



## APPLICATION RECOMMENDATION

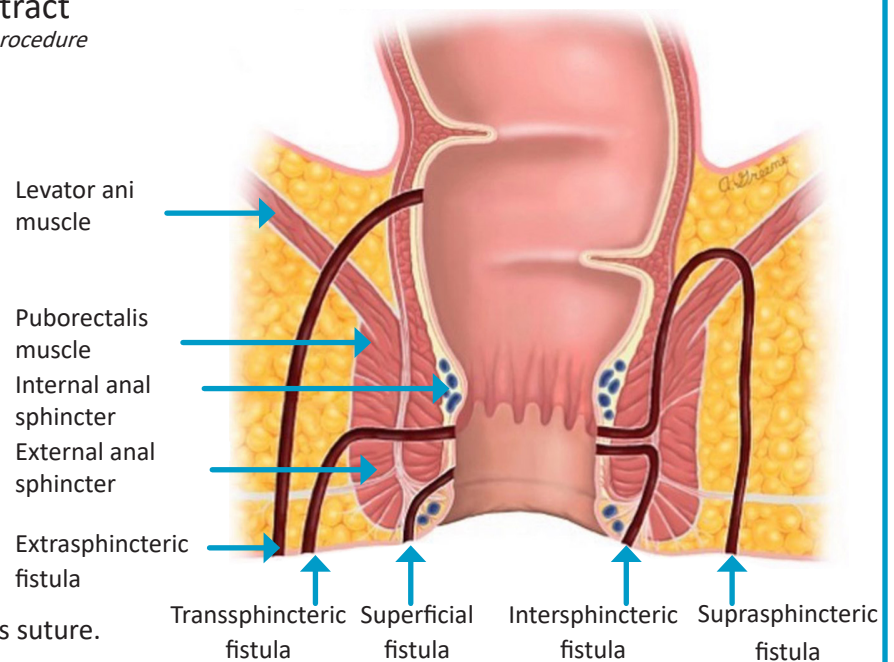
### PART 1: Preparation of the fistula tract

*Seton should be in place 4-6 weeks before surgical procedure*

1. Expose the fistula tract(s)
2. Insert fistula brush. Clean and debride fistula tract(s) with a back-and-forth motion (x20) removing non-vascularized tissue
3. Flush fistula tract(s) with saline solution (37°C)
4. Repeat debridement and rinsing cycle (steps 2 and 3) as needed.  
**Important:** Thoroughly clean the fistula brush between debridements.
5. Apply a Z-suture or optionally a mucosal flap
6. Perform Cava Test to check the rigidity and resistance of the internal os suture.

#### **Procedure:**

1. Apply a Z-suture
2. Tighten the suture without completely closing it
3. Irrigate the area by applying a saline solution from the outer os with proper pressure
4. Make sure no fluid leaks from the inner os and the suture is tight enough
5. Loosen Z-suture and insert applicator device to apply Obsidian® RFT (see PART 2).



### PART 2: Application of Obsidian® RFT

1. Insert the Obsidian® RFT endoscopic catheter from the distal outer opening of the fistula to the intraluminal proximal inner fistula ostium
2. Apply Obsidian® RFT constantly while slowly retracting the catheter using the application setting "JET NO AIR".  
Optionally, a second substance of 1-5 ml can be co-delivered with Obsidian® RFT (e.g. antibiotics).
3. Close the inner fistula opening via suture or via mucosa flap
4. Optionally inject the remaining Obsidian® RFT around the inner ostium of the fistula
5. The external fistula ostium remains open
6. Cover with non-adherent wound dressing

Treatment with Obsidian® RFT may be repeated for complete healing of fistula(s)

THIS QRC NEED TO BE READ IN CONJUNCTION WITH THE  
PRODUCT IFU AND MACHINE MANUAL.

For IFUs and manuals, QRC language versions and much more,  
please visit our website: [www.vivostat.com/application-now](http://www.vivostat.com/application-now)



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