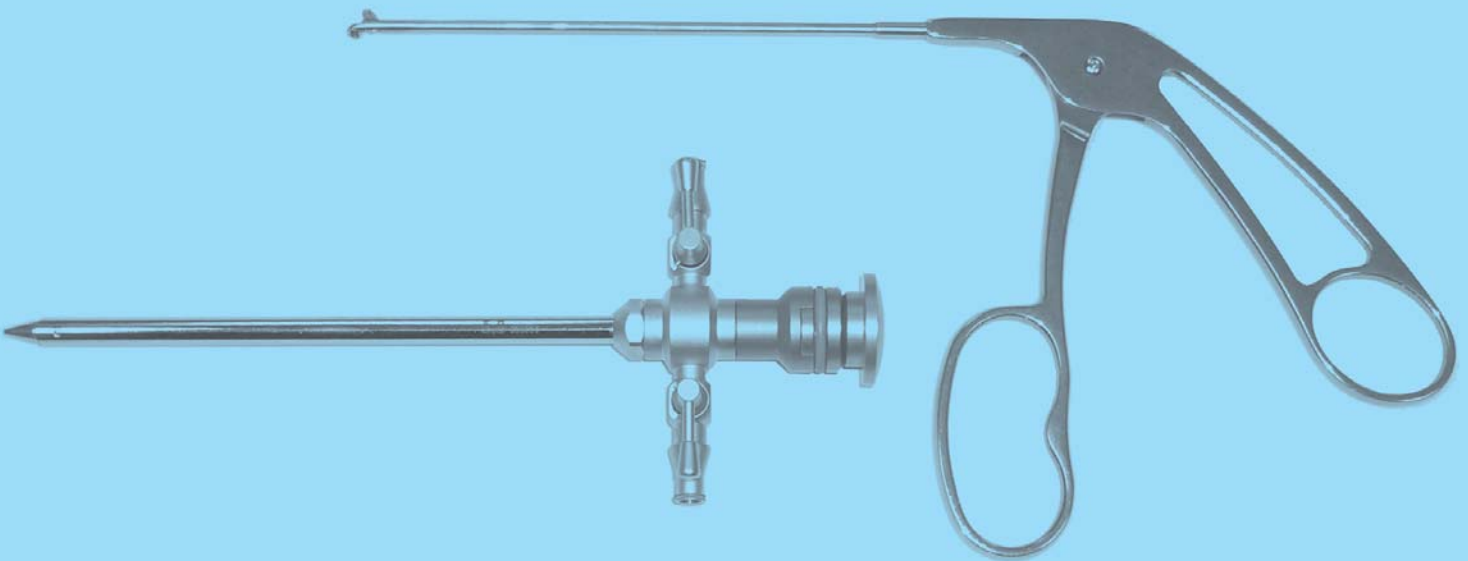
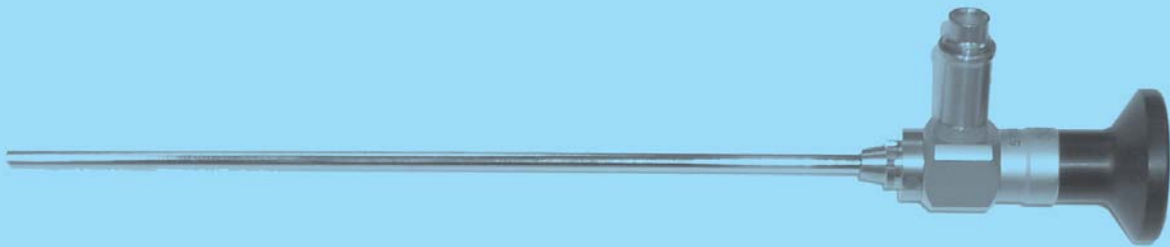


# ADVANCED ENDOSCOPY DEVICES

## Arthroscopy Instruments



## **TERMS AND CONDITIONS**

### **GUARANTEE**

**All instruments presented in the catalog are crafted from the finest German stainless steel.**

These products are guaranteed to be free from defects in workmanship and materials.

Any original product, which proves defective in workmanship or materials, will be repaired or replaced at our discretion, free of charge.

### **RETURNS**

No returns will be accepted without proper authorization. To speed authorization, please provide us with the invoice and order date when you call and ask for a Return Authorization Number.

Merchandise must be unused and in original packaging. Returns are subject to a 10% restocking fee.

### **CLAIMS**

All claims must be made within seven days after receipt of the merchandise.

Use medical instruments only for original purposes intended for.

**Custom or modified instruments cannot be returnable for credit.**

## **INSTRUMENT CARE AND MAINTENANCE**

Before each use clean, sterilize and inspect instrument. For all end users the Manufacturer recommends following steps:

### **CLEANING**

#### ***Water and stainless steel***

Ordinary tap water contains minerals, which may cause discoloring and corrosion. We recommend the use of **distilled water** for cleaning, disinfecting, sterilizing and rinsing instruments. In order to avoid corrosion use a cleaning solution with a near-neutral pH (7).

#### ***Ultrasound Cleaning***

The ultrasound method is the most effective and efficient method for cleaning surgical instruments. In order to raise the effectiveness first clean the instruments of any visible residue before placing them in ultrasonic cleaner. We recommend following the rules specified below:

- Do not mix in same cycle instruments made of stainless steel and instruments made of carbon steel covered with a galvanizing layer
- Open all the instruments so that locks and latches are accessible
- Avoid stacking instruments one over the other during loading
- Remove and rinse the instruments immediately after cycle end

- Dry the instruments immediately after rinsing and leave them in open air to dry completely
- Lubricate all movable parts

*Attention: after ultrasound cleaning perform a careful inspection of the instruments in terms of potential loosening of particular parts, e.g. loose screws*

### ***Manual cleaning and soaking***

If ultrasound-cleaning equipment is not available the instruments should be cleaned very carefully. Special attention should be paid to cleaning locks, teeth, hinges and other difficult to access areas. For cleaning use nylon (not steel) brushes and warm (not hot) cleaning solutions. Follow the manufacturer's instructions while preparing solutions. Change the solution in accordance with the manufacturer's recommendations.

Instruments should be treated with utmost care in order not to damage their delicate tips and mechanisms. If the instruments came into contact with blood, tissue, physiological saline or other foreign substances, they should be rinsed with warm (not hot) water before the substance dries up on the instruments. After rinsing, dip the instrument in a cleaning and disinfecting solution. Do not exceed the maximum treatment time and temperature.

Clean and rinse the instruments immediately after each application to achieve the best results. Delayed cleaning may result in particles sticking to the instruments or secretions drying up making them resistant to cleaning, and in the future difficult or even impossible to sterilize.

Since many chemical compounds and substances have a strong corrosive effect on stainless steel, instruments should be immediately rinsed and dried if they were exposed to any potentially hazardous substances.

## **INSPECTION**

Before each use check and test the instruments. Visible defects, cracks, deformed elements or blunt blades indicate that the instruments require repair and must not be used.

### ***Inspection of instruments***

The best time to check the condition of the instruments is after cleaning and lubrication, after they have cooled down. The application of defective instruments is strictly forbidden. Never attempt to repair the instruments on your own. Exclusively trained and qualified technicians should carry out servicing and repair work. Questions concerning repair should be reported to the manufacturer.

*Upon inspection pay attention to:*

*Performance – pliers, forceps and scissors must cut smoothly and close properly. Needle handles and clips must close properly and their tips must meet.*

*Surface – inspect the surface carefully in search for traces of discoloring, cracks or other irregularities. The most common reasons for discoloring and corrosion are:*

- *Improper cleaning*
- *Simultaneous sterilization of instruments made of stainless steel and carbon steel covered with a chrome layer*
- *Water contamination*
- *Inadequate or improper preparation and use of improper cleaning, disinfection or maintenance agents*
- *Failure to observe operating procedures for cleaning and sterilization*

## **LUBRICATION**

After cleaning the instruments and prior to sterilization in an autoclave lubricate all movable parts. If the instruments are to be sterilized in vapor, the use of an authorized water-soluble lubricant is recommended (in accordance with the instructions attached to the instrument).

## **STERILIZATION**

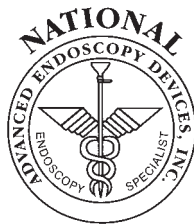
Sterilization guidelines compliant with the relevant national regulations should be adhered to. Proper parameters regarding the sterilization time, temperature and pressure should be taken from the instruction provided by the sterilization equipment manufacturer.

### ***Lubrication and autoclave sterilization***

All instruments must be properly cleaned before being placed in the autoclave. Next, their movable parts such as locks or hinges should be lubricated thoroughly. Use lubricants recommended in the user's manual enclosed with each AED instrument. Do not use industrial oils. Always sterilize equipment in their open position. It is recommended to wrap instruments in a cloth and then place them in the container or to spread the cloth on the bottom of the container so that it absorbs humidity. The cloth should be of neutral pH (7) and free of any detergent residue. Before application leave the instrument to cool down freely to room temperature. Follow the manufacturer's instructions on vapor autoclave operation and loading.

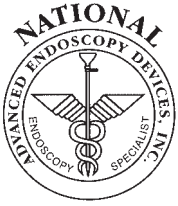
## **IMPORTANT NOTICE**

**The drawings in the catalog are made to a 1:1 scale and pictures to 1:2 scale, in other cases it will be specified next to the presented instrument. AED reserve the right to modify or change specification at its own discretion.**



# **Advanced Endoscopy Devices**

22134 Sherman Way  
Canoga Park, CA 91303 • USA  
Phone: (818) 227-2720  
Fax: (818) 227-2724  
[www.aed.md](http://www.aed.md)



## ARTHROSCOPES

AED Arthroscopes incorporate the unique Tri-Opt Lens System, producing one of the brightest, flattest, sharpest, edge to edge images in the industry. All AED Arthroscopes are Steam Autoclaveable for ease of sterile processing

5727A	2.7mm x 0 Deg.	Arthroscope
5727W	2.7mm x 25 Deg.	Arthroscope
5727B	2.7mm x 30 Deg.	Arthroscope
5727F	2.7mm x 45 Deg.	Arthroscope
5727C	2.7mm x 70 Deg.	Arthroscope



5700A	4mm x 0 Deg.	Arthroscope
5700W	4mm x 25 Deg.	Arthroscope
5700B	4mm x 30 Deg.	Arthroscope
5700F	4mm x 45 Deg.	Arthroscope
5700C	4mm x 70 Deg.	Arthroscope



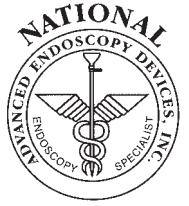
5700A-V	4mm x 0 Deg.	C-Mount Video Arthroscope
5700W-V	4mm x 25 Deg.	C-Mount Video Arthroscope
5700B-V	4mm x 30 Deg.	C-Mount Video Arthroscope
5700F-V	4mm x 45 Deg.	C-Mount Video Arthroscope
5700C-V	4mm x 70 Deg.	C-Mount Video Arthroscope

5700A-S	4mm x 0 Deg.	Snap Mount Video Arthroscope
5700W-S	4mm x 25 Deg.	Snap Mount Video Arthroscope
5700B-S	4mm x 30 Deg.	Snap Mount Video Arthroscope
5700F-S	4mm x 45 Deg.	Snap Mount Video Arthroscope
5700C-S	4mm x 70 Deg.	Snap Mount Video Arthroscope



For your ordering convenience, please specify the letter designation of the desired manufacturers sheath mount.

Dyonics®	(D)	Stryker® 366	(S6)
Storz®	(SZ)	Stryker® 344	(S4)
Wolf®	(WF)	Linovatec® Snapmount New	(LN)
Stryker® 377-477	(S7)	Linovatec® Standard	(L)
		Olympus®	(O)



- Adaptable to all major manufacturers instrumentation - consistent high quality images from one source manufacturer.
- Autoclaveable - enables user convenience and avoids repairs from accidental autoclaving.
- Upgrade - Use our replacement exchange program
- Unparalleled images - Wide field of view, and the sharpest edge to edge images in the industry.
- Warranty - Three years from any manufacturer defects.
- Light post adaptable to any major manufacturer's fiber optic cable.



## INFLOW IRRIGATION CANNULAS



17-1796 Inflow cannula Ø 4,0 mm



17-1797 Trocar for 15-1796 triangular



17-1798 Obturator for 15-1796 conical



17-1799 Infusion adapter for 15-1796



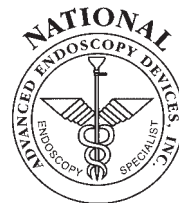
17-1791 Inflow cannula small Ø 3,0 mm



17-1792 Trocar for 15-1791 triangular



17-1793 Obturator for 15-1791 blunt



SHEATHS, TROCARS



- 17-1765** Arthroscope shaft, 2,7 mm, 2 turnable stop cocks
- 17-1766** Arthroscope shaft, 2,7 mm, 2 turnable stop cocks, short version
- 17-1770** Arthroscope shaft, 4,0 mm, 2 turnable stop cocks



- 17-1785-27** Arthroscope shaft, 2,7 mm, 2 rigid stop cocks
- 17-1767** Arthroscope shaft, 4,0 mm, 2 rigid stop cocks
- 17-1768** Arthroscope shaft, 1,9 mm, 2 rigid stop cocks



- 17-1790-27** Arthroscope shaft, 2,7 mm, 1 rigid stop cock
- 17-1775** Arthroscope shaft, 4,0 mm, 1 rigid stop cock

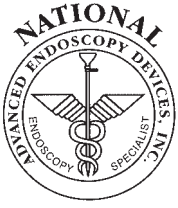


- 17-1795-27** Arthroscope shaft, 2,7 mm, 1 turnable stop cocks
- 17-1780** Arthroscope shaft, 4,0 mm, 1 turnable stop cocks



	Obturatoren Obturator	2,0 x 110 mm	2,7 x 110 mm	2,7 x 187,5 mm	4,0 x 175 mm
stumpfe Spitze blunt tip		<b>17-1772</b>		<b>17-1789</b>	<b>17-1790</b>
konische Spitze conical tip		<b>17-1769</b>	<b>17-1787</b>	<b>17-1794</b>	<b>17-1795</b>
pyram. Spitze pyram.tip		<b>17-1773</b>	<b>17-1771</b>	<b>17-1784</b>	<b>17-1785</b>





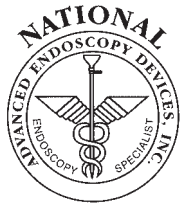
## LEG HOLDERS



**17-1780LH** Leg Holder



**17-1790LH** Leg Holder



**ELECTRODES**



**17-1826** Needle electrode, 90° angled, 1,5 mm



**17-1827** Needle electrode, 90° angled, 4,0 mm



**17-1828** Knife electrode, 45° angled




**17-1829** Needle electrode, 45° angled




**17-1831** Hook electrode, 90° angled


## HAND-INSTRUMENTS


**17-1800** Hook knife, knurled handle



**17-1805** Knife, angled cutting edge at 45 degree




**17-1810** Meniscotome, sharp and hard cutting edge




**17-1815** Banana knife, smooth and curved blade




**17-1820** Scalpel knife



**17-1825** Hook probe, angled 90 degree working end



**17-1830** Banana knife serrated cutting edges



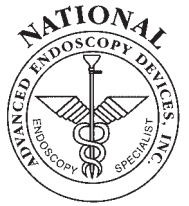
**17-1835** Spoon curette, 3 mm diameter of element, 30 degree angled



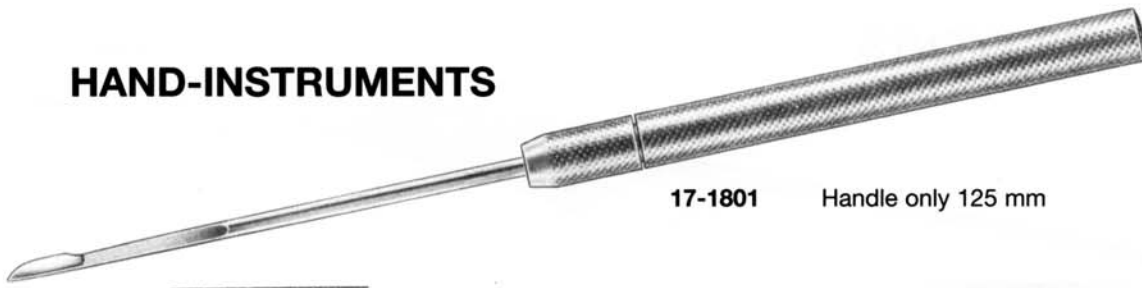
**17-1840** Ring curette, 3 mm diameter of sharp cutting ring



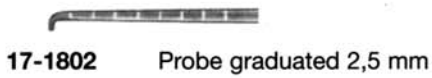
**17-1845** Knife 3 mm cutting edge, straight serrated blade



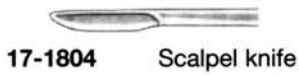
**HAND-INSTRUMENTS**



**17-1801** Handle only 125 mm



**17-1802** Probe graduated 2,5 mm



**17-1804** Scalpel knife



**17-1806** Banana knife smooth



**17-1807** Banana knife toothed



**17-1809** Meniscotome 5 mm straight edge



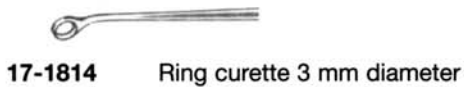
**17-1811** Meniscotome 7 mm round edge



**17-1812** Hook knife 90 degree



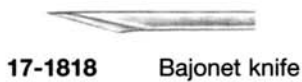
**17-1813** Knife 45 degree



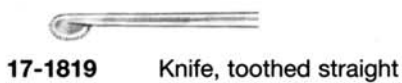
**17-1814** Ring curette 3 mm diameter



**17-1817** Sickle knife



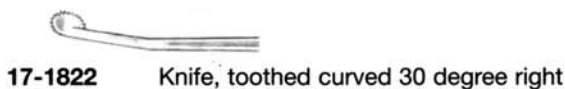
**17-1818** Bajonet knife



**17-1819** Knife, toothed straight



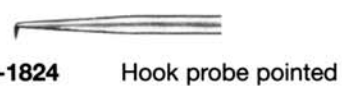
**17-1821** Knife, toothed curved 30 degree left



**17-1822** Knife, toothed curved 30 degree right

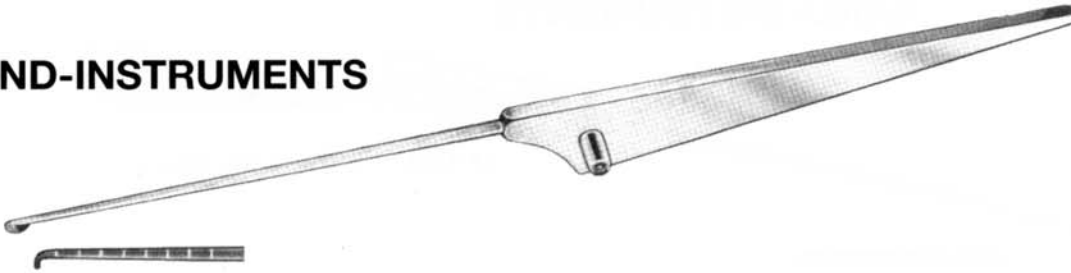


**17-1823** Spoon 3 mm diameter, curved 30 degree



**17-1824** Hook probe pointed

**HAND-INSTRUMENTS**



**17-1802 DK** Probe graduated 2,5 mm



**17-1804 DK** Scalpel knife



**17-1806 DK** Banana knife smooth



**17-1807 DK** Banana knife toothed



**17-1809 DK** Meniscotome 5 mm straight edge



**17-1811 DK** Meniscotome 7 mm round edge



**17-1812 DK** Hook knife 90 degree



**17-1813 DK** Knife 45 degree



**17-1814 DK** Ring curette 3 mm diameter



**17-1817 DK** Sickle knife



**17-1818 DK** Bajonet knife



**17-1819 DK** Knife, toothed straight



**17-1821 DK** Knife, toothed curved 30 degree left



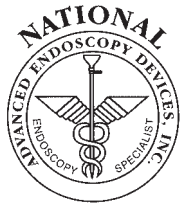
**17-1822 DK** Knife, toothed curved 30 degree right



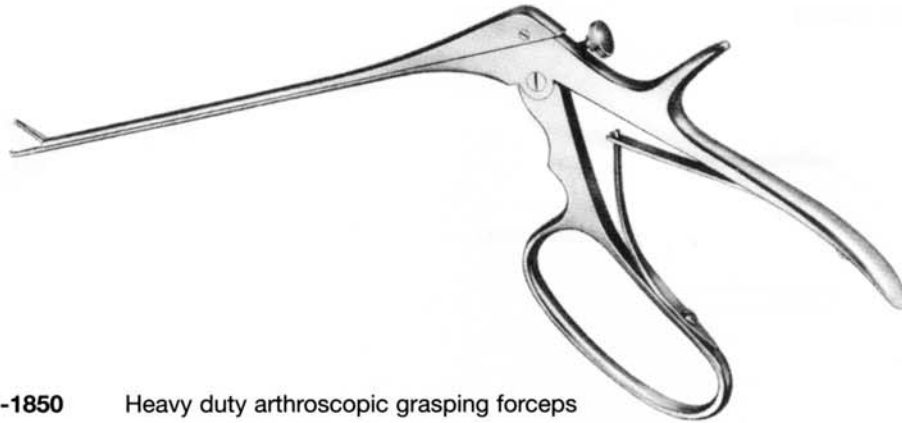
**17-1823 DK** Spoon 3 mm diameter, curved 30 degree



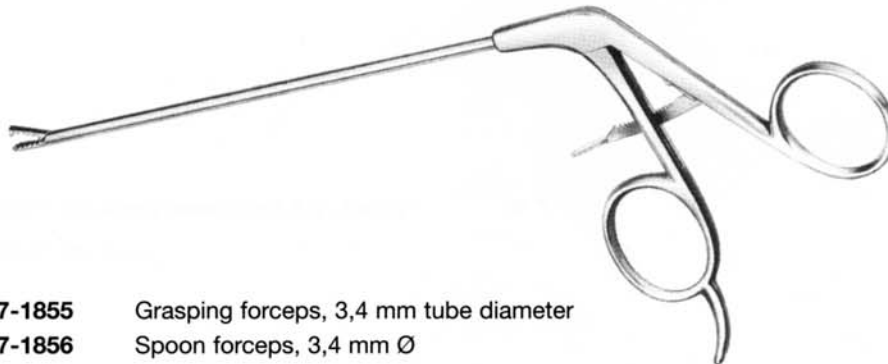
**17-1824 DK** Hook probe pointed



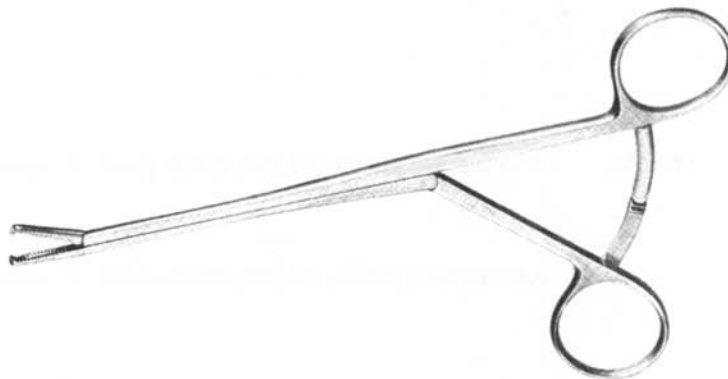
**GRASPING FORCEPS**



**17-1850** Heavy duty arthroscopic grasping forceps



**17-1855** Grasping forceps, 3,4 mm tube diameter  
**17-1856** Spoon forceps, 3,4 mm Ø








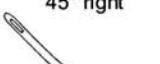







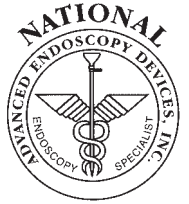
**17-1860** Axial grasping forceps, straight working element  
**17-1865** Axial grasping forceps, right curved working element  
**17-1870** Axial grasping forceps, left curved working element

**Arthroscopy**

All Instruments with Overload Protection
















	ø mm	Hook Scissors 	Hook Punch with Scoop  L = 5,0 mm · B = 1,6 mm	Hook Punch set down  L = 5,0 mm · B = 1,6 mm	Hook Punch Cut angular  L = 5,0 mm · B = 1,6 mm
straight 	2,7	<b>120-250-270</b>	<b>120-290-270</b>	<b>120-350-270</b>	
	3,5	<b>120-250-350</b>	<b>120-290-350</b>	<b>120-350-350</b>	<b>120-370-350</b>
30° right 	2,7	<b>120-251-270</b>	<b>120-291-270</b>	<b>120-351-270</b>	
	3,5	<b>120-251-350</b>	<b>120-291-350</b>	<b>120-351-350</b>	<b>120-371-350</b>
30° left 	2,7	<b>120-253-270</b>	<b>120-293-270</b>	<b>120-353-270</b>	
	3,5	<b>120-253-350</b>	<b>120-293-350</b>	<b>120-353-350</b>	<b>120-373-350</b>
45° right 	2,7	<b>120-255-270</b>	<b>120-295-270</b>	<b>120-355-270</b>	
	3,5	<b>120-255-350</b>	<b>120-295-350</b>	<b>120-355-350</b>	<b>120-375-350</b>
45° left 	2,7	<b>120-257-270</b>	<b>120-297-270</b>	<b>120-357-270</b>	
	3,5	<b>120-257-350</b>	<b>120-297-350</b>	<b>120-357-350</b>	<b>120-377-350</b>
7° up 	2,7	<b>120-259-270</b>	<b>120-299-270</b>	<b>120-359-270</b>	
	3,5	<b>120-259-350</b>	<b>120-299-350</b>	<b>120-359-350</b>	<b>120-379-350</b>
7° down 	2,7	<b>120-261-270</b>	<b>120-301-270</b>	<b>120-361-270</b>	
	3,5	<b>120-261-350</b>	<b>120-301-350</b>	<b>120-361-350</b>	<b>120-381-350</b>
15 up 	2,7	<b>120-263-270</b>	<b>120-303-270</b>	<b>120-363-270</b>	
	3,5	<b>120-263-350</b>	<b>120-303-350</b>	<b>120-363-350</b>	<b>120-383-350</b>
15° down 	2,7	<b>120-265-270</b>	<b>120-305-270</b>	<b>120-365-270</b>	
	3,5	<b>120-265-350</b>	<b>120-305-350</b>	<b>120-365-350</b>	<b>120-385-350</b>



## Arthroscopy

All Instruments with Overload Protection










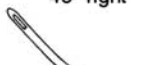





	ø mm	Hook Punch 15° up milled   L = 5,0 mm · B = 1,6 mm	Wide Jaw Punch large   L = 5,0 mm · B = 4,5 mm	Wide Jaw Punch medium   L = 5,0 mm · B = 3,5 mm	Wide Jaw Punch small   L = 6,0 mm · B = 2,5 mm
straight 	3,5	<b>120-390-350</b>	<b>120-490-350</b>	<b>120-560-350</b>	<b>120-630-350</b>
30° right 	3,5	<b>120-391-350</b>	<b>120-491-350</b>	<b>120-561-350</b>	<b>120-631-350</b>
30° left 	3,5	<b>120-393-350</b>	<b>120-493-350</b>	<b>120-563-350</b>	<b>120-633-350</b>
45° right 	3,5	<b>120-395-350</b>	<b>120-495-350</b>	<b>120-565-350</b>	<b>120-635-350</b>
45° left 	3,5	<b>120-397-350</b>	<b>120-497-350</b>	<b>120-567-350</b>	<b>120-637-350</b>
7° up 	3,5	<b>120-399-350</b>	<b>120-499-350</b>	<b>120-569-350</b>	<b>120-639-350</b>
7° down 	3,5	<b>120-401-350</b>	<b>120-501-350</b>	<b>120-571-350</b>	<b>120-641-350</b>
15 up 	2,7	<b>120-403-350</b>	<b>120-503-350</b>	<b>120-573-350</b>	<b>120-643-350</b>
15° down 	3,5	<b>120-405-350</b>	<b>120-505-350</b>	<b>120-575-350</b>	<b>120-645-350</b>

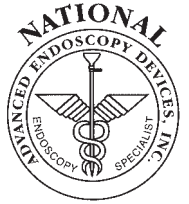


**Arthroscopy**

All Instruments with Overload Protection








	ø mm	Wide Jaw Punch large 15° up milled  L = 5,0 mm · B = 4,5 mm	Wide Jaw Punch medium 15° up milled  L = 5,0 mm · B = 3,5 mm	Wide Jaw Punch small 15° up milled  L = 6,0 mm · B = 2,5 mm	Wide Jaw Punch small 45° up milled  L = 6,0 mm · B = 2,0 mm
straight 	3,5	<b>120-530-350</b>	<b>120-600-350</b>	<b>120-680-350</b>	<b>120-698-350</b>
30° right 	3,5	<b>120-531-350</b>	<b>120-601-350</b>	<b>120-681-350</b>	
30° left 	3,5	<b>120-533-350</b>	<b>120-603-350</b>	<b>120-683-350</b>	
45° right 	3,5	<b>120-535-350</b>	<b>120-605-350</b>	<b>120-685-350</b>	
45° left 	3,5	<b>120-537-350</b>	<b>120-607-350</b>	<b>120-687-350</b>	
7° up 	3,5	<b>120-539-350</b>	<b>120-609-350</b>	<b>120-689-350</b>	
7° down 	3,5	<b>120-541-350</b>	<b>120-611-350</b>	<b>120-691-350</b>	
15 up 	3,5	<b>120-543-350</b>	<b>120-613-350</b>	<b>120-693-350</b>	
15° down 	3,5	<b>120-545-350</b>	<b>120-615-350</b>	<b>120-695-350</b>	





## Arthroscopy

All Instruments with Overload Protection
















	∅ mm	45° Hook Scissors 	45° Punch with Scoop  L = 4,5 mm · B = 1,6 mm	45° Punch blunt  L = 4,5 mm · B = 1,6 mm	90° Punch with Scoop  L = 4,5 mm · B = 1,6 mm	90° Punch blunt  L = 4,5 mm · B = 1,6 mm
right angled	3,5	<b>120-270-350</b>	<b>120-410-350</b>	<b>120-420-350</b>	<b>120-450-350</b>	<b>120-460-350</b>
left angled	3,5	<b>120-280-350</b>	<b>120-430-350</b>	<b>120-440-350</b>	<b>120-470-350</b>	<b>120-480-350</b>

	∅ mm	90° Wide Jaw Punch medium  L = 7,0 mm · B = 3,0 mm	90° Wide Jaw Punch small  L = 7,0 mm · B = 1,8 mm
right angled	3,5	<b>120-740-350</b>	<b>120-760-350</b>
left angled	3,5	<b>120-750-350</b>	<b>120-770-350</b>

**Arthroscopy**

All Instruments with Overload Protection



	ø mm	Scissors Punch  L = 5,0 mm · B = 0,8 mm	Scissors Punch 15° up milled  L = 5,0 mm · B = 0,8 mm	Punch Retrograde Cut left  L = 4,0 mm · B = 2,5 mm	Punch Retrograde Cut right  L = 4,0 mm · B = 2,5 mm
straight 	3,5	120-700-350	120-720-350	120-780-350	120-790-350
30° right 	3,5	120-701-350	120-720-350		
30° left 	3,5	120-703-350	120-723-350		
45° right 	3,5	120-705-350	120-725-350		
45° left 	3,5	120-707-350	120-727-350		
7° up 	3,5	120-709-350	120-729-350		
7° down 	3,5	120-711-350	120-731-350		
15 up 	3,5	120-713-350	120-733-350		
15° down 	3,5	120-715-350	120-735-350		

# AED Arthroscopes

## INDICATIONS FOR USE:

The AED line of rigid Arthroscopes is indicated to provide illumination and visualization in:

- Diagnostic and operative arthroscope procedures.

For the purposes of these instructions: Arthroscopes, autoclavable and non-autoclavable, are referred to collectively as scopes.

## WARNINGS AND CAUTIONS:

**WARNING:** Scopes not identified as “Autoclavable” cannot be exposed to temperatures exceeding 60°C (140°F).

**WARNING:** High energy radiated light emitted from illuminating fiber at the distal end of the scope may give rise to temperatures exceeding 41°C (within 8mm in front of the scope). Do not leave tip of scope in direct contact with patient tissue or combustible materials, as burns may result. Lower the light source output when working in close proximity to the object.

**CAUTION:** Medical scopes are delicate instruments and must be handled carefully.

**CAUTION:** To prevent potential safety hazard to the patient caused by accidental loss of function of the device (i.e., front end damage by surgical instruments) it is recommended to have an additional sterile “stand-by” device during surgical procedures.

**Note:** When scopes are used with laser equipment, appropriate filtering spectacles must be worn by the operating team. In some cases, a specific filter must be put between the scope and camera head to prevent camera damage by high-power laser radiation. Contact your laser supplier for details.

To prevent scope damage by high power laser radiation, always ensure that the laser delivery fiber is seen through the scope and not directed at the scope before energizing the laser.

**Note:** When using HF surgical equipment, keep the working part of the active electrode in the field of view to avoid accidental HF burns. Avoid contact with metal parts of the scope and other conductive accessories by ensuring before activation of the HF output that the active electrode is at a sufficient distance from the tip of the scope. Ensure that only medical electrical equipment that complies with IEC 601-1 and its relative particular standards is connected to, or used in conjunction with, the scope.

**Note:** Please retain the original scope packaging materials for future shipping. Failure to ship the scope in adequate protective packaging will void the warranty.

**Note:** To comply with IEC-601-2-18 standard requirements for BF-type and CF-type equipment, the following conditions must be met:

- for direct view scopes, the light cable must provide electrical isolation from the light source.
- for videoscopes, both the light cable and camera head must provide electrical isolation from the light source and camera control unit, respectively.

**Note:** Any mechanical manipulation of the eyepiece may result in seal breakage; therefore, do not attempt to remove the eyepiece.

**Note:** After autoclaving an autoclavable scope, do not immerse the hot scope in cold water or liquid. Forced cooling can cause damage to the scope and will void the warranty.

## OPERATING AND MAINTENANCE

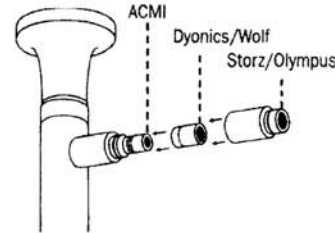
### INSTRUCTIONS:

**Assembly:** The following is the mechanical assembly procedure for AED Arthroscopes:

# Instructions For Use

Check the scope light post to make sure that it is clean prior to use. If used, remove the Storz light post adapter to effectively clean the light post (refer to the cleaning instructions).

Select the appropriate light post adapter and screw it onto the scope light post (see following diagram).



## For Videoscopes:

- Check that the o-ring located at the base of the mounting threads is in place and undamaged.
- Check that the proximal window is clean.
- Screw the scope onto the desired camera head in a clockwise direction, hand tightening only, until the scope base is firmly seated against the camera flange.
- Attachment of arthroscope accessories, such as cannulas, is generally accomplished via the “J” lock. To lock, simply push down and twist clockwise.

**Note:** To avoid fogging during surgery, the rear portion of the scope must be entirely free of moisture before attachment to either the camera head or camera coupler.

**Note:** Although it is recommended that a videoscope remains assembled to the camera head to prevent image degradation due to fogging and cleanliness issues, it is also recommended that the videoscope be removed periodically for cleaning of the threads to prevent corrosion resulting from galvanic reaction.

## REPROCESSING CLEANING INSTRUCTIONS:

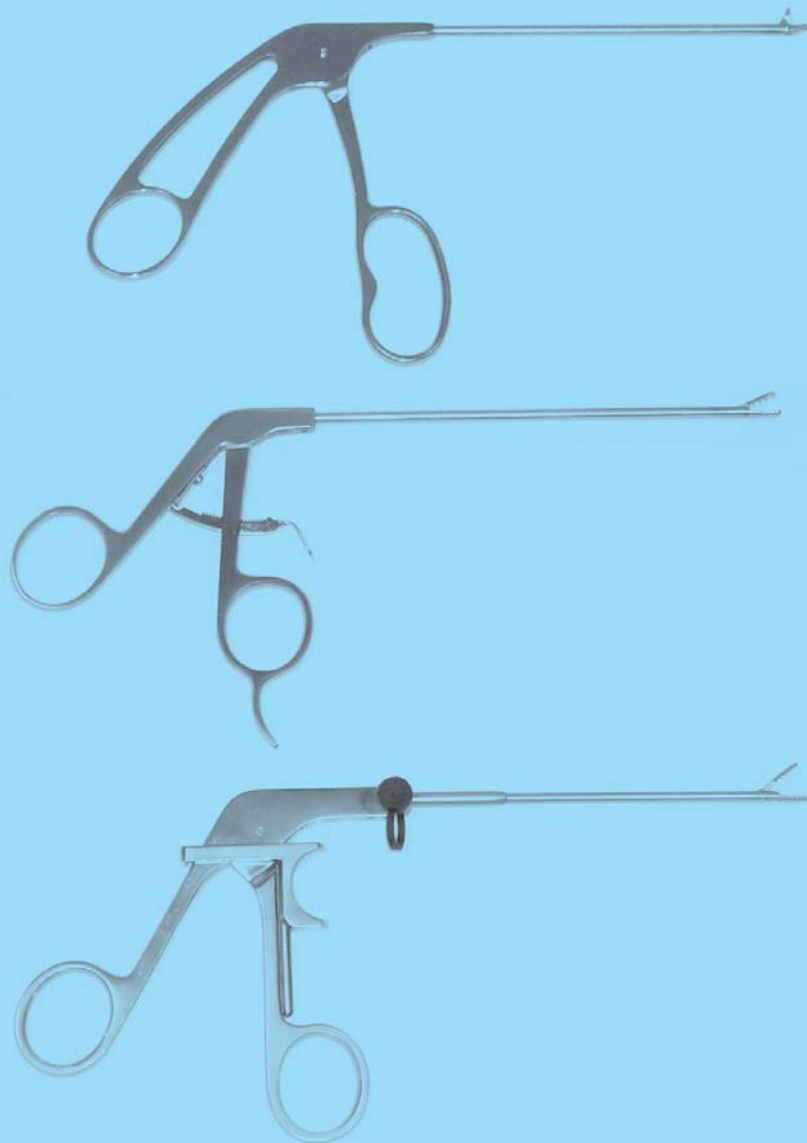
The AED line of rigid Arthroscopes should be cleaned with a neutral pH solution recommended for reprocessing of medical endoscopes, prepared according to the manufacturer’s instructions. Any light post adapters must be removed prior to cleaning. Thoroughly clean all surfaces of the scope and adapter, allowing for any recommended soak time. Thoroughly rinse the scope and adapter to completely remove the cleaning solution. Dry and reassemble the adapter to the scope.

The scope has three optical surfaces that must be thoroughly cleaned and checked routinely to ensure both maximum transmission of illumination and a high-quality image. These are:

- the distal tip
- the proximal window or eyepiece
- the fiber optic light post

## Recommended cleaning steps:

1. Scrub each optical surface mentioned above with a 4 x 4 gauze pad soaked in an enzymatic solution to break-down organic material. Rinse thoroughly with distilled water.
2. Repeat step 1 with a 4 x 4 gauze pad soaked in isopropyl alcohol. Rinse thoroughly with distilled water.
3. Repeat step 1 with a 4 x 4 gauze pad soaked in an acetone. Rinse thoroughly with distilled water.
4. Reflect light off all optical surfaces to detect any remaining foreign material or scratches that may degrade image quality.



**ADVANCED ENDOSCOPY DEVICES, INC.**

22134 Sherman Way, Canoga Park, CA 91303 • USA

Phone: (818) 227-2720 • Fax: (818) 227-2724 • [www.aed.md](http://www.aed.md)

# AED Arthroscopes

---

**Note:** Do not use any ultrasonic cleaning methods. The energy transmitted through fluid cavitation will damage seals and optical surfaces and will void the warranty.

**Note:** The extreme heat from steam autoclaving will cause foreign materials left on these optical surfaces to harden and discolor. Any foreign matter remaining on the distal tip will reduce image quality and may lead to a completely obscured picture.

Foreign matter remaining on the fiber surface of the light post after cleaning may tend to burn and discolor the surface when exposed to a high intensity light source.

## **STERILIZATION:**

AED scopes should be sterilized in approved containers (such as AED sterilization trays) which are designed to secure the instruments in place while allowing proper circulation of the sterilant medium.

Wrapping the scope (as a means of securing it in an unapproved container) is not acceptable, as contaminants from the wrap (e.g., a towel) may remain as soils on the scope.

## **VIDEOSCOPES AND NON-AUTOCLAVABLE SCOPES:**

Sterilize the scope with Ethylene Oxide (EtO) gas or soak in chemical sterilant.

### **1. Gas sterilization (100% EtO)**

Follow standard hospital procedure maintaining the following parameters.

- Temperature: 126° +5° F (50°C)
- Relative Humidity:: 35—70%
- Gas Concentration: ~ 736mg/l
- Exposure Time: 60 minutes
- Aeration: 12 hours minimum

**Note:** These parameters have been validated to ensure sterility. Sterilizer functioning should be monitored at regular intervals with biological indicators to ensure products have been subjected to sterilization conditions.

**2. Chemical Sterilization and Steris™ Process:** AED scopes are immersible and should be sterilized using the process obtained from the individual chemical manufacturer. AED scopes are materially compatible with the Steris process. Videoscopes are designed to be used with soakable, solid-state video cameras. It is recommended to immerse the videoscope and camera head as an assembled unit. Care must be taken to ensure that the attachment is secure. This watertight seal will eliminate the danger of the lenses fogging during use. The scope or joined videoscope/camera head unit should be rinsed after soaking with sterile water and dried with a sterile cloth. Do not break the seal.

## **AUTOCLAVABLE SCOPES:**

**CAUTION:** Only scopes marked 'Autoclavable' can be steam autoclaved. With the exception of these scopes which have been designed specifically for auto-clavability, scopes cannot be steam autoclaved. Steam autoclaving scopes not specifically designed for this purpose would permanently damage the optical components and void the warranty. Do not expose these scopes to temperatures exceeding 60°C (140°F).

**CAUTION:** Before autoclaving, ensure that exposed optical surfaces of the scope (distal tip and proximal window) are thoroughly clean and free of residue. Also, extreme heat from the high intensity light source will cause debris on the light post to discolor, burn and harden. Failure to clean the scope prior to autoclaving may result in permanent damage to the optical surfaces.

# Instructions For Use

---

**1. Autoclave Wrapped:** Follow standard hospital procedures for Pre-Vacuum methods at 270°—275° F (132°—135° C) for 10 minutes, or for gravity methods at 270°—275° F (132°—135° C) for 15 minutes.

### **2. Gas sterilization (100% EtO)**

- Temperature: 126° +5° F (50°C)
- Relative Humidity:: 35—70%
- Gas Concentration: ~ 736mg/l
- Exposure Time: 60 minutes
- Aeration: 12 hours minimum

**Note:** These parameters have been validated to ensure sterility. Sterilizer functioning should be monitored at regular intervals with biological indicators to ensure products have been subjected to sterilization conditions.

**Note:** After autoclaving an autoclavable scope, do not immerse the hot scope in cold water or liquid. Forced cooling can cause damage to the scope. **Storage:** AED scopes should be stored with the plastic tip covering the distal end. This will preserve optics by protecting the delicate needle portion. The scope and accessories should be stored either in their shipping box or in a sterilization tray. In either case, proper care should be taken to ensure that the scope is immobile to prevent any damage.

## **SCOPE REPAIR PROGRAM:**

The AED Scope Repair Program ensures optimal instrument quality by utilizing original equipment components and factory workmanship. All repairs are performed under full compliance with GMP guidelines. We make every reasonable effort to complete evaluations and repairs in just a few days to minimize your instrument downtime. Modifications or repairs performed by persons not specifically authorized by AED will void the warranty.

In the U.S., please call Customer Service at (818) 227-2720 for a Return Authorization Number.