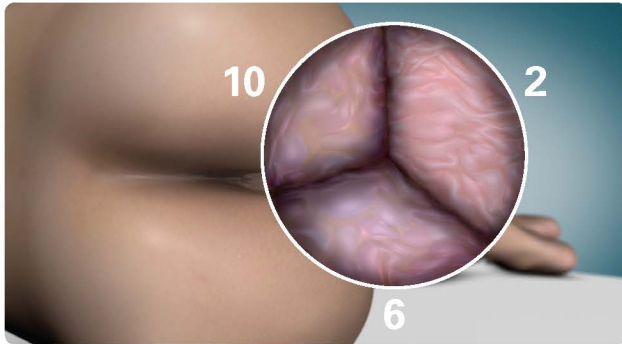
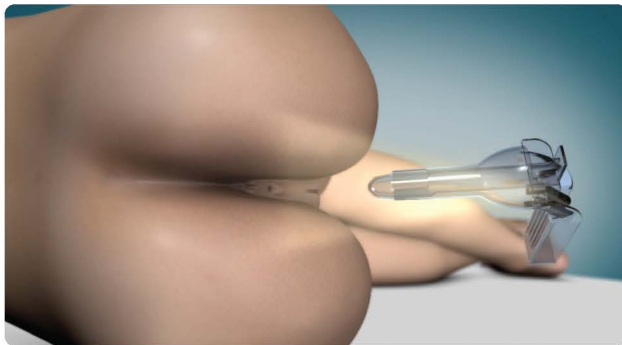


PROCEDURE OVERVIEW



1. Place the patient in the left lateral decubitus position, perform a digital rectal exam, and palpate the anal canal for evidence of a fissure. With the patient in this position, typically the left lateral hemorrhoid will be in the 6 o'clock position, the right anterior hemorrhoid in the 2 o'clock position, and the right posterior hemorrhoid in the 10 o'clock position.



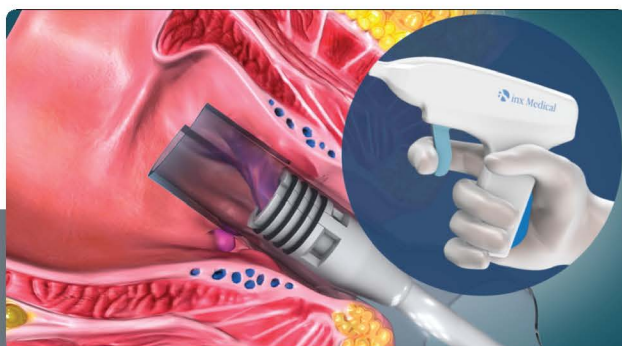
2. Insert the anoscope into the rectum, remove the obturator and examine the rectal mucosa. Remove the anoscope from the patient, re-insert the obturator, rotate the anoscope 90-degrees and re-introduce the anoscope into the patient. Repeat this process until a 360-degree evaluation of the rectum is performed and determine which hemorrhoid(s) should be banded.



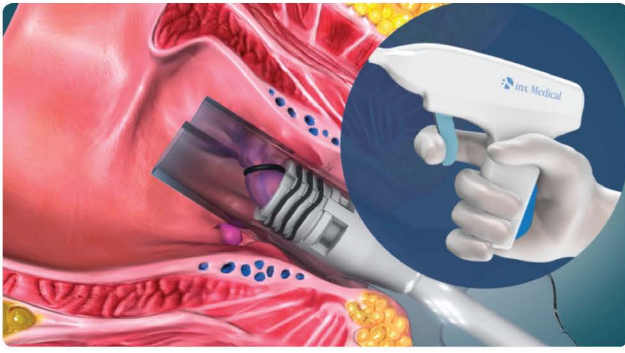
3. Perform hemorrhoid banding under direct visualization by reintroducing the anoscope with the obturator such that the hemorrhoid to be banded is lined up with the slot of the anoscope. Make sure that the dentate line is clearly identified through the plastic wall of the anoscope. Remove the obturator.



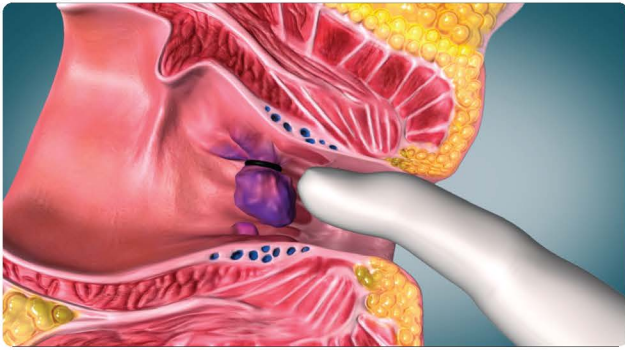
4. Insert the Nexus Ligator through the anoscope, angle the ligator either up or down to ensure that the suction tip has good contact with the rectal mucosa. Make sure the area to be banded is approximately 2 cm above the dentate line.



5. While keeping the Nexus Ligator steady, gently pull back the anoscope 1-2 cm to further ensure that the ligator tip is flush against the rectal mucosa. Apply suction by squeezing the suction trigger and hold it in the fully compressed position.



6. Continue to hold the suction trigger for approximately 5 seconds and then pull and release the banding trigger to deploy the band. If needed, use your free hand to apply additional pressure to the banding trigger.



7. Release the suction trigger, and remove the ligator and anoscope from the patient. To confirm there is no muscular entrapment, perform a digital rectal exam to assure that the band has captured a pea-sized area of mucosa and that the banded tissue is mobile. If the patient is experiencing pain or a pinching sensation, use your finger to roll the band until the banded area becomes mobile and/or the pain resolves.

NEXUS KIT COMPONENTS

- Nexus Hemorrhoid Ligator
- Lighted anoscope
- Latex-free rubber bands

INDICATIONS FOR USE

The inx Medical Nexus™ Hemorrhoid Ligator includes suction and ligation capabilities. The ligator is used to cut off the blood flow to hemorrhoidal tissue by means of a ligature or ring placed around the hemorrhoid base. It is for use only by trained medical personnel in hospitals, clinics, and doctors' offices.

NOTES

- Do not use this device for any other purpose other than the intended use.
- The Nexus Hemorrhoid Ligator is intended to be used only by medical personnel trained in proctology procedures.
- Store in a clean, dry location, at room temperature.

CAUTION

US Federal law restricts this device to sale by or on the order of a physician.

CONTRAINDICATIONS

Do not use to treat:

- Anal polyps
- Grade IV and external hemorrhoids

Do not use in patients with the following conditions:

- Perineal infection
- Perineal Crohn's Disease
- Portal hypertension
- Bleeding disorders or on anti-coagulants

8. Although current recommendations are to band only one column per session, a second column can be simultaneously banded per the discretion of the physician. Record which column(s) is banded and schedule a follow up appointment in two to three weeks for additional bandings.

9. Counsel the patient to do the following:

- Call immediately if experiencing significant pain or significant bleeding, especially if passing blood clots.
- For mild pain take acetaminophen or an NSAID.
- Keep stool soft for the long term and if necessary, begin taking a fiber supplement or stool softener.
- They may return to work as tolerated but should avoid vigorous exercise for 24 hours.

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