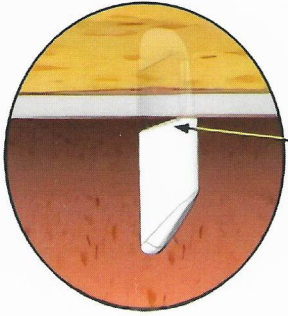
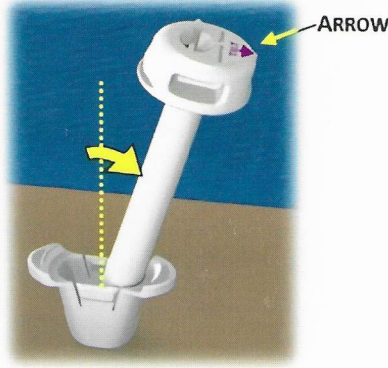


1 POSITION - Guide Placement



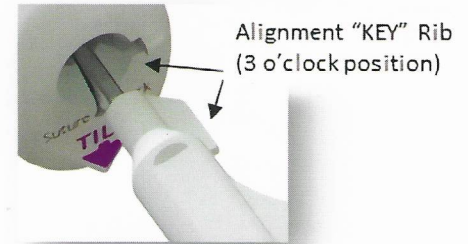
Advance the guide until the **DISTAL EDGE** of the notch can be visualized near the **PERITONEUM**

2 TILT - Guide Orientation



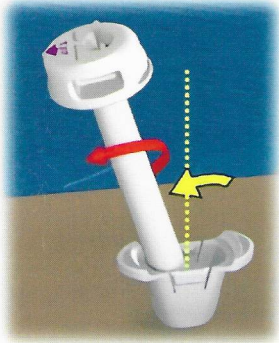
Use **TILT INDICATOR ARROW** on guide to ensure proper tilt direction.

3 DELIVER - Suture Placement



Place loaded suture passer down the guide lumen... **ALIGN** the rib with the receiving slot to fully advance needle, then retract and reload.

4 180° Rotation & Opposite Tilt

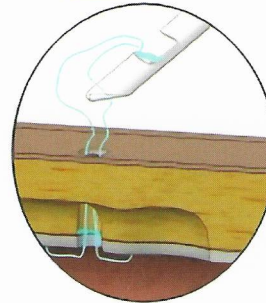


Bring guide back to Neutral position, rotate guide 180°, then use **TILT INDICATOR ARROW** to tilt the guide in the opposite direction.

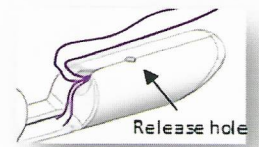
5 Again... Suture Placement

Load other end of same suture. Pass loaded suture passer down the guide lumen... align the rib with the receiving slot to fully advance needle

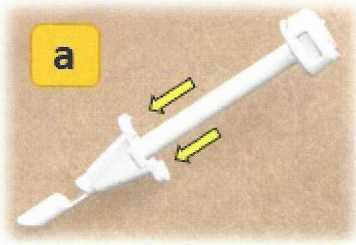
6 Remove the Guide with sutures



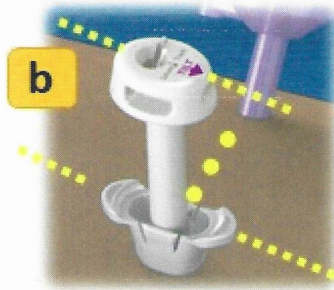
Retract guide from the defect to expose suture tails. Pull suture ends toward the "Release Hole" to free them from guide.



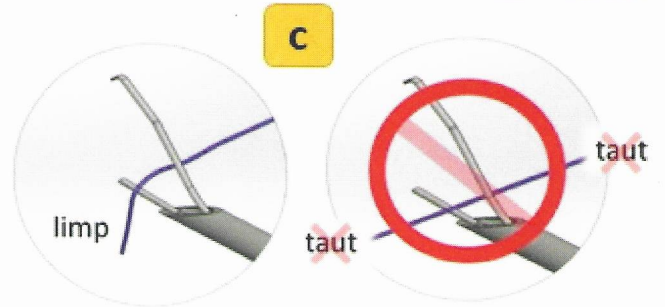
BEST PRACTICES



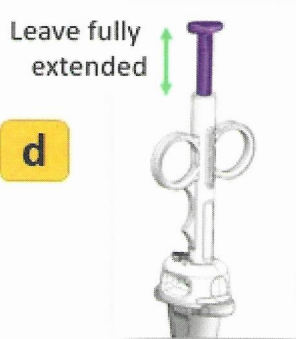
Slide the SEALING CONE down the shaft to position near the notch area



Seat the SEALING CONE securely into the defect... orient sealing cone and GUIDE to be PERPENDICULAR to the camera port

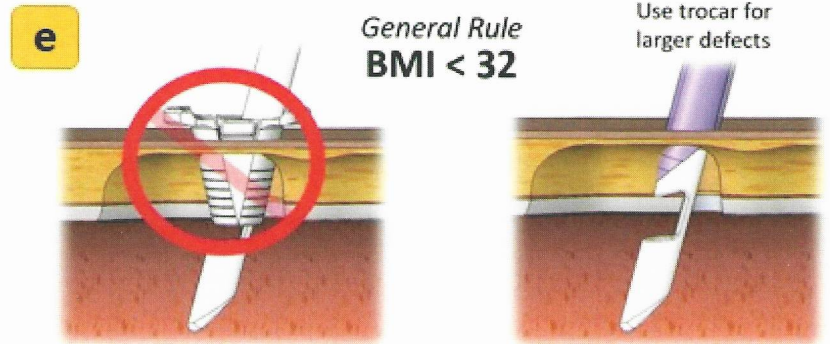


Load the suture with the end "LIMP"... NOT taut



Suture release is AUTOMATIC, do NOT push the plunger to aid in suture release

MODERATE OR THIN PATIENTS



General Rule
BMI < 32

Use trocar for larger defects