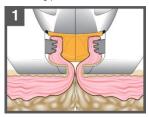
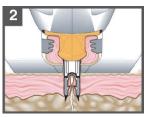
Bioabsorbable Subcuticular Closure

### PRINCIPLES OF OPERATION

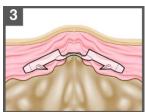
- 1. The barbed legs of the fastener are hollow and supported by surgical needles during insertion.
- 2. Once inserted, the needles retract, leaving the fastener engaged in the dermal tissue.
- 3. The barbs catch, and the bridge flexes under tension, holding the two sides of the incision in apposition during the healing process.







Fastener Inserted into Dermis Under The Skin



Set Back Dermal Technique with SubQ It! Fastener

**CAUTION:** Federal (U.S.A.) law restricts this device to sale, distribution, and use by, or on the order of, a physician.

## **INDICATION FOR USE / INTENDED USE**

The SubQ It! bio-absorbable subcuticular skin stapler is intended for use in humans for abdominal, thoracic, gynecologic, orthopedic, plastic, and reconstructive surgery for the subcuticular closure of skin where an absorbable tissue fastener is desired for temporary tissue approximation.

### CONTRAINDICATIONS

- 1. Do not use on tissue that is too thin. The tissue is too thin if a full pinch is less than 3mm thick or the dermis is less than 1mm thick.
- 2. Do not use on tissue that is too thick. The tissue is too thick if it impedes the device from fully closing.
- 3. Do not insert fasteners if bone or other obstructions (e.g., nerve, tendon, vein, pacemaker, venous access port, etc.) are within 10 mm of the bottom of the feet.
- 4. Do not use on incisions through scar tissue, as barbs may not engage securely.
- 5. Do not use on incisions that can only be brought together under excessive tension or incisions that will be placed under excessive force within 7 days of surgery. Other modalities should be used to relieve tension and properly oppose the skin edges.

### WARNINGS

1. Single Patient Use - DO NOT re-sterilize. Bio-absorbable fasteners are degraded by heat, humidity, and excess radiation.

## **PRECAUTIONS**

- 1. SubQ It! has not been evaluated on incisions over joints that will be flexed during healing; results may be variable.
- 2. Note the needle path and do not squeeze the handle if needle exposure would cause harm. A safety stop blocks needles from being exposed after the last fastener is deployed. Do not attempt to force the handle to overcome the safety stop.

### **AVERSE REACTIONS**

Adverse reactions may include swelling, bruising, acute inflammation, erythema, edema, drainage, hematoma, surfacing fasteners, dehiscence, necrosis, scar widening, discoloration, and hyperpigmentation.

Patents protecting this device: U.S. 8,506,591, 9,232,943, 10,045,777, 10,441,278, 10,758,227, 11,826,049; China ZL 200780032463.4; Japan5667976; Australia 2007269655; Canada 2,655,197; Hong Kong HK1123961; Europe EP 2,034,904 and 2,762,089; Other patents pending.

Manufacturer: Opus K.S.D., Inc.

www.subgit.com

Opus K.S.D., Inc. 50 Corporate Park Dr. Ste 710 Pembroke, MA 02359 USA Phone: +1 339 933 8811 The stapler was assembled in the U.S.A. using U.S. and foreign parts.

P/N 603510 Rev. B

REF

412010

Bioabsorbable Subcuticular Closure



# INSTRUCTIONS FOR USE

These directions do not replace the requirement for in-service training before clinical use.



### **DEVICE DESCRIPTION**

THE SUBQ IT! BIO-ABSORBABLE SUBCUTICULAR CLOSURE DEVICE is preloaded with 10 bio-absorbable fasteners, sufficient for up to 6 short incisions requiring 1-2 fasteners each or an incision up to 10 cm long. The driver inserts SubQ It! Fasteners into the underside of the dermis to obtain wound closure.

THE SUBQ IT! FASTENER is only 5.3 mm long and weighs 0.006 grams. It is molded from a polyglycolic/polylactic acid copolymer, a well-established material for resorbable medical devices. Fasteners maintain 80% of their strength for 21 days to support healing, then degrade by hydrolysis and are absorbed by normal physiological processes in subsequent months.



READ INSTRUCTIONS FOR USE ON INSIDE PAGES In-service training is necessary before clinical use of SubQ It! system.



# Ports / Trocar Incisions

## [1a] Tail-first Insertion

Using forceps, open the side of the incision. Place the pointed tail of Introducer into incision first and rock forward to insert the Introducer fully.



# [2a] Lift Edges and Pinch

Reposition forceps to the apex and lift to cover both sides of the Introducer. Edges should be equal and brought just high enough to be captured by black pincers. Partially squeeze the handle to close the pincers and verify capture on both sides. If necessary, release the handle and reposition.



# [3a] Expected Appearance

When correct positioning is confirmed, fully squeeze the handle to deploy the fastener. The handle will be released once full deployment is achieved, and the device can be removed. Assess closure by spreading the wound.



### OTHER NOTES:

- 1. REPOSITION: Do not squeeze the handle beyond the engagement point until ready to insert the fastener. If the handle is already squeezed beyond the engagement point and you wish to reposition, either (a) deploy the fastener and remove it after deployment or (b) forcefully open the handle to overcome the single-direction mechanism. Obtain another device if the handle is forcefully opened, as the remaining fasteners may jam.
- 2. JAMS: If the device jams while engaged with tissue, forcefully open the handle to overcome the single-direction mechanism and allow for the device's removal from the tissue. Obtain another device.
- IF FASTENER IS NOT SECURE: If an unsecured or misplaced fastener is to be removed during surgery, pull gently on the unsecured leg with hemostat forceps and cut the fastener with scissors close to the tissue.
- IF INCISION NEEDS TO BE REOPENED: Use hemostat forceps to find and pinch the bridge section of each fastener. Clip on each side of forceps close to the tissue with scissors and remove.

POSTOPERATIVE CARE: Apply postoperative dressing of choice as you would for surgical incisions closed with interrupted subcuticular sutures.

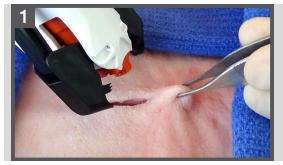
STORAGE: Store at 15-30°C (59-86°F).

DO NOT EXPOSE TO 49°C (120°F): Keep away from heat. Do NOT use the SubQ It! device if the temperature dot on the shelf box

NEEDLESTICK SAFETY: The SubQ It! driver complies with the Needlestick Safety and Prevention Act as a U.S. OSHA-defined SESIP (sharps with engineered sharps injury protections), effectively reducing the risk of an exposure incident. DISPOSAL: Dispose of the driver in a designated sharps container.

# **Longer Incisions**





# [1b] Lift Tissue at Distal Apex

Using forceps, grasp the apex of the incision and LIFT to present tissue edges to the SubQ It! driver.



# [2b] Mate with Forceps and Fire

Place the orange Introducer into the incision, covering both sides evenly with tissue. Partially squeeze the handle to close the pincers and verify capture on both sides. If necessary, release the handle and reposition. When correct positioning is confirmed, fully squeeze the handle to deploy the fastener.



# [3b] Reposition for Additional **Fasteners**

Maintain orange Introducer within the wound edges and move approximately 7-10mm.



# [4b] Repeat Until the Incision is Closed

Grasp tissue at dimples of the previous fastener, lift tissue, and repeat steps 2 and 3. Assess closure by spreading the wound. Additional fasteners may

added if needed.

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