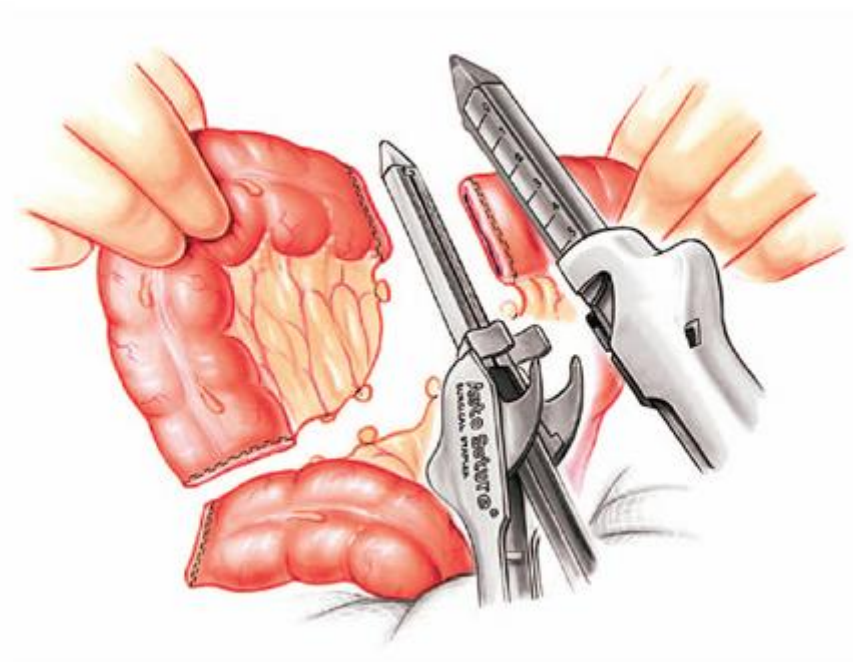
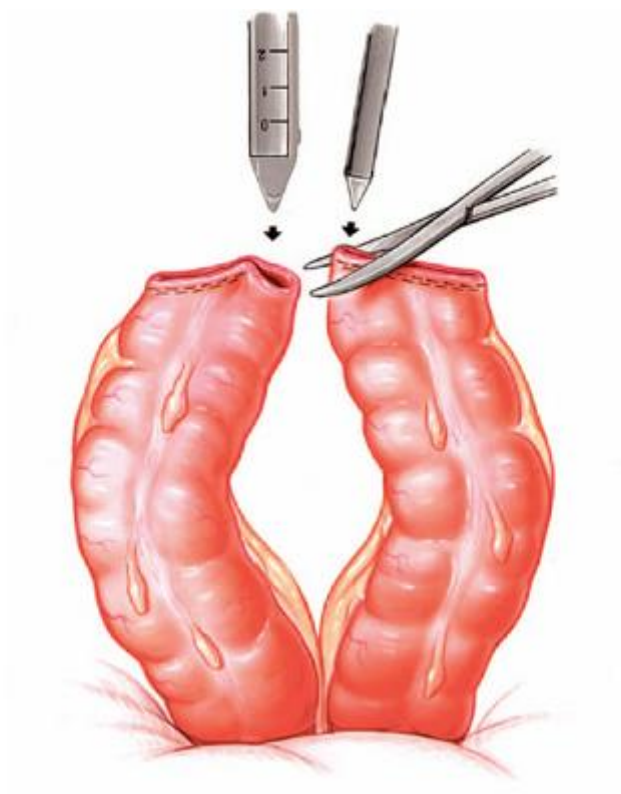


Anatomical side-to-side and functional end-to-end anastomosis into closed bowel lumina



Step 1: Bowel Resection with GIA™ Stapler

The specimen is resected between two applications of the linear anastomosing instrument, which simultaneously places two staggered rows of staples on each side of the transection, to close both the specimen and the remaining bowel ends.



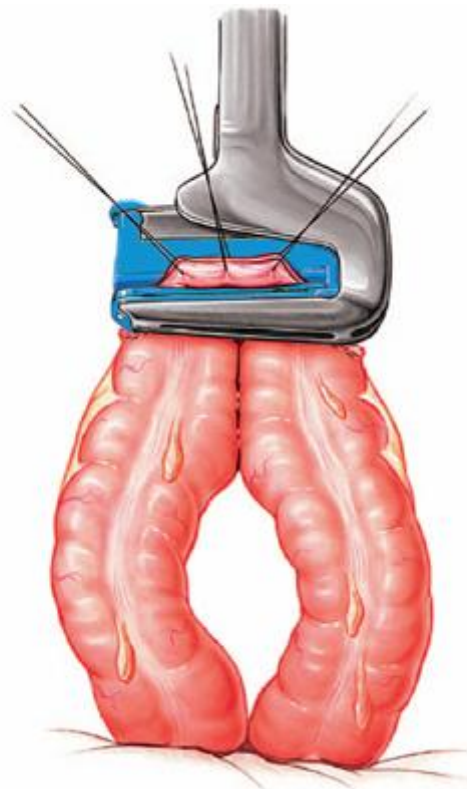
Step 2: Insertion of the GIA™ Stapler to Begin Anastomosis

The antimesenteric corners of the in situ closures are excised and the forks of the GIA™ instrument are inserted, one into each lumen. To ensure maximal stomal size, the forks should be fully inserted into the lumina.



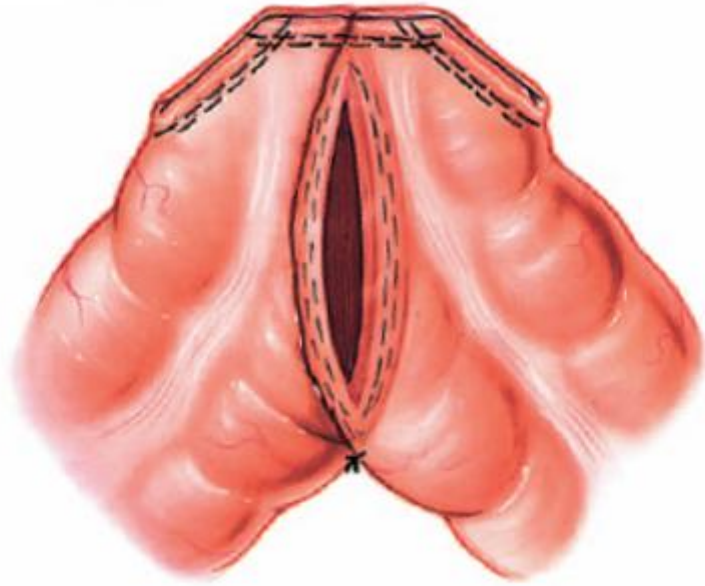
Step 3: Creation of the Side-to-Side Anastomosis

The instrument halves are joined, the bowel ends are evenly aligned, the antimesenteric bowel walls are compressed, and the instrument is locked and activated, creating the side-to-side anastomosis. Following removal of the instrument, the anastomosis is checked to ensure hemostasis.



Step 4: Closure of the GIA™ Entry Site with the TA™ Stapler

The now common GIA™ introduction site is closed with a linear instrument, taking care to include the entire circumference of the remaining opening, all tissue layers, and the ends of all staple lines. When closing the instrument, the anastomotic staple lines should be juxtaposed to avoid direct apposition. The excess tissue is excised along the instrument edge.



Step 5: Schematic View of the Completed Anastomosis with an Optional Anchor Suture

The final result is an oval-shaped anastomotic surface, usually greater than the cross-section of the host bowel lumen. An anchor suture may be placed at the distal end of the anastomosis for additional security.