**Scope Compatibility**

<table>
<thead>
<tr>
<th>Order No.</th>
<th>Endoscope Outer Diameter</th>
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<tbody>
<tr>
<td>DT-6-5F</td>
<td>9.5 mm - 13 mm</td>
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<tr>
<td>DT-6</td>
<td></td>
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<tr>
<td>DT-6-XL</td>
<td>11 mm - 14 mm</td>
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</tbody>
</table>

**Prep 1**

The firing position allows the handle to be rotated in the forward direction only. The **two-way position** allows the handle to rotate in both directions. Prior to introducing the endoscope, keep the handle in the two-way position.

**Prep 2**

Insert the ligator handle into the endoscope accessory channel.  
**Note:** The irrigation adapter may be inserted through the white self-sealing valve prior to introducing the loading catheter.

**Prep 3**

Introduce either end of the loading catheter through the white seal in the ligator handle and advance, in short increments, until it exits the tip of the endoscope.

**Prep 4**

Attach the trigger cord, leaving approximately 2 cm of cord between the knot and the hook. Withdraw the loading catheter and trigger cord up through the endoscope and out through the ligator handle.

**Prep 5**

Attach the barrel to the tip of the endoscope, advance as far as possible.
Prep 6
Place the trigger cord into the slot on the spool of the ligator handle and pull down until the knot is seated in the hole of the slot. The knot must be seated into the hole for the handle to function properly.

Prep 7
With the handle in the two-way position, slowly rotate the handle clockwise to wind the trigger cord onto the handle spool. Note: Care must be exercised to avoid deploying a band while winding the trigger cord.

Prep 8
Check the endoscopic view. To maximize visualization, the position of the trigger cord may be altered by rotating the barrel.

Snare - Prep 1
Fully retract and extend the snare to confirm smooth operation.

Snare - Prep 2
Slide the adjustable marker located in the handle shaft to establish a reference point indicating full retraction of the snare into the sheath. The grid on the handle may be used to set up reference points, establishing the thickness of the tissue being excised during the procedure. To utilize these markings, fully advance and retract the snare to establish the markings which indicate snare position.

Refer to current instructions for detailed system use.