

## STANDARD CLAMP®

The Standard Bariatrics® Standard Clamp is a laparoscopic surgical device designed to clamp the entire length of the stomach, enabling surgeons to plan and hold the staple line prior to dividing the stomach during laparoscopic sleeve gastrectomy.

**1.75" gap** ensures ease of placement

**Release button** for one-handed operation

**Spring hinge** to accommodate varying tissue thickness

**25cm jaw length** to clamp the entire stomach

**1cm jaw width** for desired placement with respect to anatomical markers

**Ratchet handle** to partially close device

The Standard Clamp is enabling surgeons to **plan and deliver consistent sleeve anatomy**<sup>1</sup> every time.

### OPTIMAL ANATOMY = OPTIMAL OUTCOMES

Holding the line with the Standard Clamp and the Standard Bougie for better, more consistent anatomy and results.\*



\*The Standard Bougie is to be used with the Standard Clamp.

# DIRECTIONS FOR USE STANDARD CLAMP®

Prior to use, inspect the package of all sterile components to ensure that the integrity has not been compromised.

**Step 1** — Remove the clamp from packaging and close the jaws by pulling on the black trigger. The jaws of the clamp are fully closed after five (5) clicks are heard.

**Step 2** — Insert clamp into the peritoneal cavity through a 12mm trocar.

**Step 3** — Advance the clamp to the soft tissue target and open jaws by depressing the red release button located on the back of the handle. Ensure the jaws of the clamp are visible and unobstructed prior to opening.

**Step 4** — Place the clamp jaws in the desired location ensuring tissue is flat and evenly distributed between the jaws and that no folds of tissue are created prior to closing the device (Figure 1). If tissue is folded, reposition the tissue.

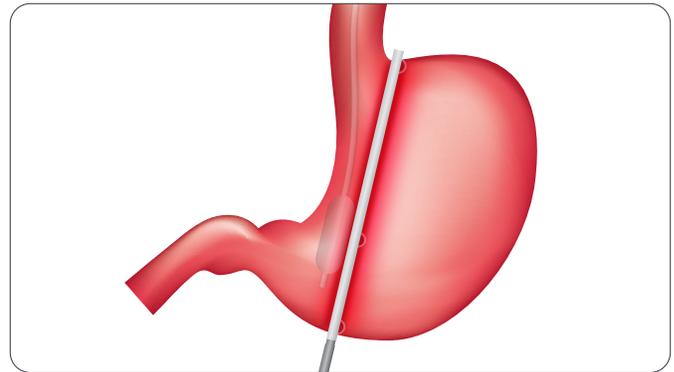
**Step 5** — Prior to closure, ensure no tissue is inadvertently captured between the retracting bands at the proximal end of the device. Close the clamp jaws by pulling the black trigger. The device is fully closed after five (5) clicks are heard. The clamp may be repositioned by opening the jaws, repositioning and reclosing in the desired location. The clamp may be opened and closed as necessary during the procedure. The clamp performance has been tested for six (6) cycles of opening/closing.

**Step 6** — To disengage the clamp, open the jaws by pressing the red release button. With the jaws open, ensure all tissue is disengaged from the clamp. Close the jaws fully to ensure that the clamp may be removed from the trocar.

**Step 7** — Dispose of the clamp per local ordinances.

**NOTE:** The clamp is supplied sterile. Ensure sterile packaging is intact prior to use. Dispose of device per local ordinances. Do not resterilize, reprocess or reuse.

**NOTE:** The Standard Clamp is provided in sterile packaging and should be stored at room temperature. Avoid prolonged exposure to elevated temperatures. The clamp should always be handled with great care in transportation and storage.



**Figure 1**

Clamp placed on flat, unfolded soft tissue. Note that the tissue is evenly distributed between the jaws.

## 25CM STANDARD CLAMP SPECIFICATIONS

<b>Description</b>	Standard Clamp 25cm is a sterile, hand-held, single-patient-use laparoscopic clamp.
<b>Order Code</b>	SCD25-4
<b>EA/BX</b>	4

## 22CM STANDARD CLAMP SPECIFICATIONS

<b>Description</b>	Standard Clamp 22cm is a sterile, hand-held, single-patient-use laparoscopic clamp.
<b>Order Code</b>	SCD22-4
<b>EA/BX</b>	4

For more information or to place an order:  
[orders@standardbariatrics.com](mailto:orders@standardbariatrics.com)

\*Data on file

<sup>1</sup>Toro, JP, et al. (2014). Association of radiographic morphology with early gastroesophageal reflux disease and satiety control after sleeve gastrectomy. *Journal of American College of Surgeons*. Sep; 219(3):430-8.