

Directions For Use

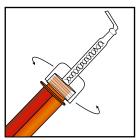
Position anesthetized patient in sternal recumbency, hang limbs over back of surgery table and tie in place. Place rolled towel under legs and caudal abdomen for patient comfort and to extend legs out. Tilt back of surgery table upwards. Surgeon can sit on stool.

Clip hair around anus and anal sac openings. Empty anal sacs completely. Prep surgery site.

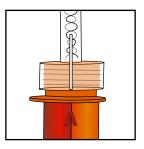
1. Before surgery, activate the polymer pathway using the control located below the mixing tip.



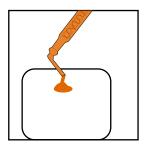
3. Twist the winged tabs clockwise until you feel a 'click'. The syringe is now able to extrude material.

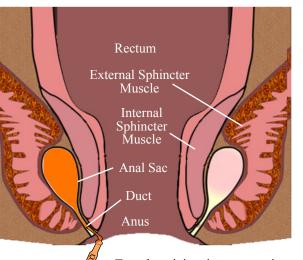


2. Hold the syringe firmly in one hand so that the longer tab faces you.



4. Bleed the tip before going into the anal sac.





Turn the mixing tip to convenient angle. Place blunt needle tip gently into opening of anal sac. The needle should be inserted about half of its length. Gently and slowly infuse the polymer until anal sac is full and readilly discernable. The gel will solidify in 3-4 minutes. Grab the outside of the anal sac duct with thumb forceps such as a Brown Adson. Use a #15 scalpel blade and start slow disection of anal sac, using care to stay below the external sphincter. The distended anal sac is felt below, gentle traction of thumb forceps will lift the sac slowly in to view. Continue

dissection of the surrounding tissue and the intact anal sac should readily and completely be able to be removed.

Closure with 2-3 sutures of fine absorbable suture.

Do not use on currently abscesed anal sac.

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