



GASTRIC | LIGHT
GUIDE

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USING THE GLG IN SLEEVE GASTRECTOMY



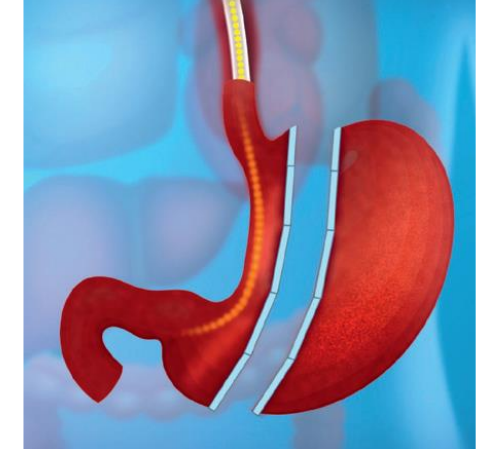
Just after intubation, with light on, the anesthetist places the GLG through the oral cavity and esophagus into the stomach.



Guided by the well-lit bougie, seen through the stomach wall, the surgeon positions the GLG along the lesser curvature. **Once in position turn suction on.**



Subsequently, using an endostapler, surgeon cuts off a part of the stomach along the edge of the shape indicated by the illuminated bougie.

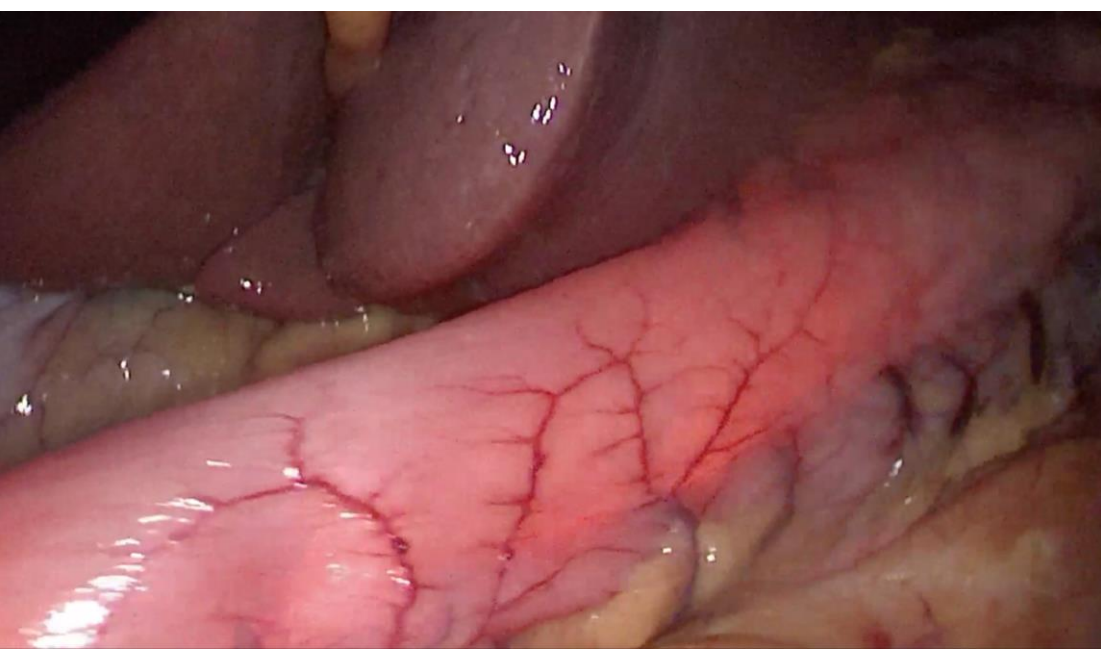
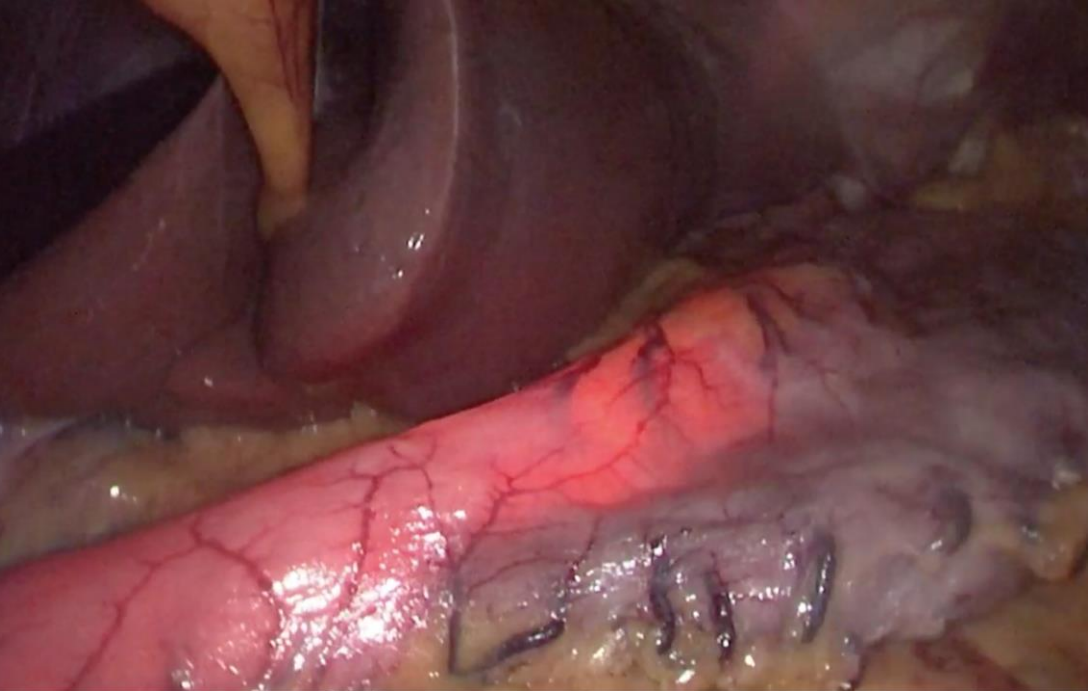


Remove stomach specimen, then perform leak or dye test. After test remove the GLG.

TIPS FOR PROPER PLACEMENT AND BEST ILLUMINATION

- Air and stomach contents should be aspirated.
- Stomach should be fully mobilized (omentum and/or adhesions from greater curvature)
- Make sure there is a tight connection between battery pack and handle

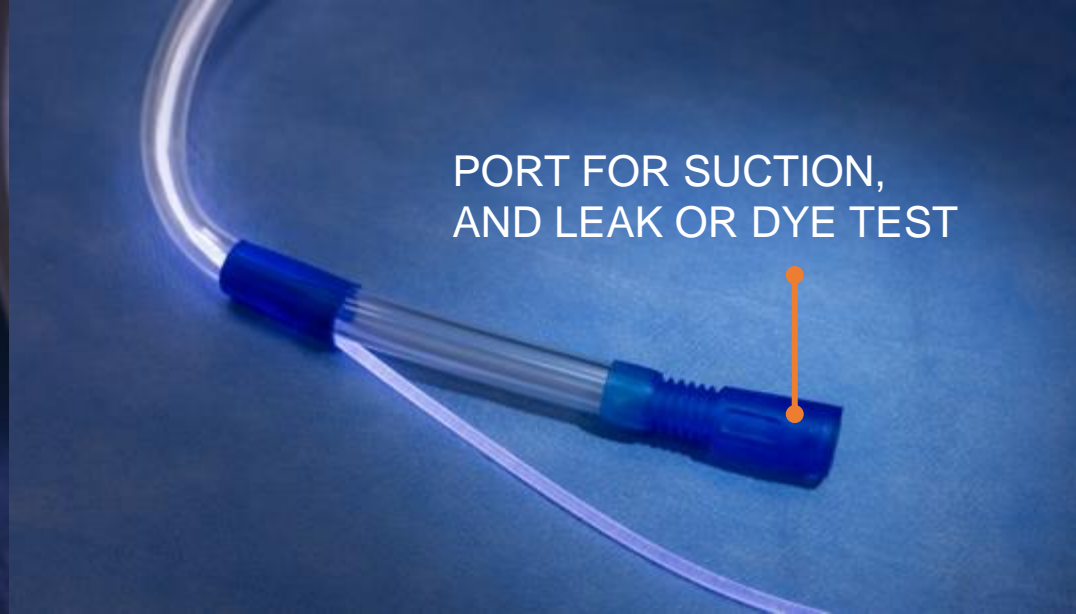




VISUAL ADVANTAGE Illumination PLUS Suction

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Where Vision Meets Precision



Turn the lights on. The Gastric Light Guide gives the surgeon and anesthetist critical visual guidance, reducing the risk of intraoperative and post procedure complications, reducing procedure time and improving outcomes.

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