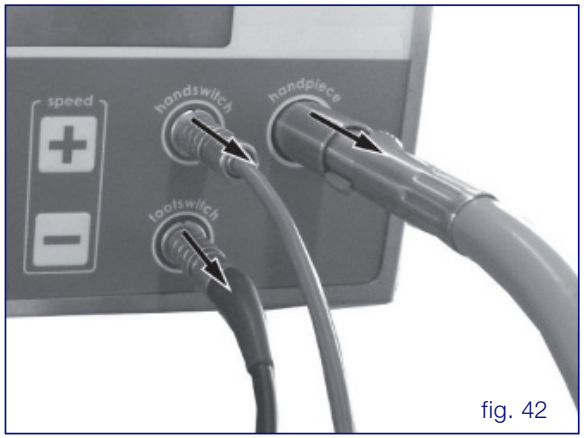


fig. 42

· Disconnect all modules before Wipe Down of the Control Unit (fig. 42).

Grip Module: Disconnect the Flexible Shaft. Firmly grasp the plugs to disconnect.

Foot Pedal: Disconnect the Control Cable. Firmly grasp the plugs to disconnect.

· Follow the IFU and protocols to clean and sterilize the moresolution reusable pieces. Dispose of the Cutting Module and Valve Module. Follow all applicable national and local laws and guidelines.

Tracking the Grip Module's Use

fig. 43

· Mark the corresponding check box on the Grip Module with a permanent marker (such as Edding 3000) after each use (fig. 43).

After Morcellation

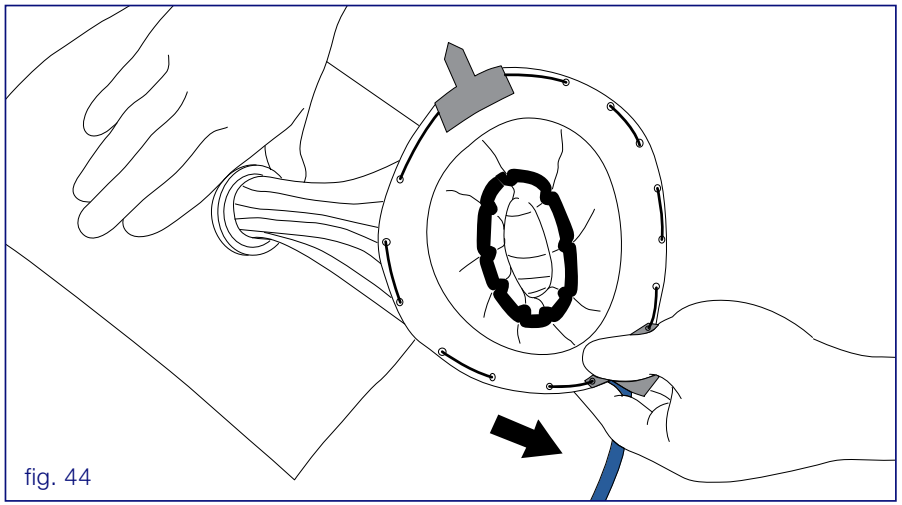


fig. 44

- Remove all instruments.
- Detach Boot allowing the PneumoLiner™ containment device to deflate.
- Gently remove PneumoLiner Containment Device (fig. 44).

  NOTE: Ensure that the PneumoLiner Containment Device neck remains open to allow gas to escape.

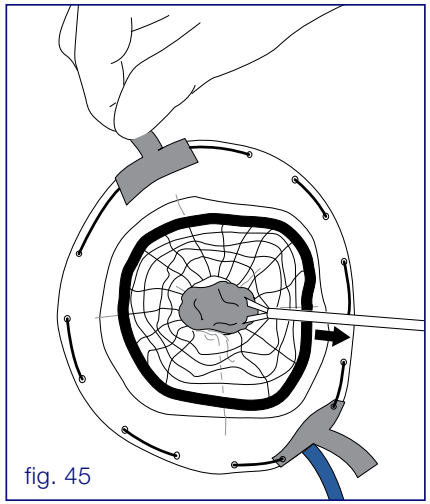


fig. 45

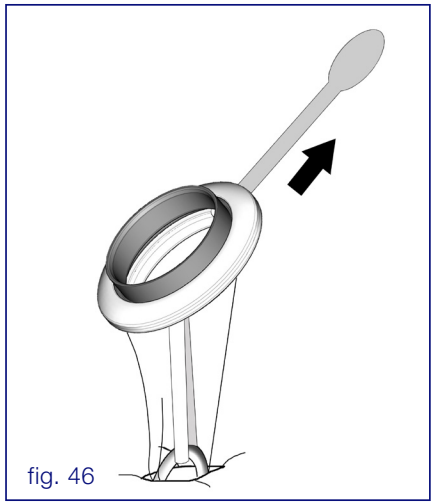


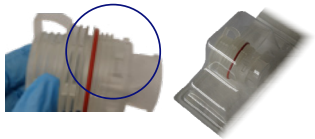
fig. 46

- If the PneumoLiner Containment Device is not easily removed, tissue pieces can be extracted using an atraumatic grasper at the incision (fig. 45).
- Dispose of the Boot and do not use it again!

  NOTE: In case final inspection is needed, use one of the additional trocars used in the early stage of the procedure and a second clean scope.
- Remove the retractor by pulling on the removal ribbon (fig. 46).

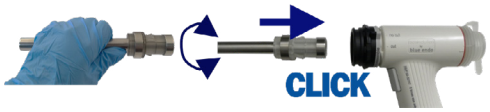
Troubleshooting

Possible challenges with the Valve Module

Problem	Probable Cause(s)		Solution
Mounting not possible	O-ring has slipped		Place O-ring back into position
Valve Module is leaking	Outer 13 mm shaft of Tenaculum not used with Ø 15 mm Cutting Module		Make sure that the grasper is 13 mm in diameter
	Sealing washer or Valve is damaged		Use new valve
Instrument or Obturator is stuck in the Valve Module	No sterile gel or not enough sterile gel was used to lubricate the valve and/or the instruments		Lubricate Instrument or Obturator, and Valve Module well and retry or change valve
	Use of mineral oil instead of gel		Switch to sterile gel to lubricate or change valve
Valve Module cannot be mounted on to Grip Module	Side pins are broken off		Use new Valve Module

Troubleshooting

Possible challenges with the Cutting Module

Problem	Probable Cause(s)	Solution	Solution
Cutting Module cannot be assembled	Gear position is off		Change position slightly by turning
Cutting Module cannot be disassembled	Not using enough force	 CAUTION: Sharp Edge	Higher force required to disassemble Use thumb to pull against the Grip Module
Cutting Module is not sharp	Grasper was not closed and was grinding on the Cutting Module		Replace with new, sterile Cutting Module
Cutting Module stuck in Protection Sleeve and cannot be pulled out	The Grasper was not closed when pulled out, an excess force may have caused a deformed blade	The entire system must be removed with the Protection Sleeve. Make sure the jaws of the grasper/tenaculum are closed	A new Protection Sleeve and Cutting Module must be used.
Cutting Module Unlocks	Tissue clogged Cutting Module and too much force used when trying to push tissue out of the Cutting Module	Unlock Protection Sleeve, pull out of Grip Module. **Attention:** The Protection Sleeve must be kept closed manually or gas will be lost. 	Disassemble Cutting Module and Valve Module. Remove the firmly attached tissue. Reassemble the system and reinsert it into the Protection Sleeve

Troubleshooting

Possible challenges with the Grip Module

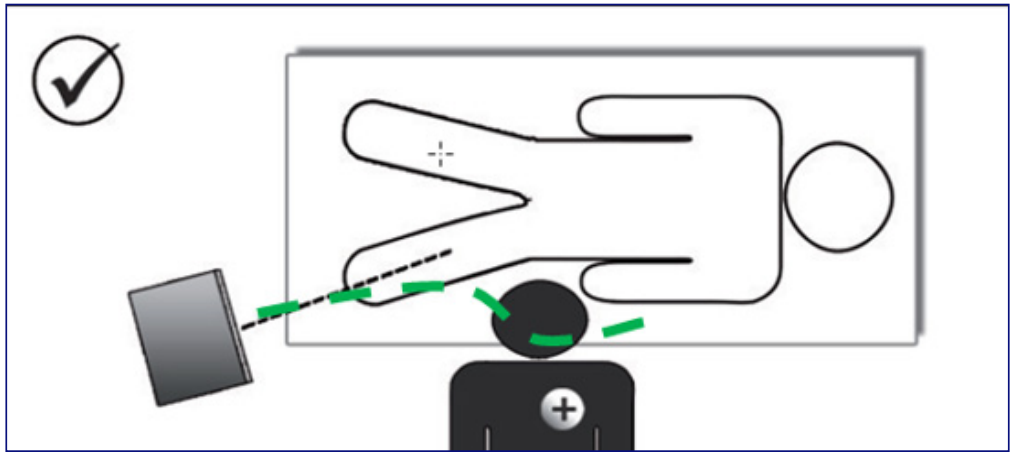
Grip Module Not Running Smoothly during System Check	Possible Cause(s)	Solution	Solution
Grip Module not working	Cable is not connected or Handpiece not activated	Double check connections all connections to the Control Unit. Resecure connections	Press the hand switch button to activate Control Unit
Vibration in Handpiece	The Flexible Shaft was likely bent too tight and is now defective		Replace the Flexible Shaft
Grip Module locks or runs sluggishly	Check the Grip Module. The bearing is likely blocked, probably insufficiently cleaned	Test Grip Module without Flexible Shaft. Turn the Cutting Module manually. It should be easy and smooth.	If stiff to turn or remains locked, replace the Grip Module. If easy, problem may be with Flexible Shaft.
	Safety Ring might be loose		Replace the Grip Module
Error Code	Cable or plug broken or there is moisture in the connector	The unit must be switched off completely to “reset”. If the error remains, when turned on, proceed according to the instructions for use.	In the case of error 1101, please follow the workaround (see next page)

Troubleshooting

Possible challenges with the Flexible Shaft

Challenge	Possible Cause(s)	Solution
Flexible Shaft winds up	Too much resistance in the system. Something is blocking the Grip Module	Check System for blockage and remove
	Shaft not stretched or sagging	Untwist by disconnecting. Place properly across the patient's body
Flexible Shaft vibrates	Shaft was bent too tight and impacted the transmission of force. It is damaged	Replace Flexible Shaft.

WARNING: Note that the Flexible Shaft is quite heavy and long. Placing the Flexible Shaft in this manner will optimize the procedure and reduce risk of the Flexible Shaft falling to the floor.



Troubleshooting

Possible challenges with the Grasping Tissue

Challenge: Tissue does slip out—possible causes:

· Jaw shape not suitable for tissue

· Jaw parts joint loose

SOLUTION: Change Forceps.

Soft Tissue	Normal Solid Tissue
Grasping Forceps 	Tenaculum with 10 mm jaws 

Troubleshooting

Possible challenges with the Control Unit

Challenge	Possible Cause(s)	Solution
Signal tone sounds, means 80 % of the torque is reached	Too much resistance in the system; Flexible Shaft bent too tight	Position Flexible Shaft in stretched position
	Flexible Shaft has twisted	Untwist and position in a stretched position
	Too much tissue in Grip Module	Check and Clean
	Grasper not closed and is grinding on the Cutting Module	Replace Grip Module
Device Switches Off	Overload or over temperature; Fuse may be blown	Wait 1 minute, press fuse button. If no response, fuse might be blown. System needs repair. Call TAC to arrange RMA
Control Unit cannot be switched on	Fuse may be blown	Fuse needs to be replaced. Unit will have to go back to Trokamed and loaner issued by TAC. Call TAC for assistance/RMA

Troubleshooting

Workaround – Error Code 1101

1) Switch off Control Unit completely (until display is black—approx. 5 sec)

2) Unplug Control Cable of Grip Module and don´t plug it back in

3) Connect Control Cable of Foot Pedal to Control Unit

4) Switch Control Unit back on. Make sure you have chosen the bottom Foot Switch

5) Grip Module can now be used in conjunction with the Foot Pedal and the surgery can be continued

System Error Codes

Foot Pedal Failure

Possible Causes	Action
Control Cable defective	Replace Foot Pedal
Control Cable not connected properly	Check connection
Control Unit is not set to "Footswitch"	Set to "Footswitch"
Foot Pedal defective	Replace Foot Pedal

Display Code: 1000 - 1999

Possible Causes	Action
Grip Module error	Check connections, replace Grip Module

Display Code: 2000 - 2999

Possible Causes	Action
Foot Pedal error	Check connections, replace Foot Pedal

Display Code: 3000 - 9999

Possible Causes	Action
System error	Switch the main switch off, wait 1 minute and switch it on again. If the error persists, return the Control Unit to the repair service.

A full description of all error codes can be found in the Operations Manual

Foot Pedal

Error code	Description of error		Measure
2102	Connection problem.	Foot Pedal correctly connected? → no	▶ Connect the Foot Pedal correctly to the Control Unit. / See section „4 Connect components".
		↓ yes	
		Error code continues to be displayed? → yes	▶ Replace Foot Pedal and restart Control Unit. ▶ Replace Control Unit, if the error code is still displayed.
		↓ no	
		This error is fixed.	

Control Unit

Error code	Description of error	Measure
5001	"-" button defective.	▶ Switch off Control Unit at main switch and switch back on after one minute. ▶ Send Control Unit for repair if error code continues to be displayed.
5002	"+" button defective.	
5003	"footswitch" button defective.	
5004	"handswitch" button defective.	
5005	"left" button defective.	
5006	"right" button defective.	
5007	"oscillate" button defective.	
5100	Motor defective.	▶ Send Control Unit for repair. / See front page for address of distributor.
5101	Motor defective / not running freely.	
5201	Communication with keyboard PCB not possible.	
5500 - 5503	Motherboard defective.	
5600	Invalid state of Grip Module or Foot Pedal	

moresolution™ Morcellator is manufactured by: TROKAMED GmbH, Kleine Breite 17, 78187 Geisingen, Germany.
PneumoLiner™ System is manufactured by: Advanced Surgical Concepts Limited, Sunnybank Centre, Upper Dargle Road, Bray Co Wicklow, IRELAND, A98 E339.

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