

P7-3T/P7-3Ts/P7-3TE/P7-3TU/P8-2Ts/P8-2TU/P8-3Ts

Ultrasonic Transducer

Operator's Manual

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Introduction

This operator's manual describes the operating procedure for the transducer. To ensure safe and correct operation of the transducer, read the operator's manual carefully and understand the transducers clearly before operation.




For the operating procedures for the ultrasonic diagnostic system and other devices, please refer to the relevant manuals.

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Contents of this manual are subject to change without prior notice.

All information contained in this manual is believed to be correct. Mindray shall not be liable for errors contained herein or for incidental or consequential damages in connection with the furnishing, performance, or use of this manual.

Mindray is responsible for the effects on safety, reliability and performance of this product, only if:

- all installation operations, expansions, changes, modifications and repairs of this product are conducted by Mindray authorized personnel;
- the electrical installation of the relevant room complies with the applicable national and local requirements; and
- the product is used in accordance with the instructions for use.

Note

This equipment must be operated by skilled/trained clinical professionals.

Warning

It is important for the hospital or organization that employs this equipment to carry out a reasonable service/maintenance plan. Neglect of this may result in machine breakdown or personal injury.

Warranty

THIS WARRANTY IS EXCLUSIVE AND IS IN LIEU OF ALL OTHER WARRANTIES, EXPRESSED OR IMPLIED, INCLUDING WARRANTIES OF MERCHANTABILITY OR FITNESS FOR ANY PARTICULAR PURPOSE.

Exemptions

Mindray's obligation or liability under this warranty does not include any transportation or other charges or liability for direct, indirect or consequential damages or delay resulting from the improper use or application of the product or the use of parts or accessories not approved by Mindray or repairs by people other than Mindray authorized personnel.

This warranty shall not extend to:

- Malfunction or damage caused by improper use or man-made failure.
- Malfunction or damage caused by unstable or out-of-range power input.
- Malfunction or damage caused by force majeure such as fire and earthquake.
- Malfunction or damage caused by improper operation or repair by unauthorized service people.
- Malfunction of the instrument or part whose serial number is not legible.
- Others not caused by instrument or part itself.

Customer Service Department




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Important Information: Customer Responsibility

- The responsibility for maintenance and management of the product after delivery resides with the customer who has purchased the product.

- When the transducer is sent to MINDRAY for warranty or repair, you must disinfect it and keep it in the original shipping/carrying case to prevent infection.
- The warranty does not cover:
 - Damage to the transducer due to patient biting,
 - Damage to the transducer caused by disinfecting incorrectly or with chemicals not recommended by Mindray
- The warranty will be void if the transducer is not returned in its original Mindray carrying case.
- This equipment shall not be used by persons other than fully qualified and certified medical personnel.
- Do not make changes or modifications to the software or hardware of this product.
- In no event shall MINDRAY be liable for problems, damage, or loss caused by relocation, modification, or repair performed by personnel other than those designated by MINDRAY.
- The purpose of this system is to provide physicians with data for clinical diagnosis. The responsibility for diagnostic procedures lies with the physicians involved. MINDRAY shall not be liable for the results of diagnostic procedures.
- MINDRAY shall not be liable for loss of data stored in the memory of this system caused by operator error or accidents.
- This manual contains Warnings regarding foreseeable potential dangers. Be alert at all times to dangers other than those indicated. MINDRAY shall not be liable for damage or loss that results from negligence or from ignoring the precautions and operating instructions contained in this operator's manual.
- On the occasion of change of the administrator or manager for this system, be sure to hand over this operator's manual.
- When disposing of this system, contact your MINDRAY Customer Service Department or sales representative. Do not dispose of this system without consulting MINDRAY Customer Service Department or sales representative first. MINDRAY does not assume any responsibility for damage resulting from disposal of this system without consulting MINDRAY. A replacement transducer will not be sent to customer until the defective transducer is received.

Meaning of Signal Words

In this operator's manual,  **DANGER**,  **WARNING**,  **CAUTION** and **NOTE** are signal words used to indicate safety and other important instructions. The signal words and their meanings are defined as follows. Please understand their meanings clearly before reading this manual.

Signal Word	Meaning
⚠ DANGER	Indicates an imminently hazardous situation that, if not avoided, will result in death or serious injury.
⚠ WARNING	Indicates a potentially hazardous situation that, if not avoided, could result in death or serious injury.
⚠ CAUTION	Indicates a potentially hazardous situation that, if not avoided, may result in minor or moderate injury.
NOTE	Indicates a potentially hazardous situation that, if not avoided, may result in property damage.

1 Safety Information

1.1 Safety Classification

Please refer to the safety classification information in the related operator's manual for the ultrasonic diagnostic system that matches with this transducer.

1.2 Safety Precautions

Please read the following precautions carefully to ensure the safety of the patient and the operator when using this transducer.

DANGER

DO NOT use flammable gases, such as anesthetic gas or hydrogen, or flammable liquids such as ethanol, near this system, because there is danger of explosion.

WARNING

- This ultrasonic transducer is only for use with the specified diagnostic ultrasound system. Please refer the diagnostic ultrasound system operation manual to select the proper transducer.
- The multiplane TEE Transducer should be used only by a qualified physician who has received appropriate training in proper operation of the transducer and in endoscopic techniques as dictated by current relevant medical practices.
- The multiplane TEE transducer is a precision instrument, which must be handled with care. It may be damaged when dropped or abused. In particular, do not allow the ultrasonic window in the tip to come into contact with a sharp object. Do not touch this window unnecessarily. Never exert force onto the window.
- To avoid injury to the patient, if any irregularity, substandard function or unsafe condition is observed or suspected, the TEE transducer should not be used.
- The insertion part of the transducer meets the water-proof requirements for soaking disinfection. However the control handle and transducer connector are not water-proof. Keep the control handle and transducer connector out of any cleaning or disinfection solutions
- To avoid injury to the patient and damage to the transducer, use a bite-guard during all transesophageal exams.
- The use of a bite-guard is mandatory. Failure to use the bite-guard may result in damage to the transducer, which could result in a safety hazard. Damage to the transducer due to biting is not covered by the transducer's warranty.

- To avoid injury to the patient, avoid forceful intubation pressure which can cause lacerations of the gastrointestinal tract with attendant and subsequent perforation.
- The deflection may after prolonged use develop an unwanted amount of free play. In that case, contact the Mindray Customer Service Department or sales representative to readjust the steering of the transducer. In this way, the risk of “buckling” or “U-turning” of the transducer in the esophagus is minimized.
- Confirm that the transducer and cable are normal before and after each examination. A defective transducer may cause electric shock to the patient.
- When using intra-cavity transducers, do not activate the transducer outside the patient’s body.
- The connector is not watertight, and should always be kept dry. The control unit, although spray-watertight, should not be immersed.
- Do not subject the transducer to shock. A defective transducer may cause electric shock to the patient.
- This equipment contains no operator serviceable components. To prevent electric shock, do not remove any covers or panels.
- DO NOT use the transesophageal probe with the defibrillator.

 **CAUTION**

- When using this transducer, wearing medical gloves can help to prevent infection.
- To avoid inadvertent damage to the transducer, read this user guide before handling and cleaning the TEE transducer.
- Be sure to use ultrasound gel. Please use the ultrasound gel compliant with the relevant local regulations. Proper management and use of the ultrasound gel is essential to ensure that it will not become a source of infection.
Only use water-based coupling gel.
- Under normal conditions at full acoustic power the temperature of the tip does not exceed 43°C. Follow the instruction in this user manual to check this regularly.
- If the laparoscopic probe is faulty, freeze the image and stop using the transducer, and then slowly remove the transducer from the patient. Do not use the laparoscopic transducer before maintenance.
- Before each use or after a change of viewing modes/settings, pay attention to the status of the ultrasound image. Do not use the probe to perform image acquisition when the image is frozen. Ensure that the orientation of the ultrasound image is correct. Check the orientation prior to the examination
- Before each use, the outer surface of the portions of laparoscopic probe which are intended to be inserted into a PATIENT should be checked to ensure there are no unintended rough surfaces, sharp edges or protrusions which may cause HARM.
- Do not use the carrying case for storing the transducer. If the carrying case is used for storage, it may become a source of infection.

- It is required to practice ALARA when operating ultrasound system. Minimize the acoustic power without compromising the quality of images.
- The transducer and accessories supplied with it are not delivered disinfected. High-level disinfection is recommended before use.
- Disposable components are packaged sterile and are single-use only. Do not use if integrity of packaging violated or if expiration date has passed. Please use the disposable components compliant with the relevant local regulations.
- Please use the disinfection solution that recommended in this operator's manual, otherwise Mindray will not be liable for damage caused by other solutions. If you have any questions, please contact Mindray Customer Service Department or sales representative.
- Before introducing the transducer: do not rub or spray the tip of the transducer with an anesthetic agent.
- The damage of the transducer may be caused by the contact of improper gel or cleaner:
 - DO NOT dip the transducer in the strong polar solutions of ethanol, chloride of lime, ammonium chloride, acetone and formaldehyde.
 - DO NOT contact the transducer with solution or ultrasound gel containing oily medium such as mineral oil or lanoline.

NOTE:

- Read the following precautions to prevent the transducer from malfunction.
 - Before connecting or disconnecting the transducer, freeze or turn off the ultrasonic diagnostic system.
 - Clean and disinfect the transducer before and after each examination.
- Repeated disinfection will eventually damage the transducer, please check the transducer's performance periodically.

1.3 Ambient conditions

To prevent the transducer from being damaged, do not use it where it will be exposed to:












- Direct sunlight or X-rays
- Sudden changes in temperature
- Dust
- Excessive vibration
- Heat generators

Table 1-1 Environmental Conditions

Probe model	Conditions	Ambient temperature	Relative humidity (no condensation)	Atmospheric pressure
P7-3T	Operating	0 °C to 40 °C	10% to 85%RH	700 hPa to 1060 hPa
P7-3Ts P7-3TE P7-3TU	Storage and transportation	-10 °C to 45 °C	30% to 90%RH	700 hPa to 1060 hPa
P8-3Ts	Operating	0 °C to 45 °C	10% to 90%RH	700 hPa to 1060 hPa
	Storage and transportation	-25 °C to 55 °C	5% to 95%RH	700 hPa to 1060 hPa
P8-2Ts/ P8-2TU	Operating	17.5 °C to 42.7 °C	20% to 85%RH	700 hPa to 1060 hPa
	Storage and transportation	-20 °C to 55 °C	20% to 95%RH	700 hPa to 1060 hPa

1.4 Symbols

This system uses the symbols listed in the following table. Their meanings are explained as follows.

Symbol	Description
	General warning sign
	Type-BF applied part
	Serial number
	Date of manufacture
	Indicates the direction of the lock handle. The top symbol indicates the position of locked handle, the left symbol indicates the position of the unlocked handle.
	Manufacturer
IPX7	Protection against temporary immersion in water
	Authorized representative in the European Community
	Comply with the requirements of the Council Directive 93/42/EEC (Medical Device Directive).
	Temperature limit
	Humidity limitation
	Atmospheric pressure limitation

2 Overview

2.1 Applications

The TEE transducer is used together with the diagnostic ultrasound system, and is intended for clinical ultrasound diagnosis and examination. Refer to the operator's manual of the diagnostic ultrasound system.

2.2 Precautions For Use

WARNING

The physician must take into account all possible factors before starting the examination.

Precautions for using the TEE transducer are:

- P7-3T/P7-3Ts/P7-3TE/P7-3TU/P8-2Ts/P8-2TU is intended to be used on adults only, fetal imaging and pediatric imaging are not permitted.
- P8-3Ts is not intended for fetal imaging.
- Imaging when the patient exhibits the following or similar conditions:
 - Esophageal stricture, spasms, lacerations, and trouble swallowing (dysphagia)
 - Esophageal diverticula, esophageal varices (swollen veins)
 - Gastrointestinal bleeding
 - Peptic ulcers, hiatal hernia, esophageal webs and rings
 - Recent radiation treatment to the esophagus
 - Inability of the patient to swallow or accommodate the transducer
 - History of gastroesophageal diseases
 - Other therapies the patient may be undergoing

2.3 Out-of-Box Inspection

2.3.1 Accessories Inspection

The following items are supplied with each transducer.

Item	Quantity	Description
Ultrasonic transducer	1	/
Operator's Manual	1	/
TEE Transducer Leakage Current Safety Testing Guide	1	/

Item	Quantity	Description
Carrying case	1	/
Tip cover	1	/
Transducer cover suite	1	Only supplied with P8-2Ts/P8-2TU. (Including Non-sterile TEE cover, gel-filled syringe and bite-guard)

Tips:

The tip cover encloses and protects the distal end/scanhead of the endoscope from being exposed to mechanical strain during transportation and storage.

2.3.2 Transducer Inspection

The following inspections should be performed on the TEE transducer after unpacking the contents.

- Perform visual and tactile inspection, see "3.1.1 Visual and Tactile Inspection".
- Perform tip deflection inspection, see "3.1.2 Tip Deflection Control".
- Perform brake inspection, see "3.1.3 Brake Operation".
- Perform scanplane rotation inspection, see "3.1.4 Scanplane Rotation Operation"..
- Perform leakage test, see "3.3 Electrical Safety".

Contact Mindray or your local representative immediately to report any damage or discrepancies.

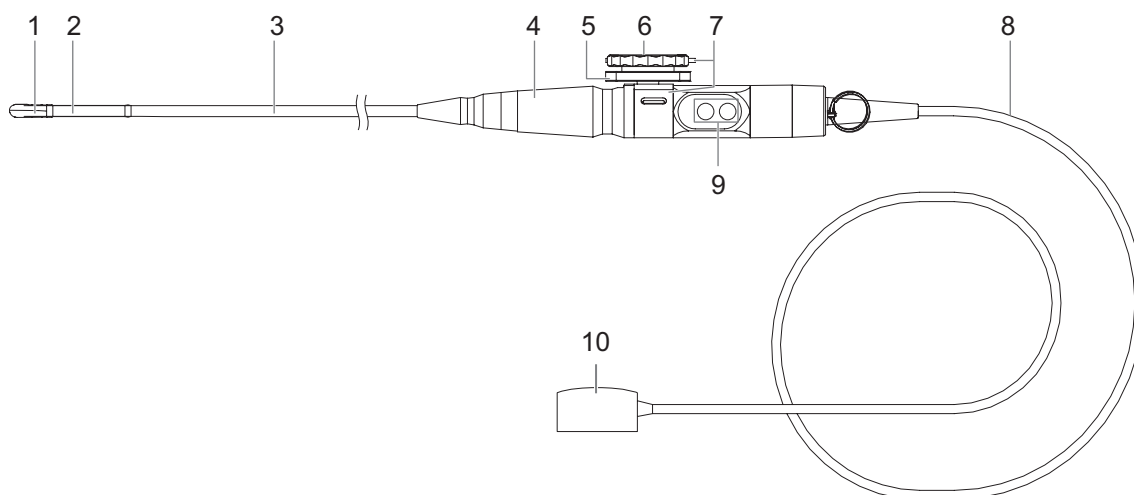
 WARNING

To avoid injury to the patient, if any irregularity, substandard function or unsafe condition is observed or suspected, the TEE transducer should not be used.

2.4 Structure

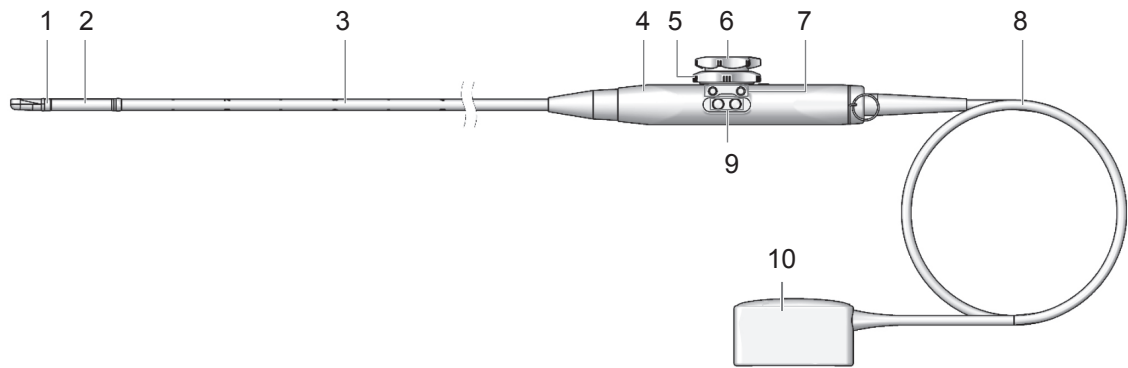
TEE transducer is a phased array transducer, mounted in a sealed tip at the end of a gastroscope. The transducer is intended for imaging of the heart through the esophagus and the stomach. The array can be rotated 0°–180°.

2.4.1 P7-3T/P7-3TE Transducer Functions by Part



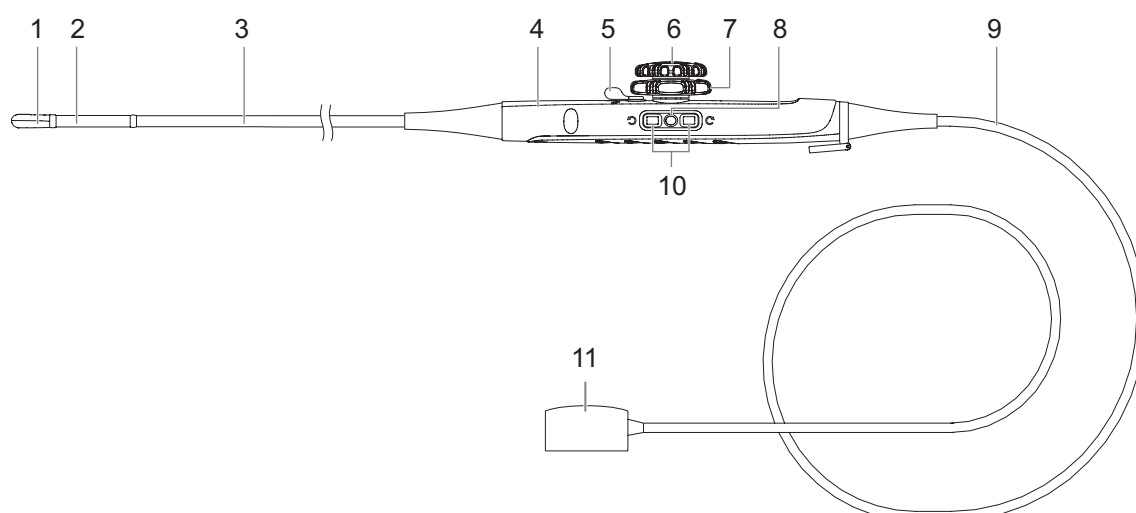
No.	Name	Function
1	Distal tip with transducer	Converts the electrical signal into an ultrasonic signal, focusing the sound beams in a given direction; meanwhile, it receives the reflected ultrasonic signal and converts it into an electrical signal for transmission over the cable. The lens on the surface is the acoustic lens. Apply ultrasound gel on the acoustic lens for correct operation.
2	Deflection section	Deflects to obtain an overall scanning.
3	Flexible shaft	Inserts into the mouth cavity or esophagus. Depth is marked on the flexible shaft, unit: cm.
4	Control handle	Operates on the transducer deflection or rotation.
5	Left/Right Deflection control wheel	Used for controlling the transducer left/right tip deflection.
6	Up/Down Deflection control wheel	Used for controlling the transducer up/down tip deflection.
7	Deflection lock	Restrain the deflection wheel adjustment.
8	Cable	Transmits electrical signals between the transducer body and connector.
9	Motor control push-buttons	Controls to scanplane rotation. Range: 0°–180°
10	Connector	Connects the transducer to the ultrasonic diagnostic system.

2.4.2 P7-3Ts/P7-3TU Transducer Functions by Part



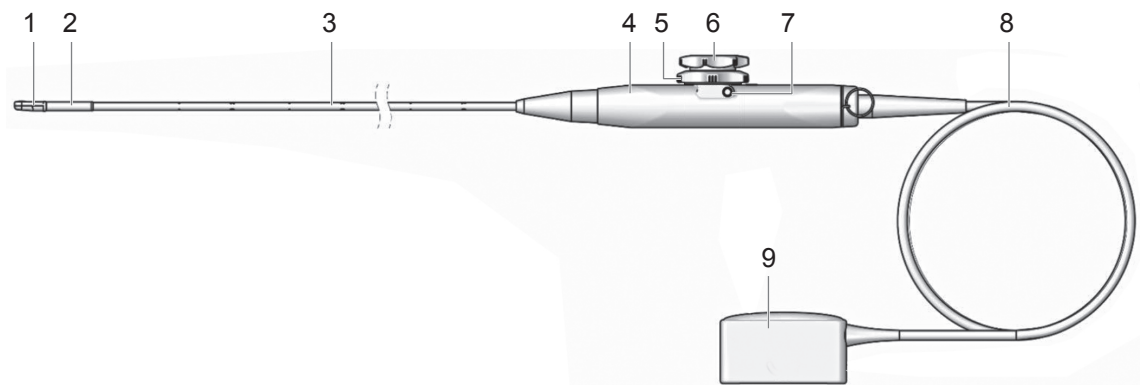
No.	Name	Function
1	Distal tip with transducer	Converts the electrical signal into an ultrasonic signal, focusing the sound beams in a given direction; meanwhile, it receives the reflected ultrasonic signal and converts it into an electrical signal for transmission over the cable. The lens on the surface is the acoustic lens. Apply ultrasound gel on the acoustic lens for correct operation.
2	Deflection section	Deflects to obtain an overall scanning.
3	Flexible shaft	Inserts into the mouth cavity or esophagus. Depth is marked on the flexible shaft, unit: cm.
4	Control handle	Operates on the transducer deflection or rotation.
5	Up/Down Deflection control wheel	Used for controlling the transducer up/down tip deflection.
6	Left/Right Deflection control wheel	Used for controlling the transducer left/right tip deflection.
7	Deflection lock	Restrain the deflection wheel adjustment.
8	Cable	Transmits electrical signals between the transducer body and connector.
9	Motor control push-buttons	Controls to scanplane rotation. Range: 0°–180°
10	Connector	Connects the transducer to the ultrasonic diagnostic system.

2.4.3 P8-2Ts/P8-2TU Transducer Functions by Part



No.	Name	Function
1	Distal tip with transducer	Converts the electrical signal into an ultrasonic signal, focusing the sound beams in a given direction; meanwhile, it receives the reflected ultrasonic signal and converts it into an electrical signal for transmission over the cable. The lens on the surface is the acoustic lens. Apply ultrasound gel on the acoustic lens for correct operation.
2	Deflection section	Deflects to obtain an overall scanning.
3	Flexible shaft	Inserts into the mouth cavity or esophagus. Depth is marked on the flexible shaft, unit: cm.
4	Control handle	Operates on the transducer deflection or rotation.
5	Deflection lock lever	Restrain the deflection wheel adjustment.
6	Left/Right Deflection control wheel	Used for controlling the transducer left/right tip deflection.
7	Up/Down Deflection control wheel	Used for controlling the transducer up/down tip deflection.
8	User-defined key	Set by the user in the Ultrasound system preset
9	Cable	Transmits electrical signals between the transducer body and connector.
10	Motor control push-buttons	Controls to scanplane rotation. Range: 0°–180°
11	Connector	Connects the transducer to the ultrasonic diagnostic system.

2.4.4 P8-3Ts Transducer Functions by Part



No.	Name	Function
1	Distal tip with transducer	Converts the electrical signal into an ultrasonic signal, focusing the sound beams in a given direction; meanwhile, it receives the reflected ultrasonic signal and converts it into an electrical signal for transmission over the cable. The lens on the surface is the acoustic lens. Apply ultrasound gel on the acoustic lens for correct operation.
2	Deflection section	Deflects to obtain an overall scanning.
3	Flexible shaft	Inserts into the mouth cavity or esophagus. Depth is marked on the flexible shaft, unit: cm.
4	Control handle	Operates on the transducer deflection or rotation.
5	Deflection control wheel	The larger wheel on the handle is for controlling the probe tip deflection.
6	Scanplane rotation wheel	The wheel on top is the scanplane rotation control wheel. Controls to scanplane rotation. Range: 0°-180°.
7	Deflection lock	Restrain the deflection wheel adjustment.
8	Cable	Transmits electrical signals between the transducer body and connector.
9	Connector	Connects the transducer to the ultrasonic diagnostic system.

3 Transducer Controls and Inspection

3.1 Inspection before Use

The endoscope is designed for one-hand operation of the deflection and scanplane controls. The mechanical operation and physical integrity of the transducer should be checked after taking it out of the box and prior to each exam.

If any abnormality is found, immediately stop using the transducer and contact MINDRAY Customer Service Department or sales representative.

WARNING

To avoid injury to the patient, if any irregularity, substandard function or unsafe condition is observed or suspected, the TEE transducer should not be used.

3.1.1 Visual and Tactile Inspection

The visual and tactile inspection should be performed on the TEE transducer after taking it out of the box and prior to each exam.

WARNING

To avoid injury to the patient, do not use the transducer if any metallic protrusions, holes, rough spots, cracks, or dents are found.

Inspect contents:

1. Visually examine and feel all portions of the transducer before use, especially the gastroscope shaft and the flexible section at the distal end of the gastroscope. Perform the inspection of the flexible section both with the transducer deflection straight and deflected. There should be no discontinuities, bumps, dents, holes, abrasions, bite-marks or any other evidence of wear or damage found.
2. The hard plastic section at the distal end of the transducer should be smooth and firmly attached to the gastroscope shaft.
3. The cable and the connector that attach the transducer to the ultrasound console should be free from evidence of damage.

3.1.2 Tip Deflection Control

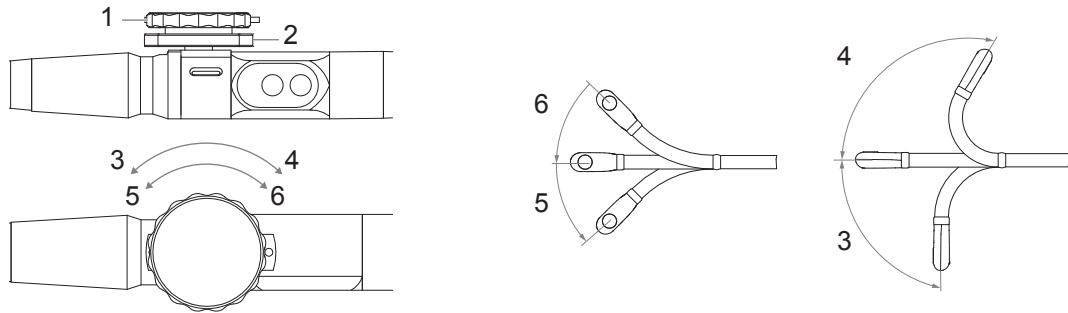
⚠ WARNING

- If the deflection shows an unwanted amount of free play, do not use the transducer. Contact the service organization to re-adjust the steering of the transducer. In this way, the risk of "buckling" or "U-turning" of the transducer in the esophagus is minimized.
- To avoid damaging the transducer, do not deflect the transducer tip using finger pressure directly on the tip, as this may permanently damage the internal control wires.

The tip deflection brake inspection should be performed on the transducer after taking it out of the box and prior to each exam.

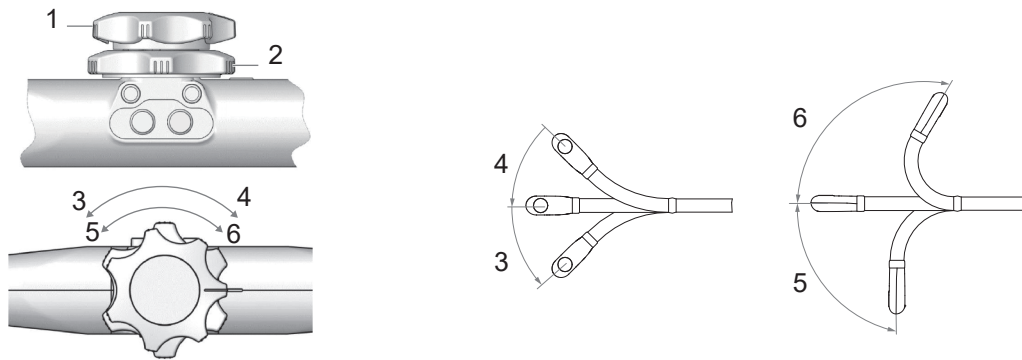
1. Deflect the tip in all four directions (P8-3Ts: up/down) and confirm that the angle is within the ranges specified above (with reference to the endoscope shaft).
2. Confirm that the deflection controls operate smoothly.
3. Check that when the deflection controls are in the neutral position that the transducer tip is also in a neutral position (undeflected).

P7-3T/P7-3TE



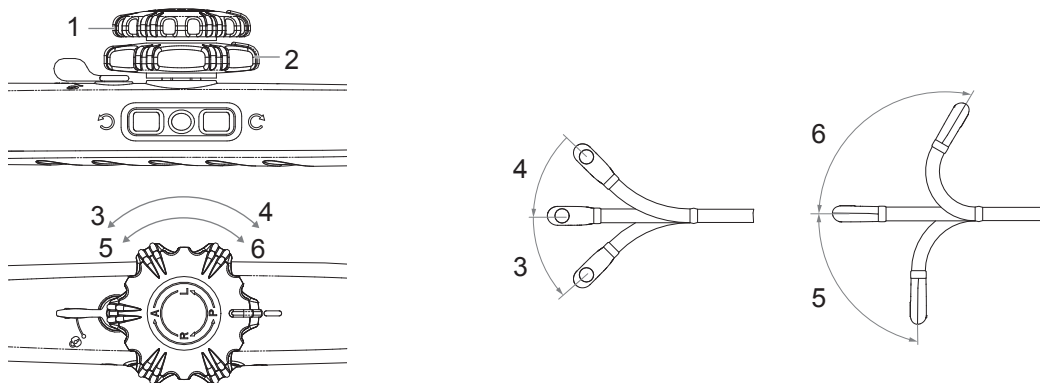
1	Up/Down Deflection control wheel
2	Left/Right Deflection control wheel
3	Turn upper wheel counterclockwise to move the tip down, 90° minimum
4	Turn upper wheel clockwise to move the tip up, 120° minimum
5	Turn lower wheel counterclockwise to move the tip left, 45° minimum
6	Turn lower wheel clockwise to move the tip right, 45° minimum

P7-3Ts/P7-3TU



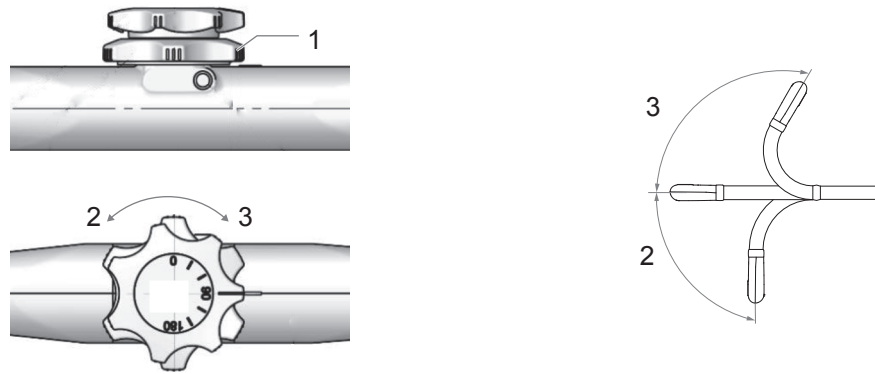
1	Left/Right Deflection control wheel
2	Up/Down Deflection control wheel
3	Turn upper wheel counterclockwise to move the tip left, 45° minimum
4	Turn upper wheel clockwise to move the tip right, 45° minimum
5	Turn lower wheel counterclockwise to move the tip down, 90° minimum
6	Turn lower wheel clockwise to move the tip up, 120° minimum

P8-2Ts/P8-2TU



1	Left/Right Deflection control wheel
2	Up/Down Deflection control wheel
3	Turn upper wheel counterclockwise to move the tip left, 45° minimum
4	Turn upper wheel clockwise to move the tip right, 45° minimum
5	Turn lower wheel counterclockwise to move the tip down, 45° minimum
6	Turn lower wheel clockwise to move the tip up, 120° minimum

P8-3Ts



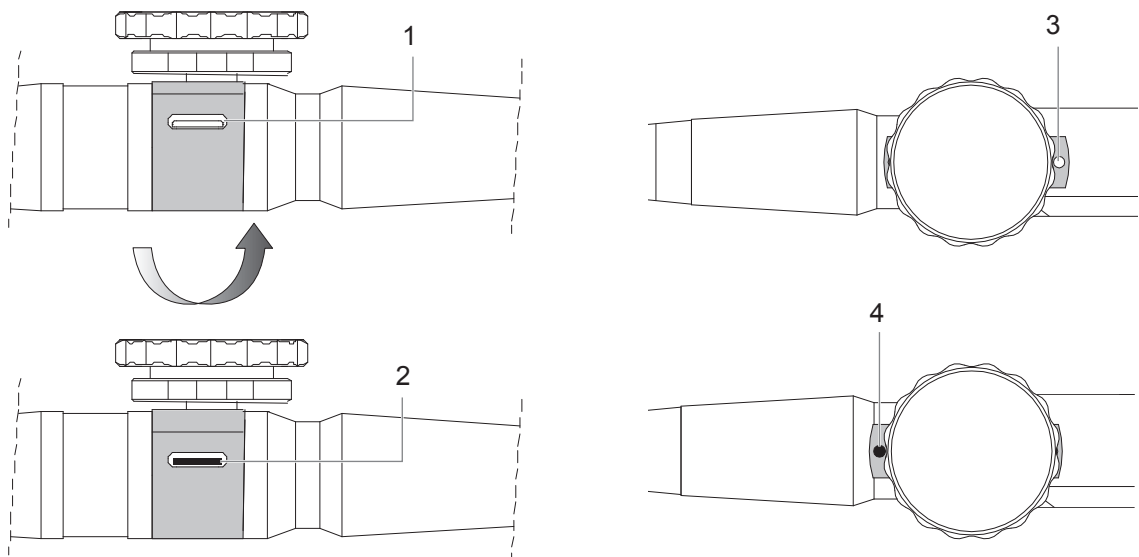
1	Up/Down Deflection control wheel
2	Turn lower wheel counterclockwise to move the tip down, 90° minimum
3	Turn lower wheel clockwise to move the tip up, 120° minimum

3.1.3 Brake Operation

The tip deflection brake inspection should be performed on the transducer after taking it out of the box and prior to each exam.

1. Confirm the brake is in the unlocked position.
2. Deflect the tip to the anterior direction.
3. Move the brake to the locked position.
4. Confirm that the tip is locked in the deflected position.
5. Unlock the brake and confirm the tip straightens easily.
6. Repeat steps 1-5 for the other directions.

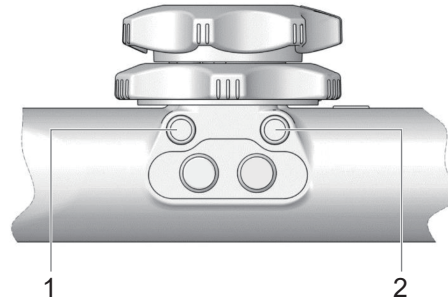
P7-3T/P7-3TE



1	Left/Right deflection lock: white - unlock
2	Left/Right deflection lock: red - lock
3	Up/Down deflection lock: white - unlock

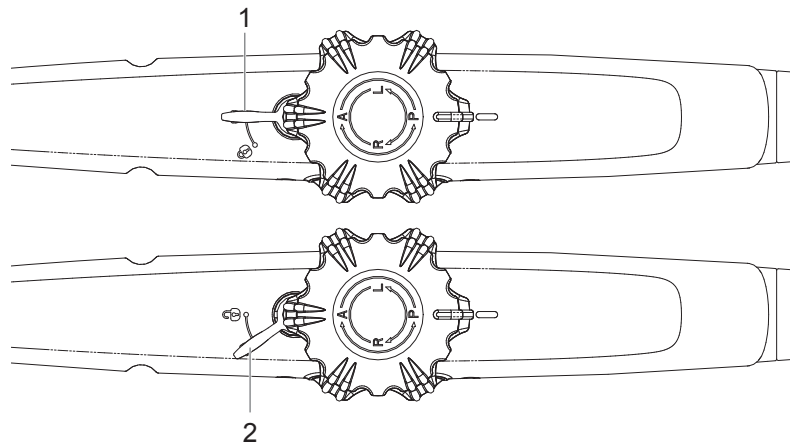
4	Up/Down deflection lock: red - lock
---	-------------------------------------



P7-3Ts/P7-3TU



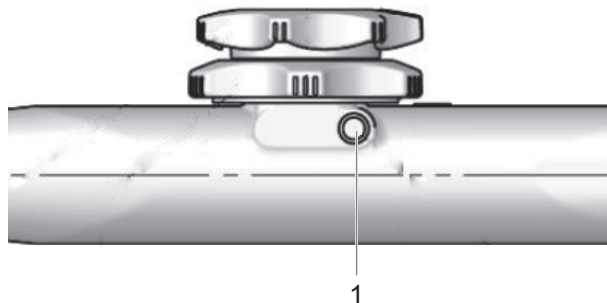
1	Left/Right deflection lock: blue - lock
2	Up/Down deflection lock: blue - lock

P8-2Ts/P8-2TU



1	Left/Right/Up/Down deflection lock:  - unlock
2	Left/Right/Up/Down deflection lock:  - lock

P8-3Ts



1	Up/Down deflection lock: blue - lock
---	--------------------------------------

3.1.4 Scanplane Rotation Operation

⚠ CAUTION

- Do not use excessive force on the scanplane rotation control wheel at its outer positions as this may damage the gastroscope mechanism.
- The transducer scan plane can be rotated from 0° (transversal plane) via 90° (longitudinal plane) to 180° (transversal plane, left/right inverted). All planes in between can also be chosen. This makes it possible to scan a conical imaging volume.

Rotation Control

Figure 3-1 P7-3T/P7-3TE

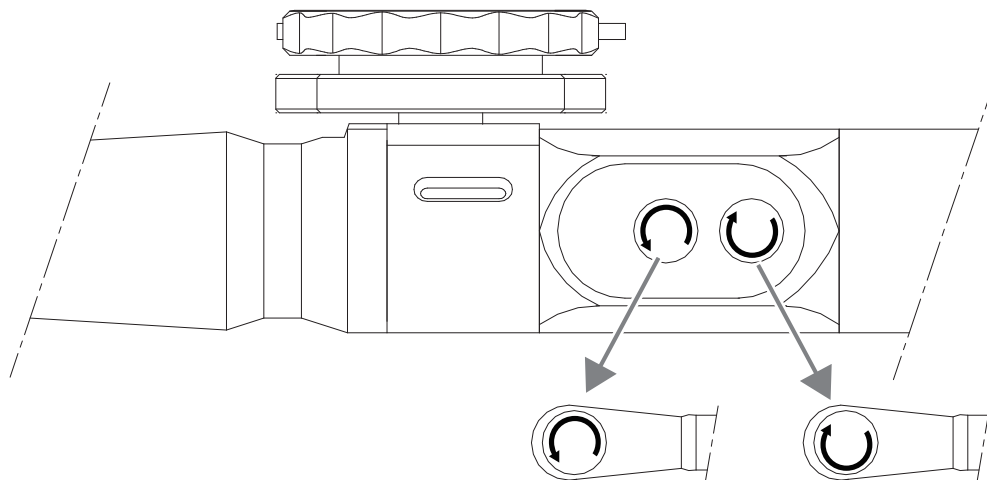
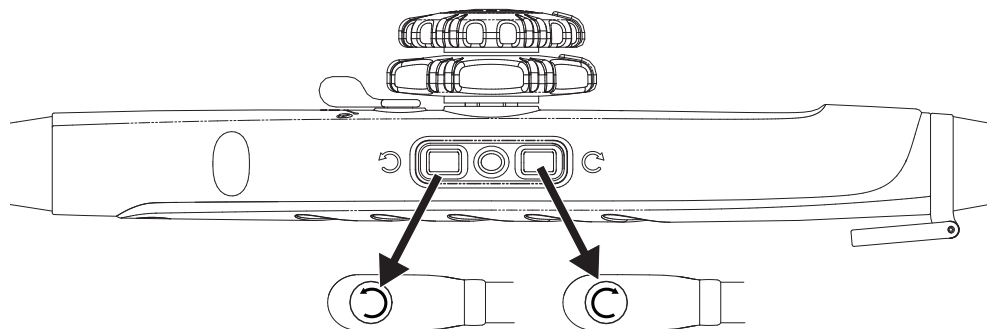
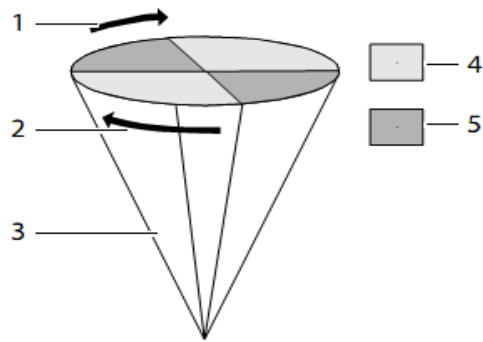


Figure 3-2 P8-2Ts/P8-2TU



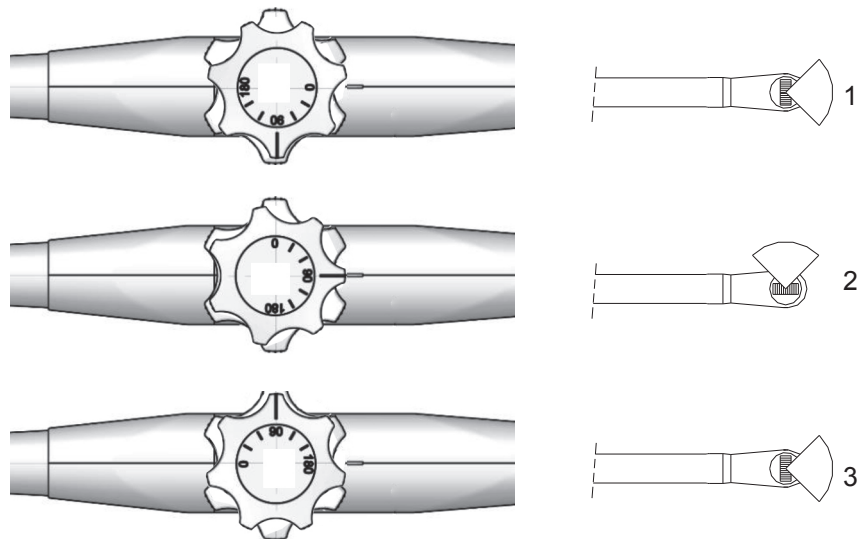
For orientation purposes, the user may choose to start scanning in one of the transverse planes, for instance the standard monoplan indicated as 0° on the system monitor. After rotating the scanplane 90°, scanning occurs in the longitudinal plane, sweeping through two opposite quadrants of the cone. When the scanplane rotates 90° further in the same direction, scanning occurs in the mirror image of the first transverse plane. The only two planes that are equivalent are the two transverse planes; one being the mirror image of the other. As shown in figure below, a 180° rotation of the scanplane fills all four quadrants of the conic imaging volume.

The direction of the tip of the endoscope is easily steered using the deflection control wheels on the handle of the instrument to allow exact positioning of the transducer in the esophagus.



1	90°rotation sagittal to mirror image of transverse plane
2	90°rotation transverse to longitudinal plane
3	Conic imaging volume
4	Quadrants filled by first 90°rotation
5	Quadrants filled by second 90°rotation

Rotation Control of P8-3Ts



1	Short Axis Angle=0°
2	Long Axis Angle=90°
3	Short Axis Angle=180°

Scanplane Indicator

For orientation purposes, a scanplane indicator has been incorporated on the system display. The actual scanplane angle is indicated by a marker, and the value is also displayed as shown in figure below. The scanplane angle ranges from 0° to 180°.



Scanplane Rotation Inspection

The scanplane rotation inspection on the transducer should be performed after taking it out of the box and prior to each exam.

1. Connect a TE transducer to the ultrasound system.
2. Prior to inserting the transducer, obtain an image, e.g., rest the transducer on a surface and adjust the gain to visualize the image on the ultrasound display.
3. Press the scanplane control buttons on the handle to rotate the scanplane counterclockwise (0° to 180°) and clockwise (180° to 0°).
4. Confirm the image on the screen changes in relation to the numbers on the scanplane indicator.

While pressing the scanplane control buttons (not available for P8-3Ts), the transducer motor should be running as the image is changing.

3.2 Connecting and Disconnecting the Transducer

TEE transducer should be used only with Mindray compatible ultrasonic diagnostic systems.

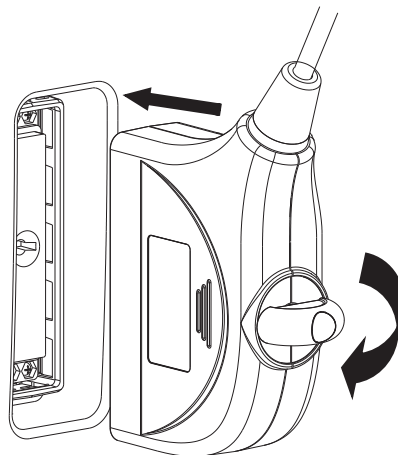
NOTE:

- Before connecting or disconnecting a transducer, freeze or turn off the ultrasonic diagnostic system, otherwise the ultrasonic diagnostic system or the transducer may malfunction.
- Place the cable properly to avoid being treaded or wrapping with other devices. DO NOT allow the transducer head to hang free.

3.2.1 TEE Transducer connector with Lock Handle

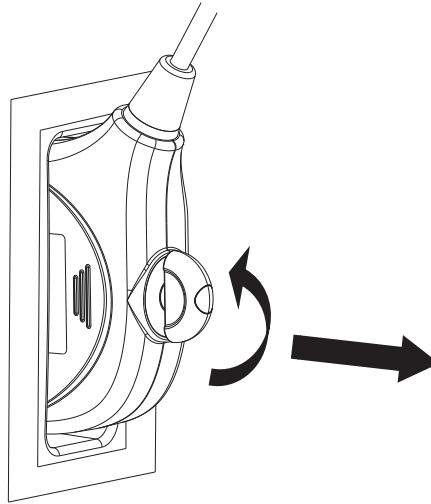
Connecting the Transducer

1. Turn the lock handle horizontally, and insert the connector fully into the connector.
2. Turn the lock handle 90° clockwise to lock it securely.



Disconnecting the Transducer

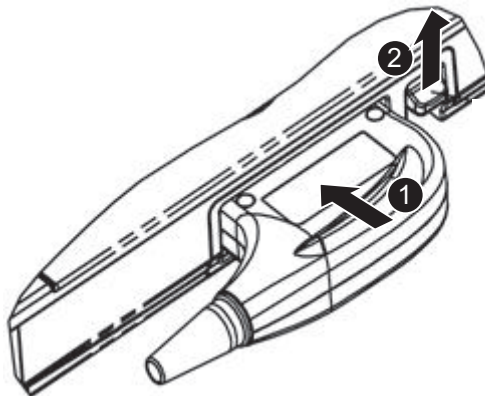
Turn the lock handle 90° anticlockwise to release the transducer, and pull it out straight.



3.2.2 TEE Transducer Connector without Lock Handle

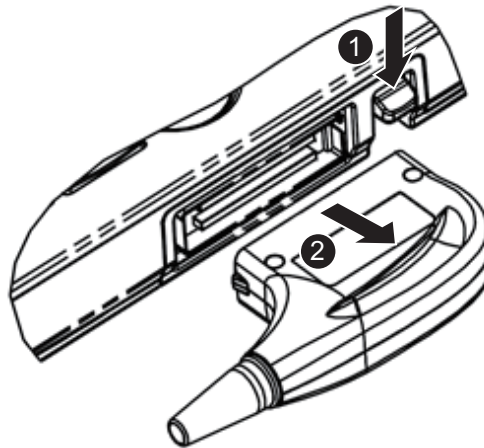
Connecting the Transducer

1. Insert the TEE transducer connector into the system port, then press in fully.
2. Toggle the locking lever to the lock position.



Disconnecting the Transducer

1. After freezing or turning off the ultrasonic diagnostic system, toggle the locking lever to the unlock position to unlock the connector of the probe.
2. Pull the probe connector straight out as shown in the figure below.



3.3 Electrical Safety

The electrical leakage current test should be performed on the TEE transducer after taking it out of the box and prior to each exam, alternatively, if the bite-guard inspection test is done prior to each exam, then the electrical leakage current test should be done yearly at a minimum.

3.3.1 Electrical Leakage Current Test

Mindray ultrasound systems with accessories are designed to meet the requirements for patient safety described in IEC 60601-1 Medical Electrical Equipment-Part 1. General Requirements for Safety. To maintain patient safety it is important to have a low electrical leakage current in the product.

The endoscope shaft has no electrically conducting surfaces, and is covered with a layer of material, which permits neither fluids nor electricity to pass through it. Electrical safety is maintained for the transducer by keeping this material intact. Each TEE transducer is tested for electrical isolation and leakage current before it is shipped to a customer.

WARNING

- **To avoid injury to the patient, do not use the transducer if the insulating material has been punctured or otherwise compromised.**
- **Measuring electrical leakage current should only be done by qualified personnel. Take all necessary precautions to avoid contact with non-insulated parts that have applied voltage.**

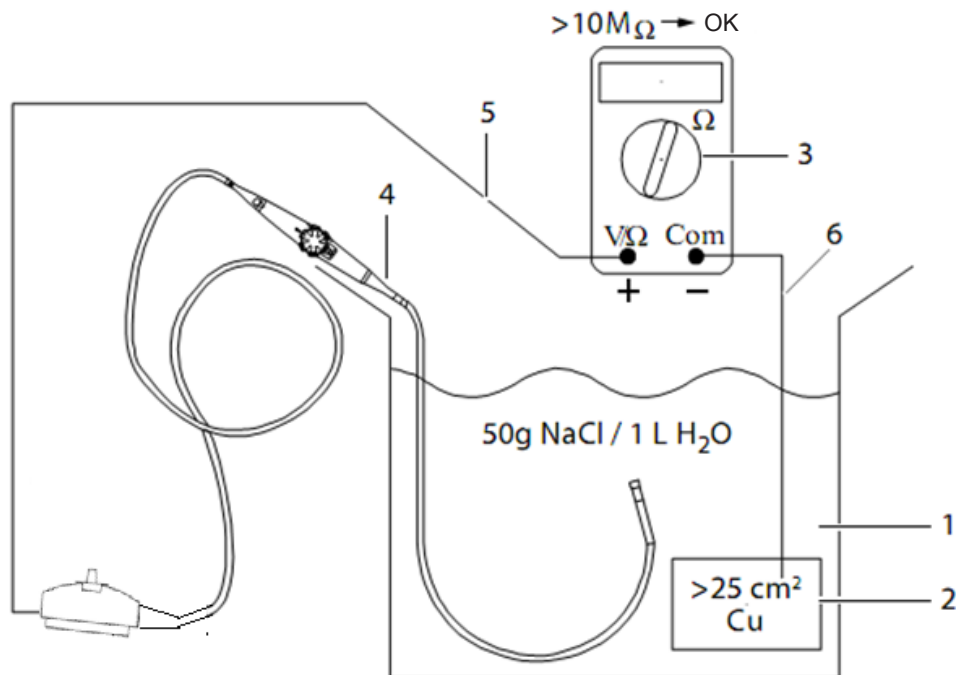
Checking the integrity of the insulating material cannot always be accomplished by visual inspections. A program for measuring the electrical leakage current on a regular basis should be established. As a minimum, leakage tests according to EN 60601-1/IEC 60601.1 §19 must be performed once a year, or as required by local regulation. The leakage limits associated with Type BF Applied Part must be met. The test requires access to the ultrasound system and to standardized test equipment. The transducer has to be immersed in a Normal Saline solution (50g NaCl per liter water) to above the 40 cm mark (but below the handle).

Mindray recommends keeping a written log of the results.

3.3.2 Bite-hole Inspection Test

Bite-holes or other damages of the endoscope surface can alternatively be detected by a simplified test without the access to the ultrasound system, by using the following procedure. The objective of this test is to detect bite-holes. It is safe and easy to perform, but is not an isolation or leakage current test as described in EN 60601-1. The test equipment is shown in figure below.

Figure 3-3 Connection with test equipment (for reference only)



1	Water bath
2	Copper or aluminum sheet
3	Multimeter
4	TEE transducer
5	Positive lead
6	Negative lead

Test Setup

Assemble the following items for the test.

- Water bath with a 1 Normal saline solution (50g NaCl/1 liter water).
- Copper or aluminum sheet with an area of at least 25 cm².
- Digital multimeter with 40 MΩ scale (calibrated to NIST).

Bite-hole Test

1. Submerge the TEE transducer with the endoscope shaft in liquid to above the 40 cm mark (but below the handle).
2. Connect the leads of the multimeter, see Figure 3-3.

The multimeter can be connected to transducer and copper or aluminum sheet using alligator clips.

- Connect the positive lead to the bare metal of the system connector housing.
 - Connect the negative lead to the copper or aluminum sheet in the salt-water bath.
3. Set the multimeter to measure resistance (range > 40 M Ω).
 4. Wait at least 2 seconds and verify that the resistance is acceptable (greater than 10 M Ω).

WARNING

- **To avoid injury to the patient, do not use the transducer if the resistance value is less than 10 M Ω . Endoscope insulation may be damaged and should be verified by a Mindray representative.**
- **To avoid injury to the patient, Mindray recommends that leakage current measurements be carried out on a regular basis. In addition, a bite-hole inspection should be conducted prior to the use of the transducer in any surgical procedure.**

3.4 Thermal Safety

Maintaining a safe thermal environment for the patient has been a design priority at Mindray. It is generally agreed that to avoid damage to body tissues, for long term exposures, tissue contact transducer tip temperatures should be less than 43°C. The ultrasound system incorporates an elaborate thermal safety system which informs the physician of the operating temperature of the transducer, and prevents the operative temperature from exceeding given limits. Whenever the TEE transducer is connected to the system, the transducer tip temperature is always on the system display.

If the temperature sensor is not working properly when you connect the transducer to the system, the transducer will not be accepted and scanning will not be possible.

3.4.1 Thermal Limits

The system has two levels of upper thermal limit: the first high limit is set at 41.0 °C, and the second high limit is set at 42.5 °C. If the temperature of the transducer tip reaches 41.0 °C, the temperature display turns red. If the temperature reaches 42.5 °C, the system will freeze unconditionally (the system can't be unfrozen even by using the **Freeze** key). The user will not be allowed to scan until the temperature has decreased below 42.0°C. To restart scanning, the user must press the Freeze key.

The system has a lower thermal limit of 17.5°C. If the temperature of the transducer tip reaches 17.5°C, the temperature display turns red.

WARNING

To avoid the risk of esophageal burn for adult patients, reduce the time spent imaging at distal tip temperatures in excess of 42 °C (107.6 °F). Exposure should be limited to 10 minutes or less at 42 °C (107.6 °F) or higher. There is no sufficient data to prove the thermal tolerance of the esophagus in neonate and pediatric patients, but it is apparently these patients are more vulnerable than adults. Reduce the time spent imaging at distal tip temperatures in excess of 41 °C (105.8 °F).

3.4.2 Control Settings, Temperature

The following are general guidelines for reducing temperature in 2D or Doppler modes.

- In general, imaging in 2D mode results in the lowest transducer surface temperature.
- When imaging in 2D mode, increasing the image depth generally reduces the transducer surface temperature.
- When imaging in color mode, there are no imaging changes that reduce the transducer surface temperature.
- When imaging in PW Doppler mode, decreasing the PRF and/or positioning the Doppler sample gate to a shallower depth generally reduces the transducer surface temperature.
- When imaging in CW Doppler mode, increasing the depth of the CW Doppler sample line (2D image depth prior to turning on Doppler trace mode) generally reduces the transducer surface temperature.
- In any imaging mode, freezing the image will temporarily reduce the transducer surface temperature.

3.4.3 Temperature Calibration Test

The temperature measurement function should be verified to the specifications at least once a year.

Test Setup

Assemble the following items for the test.

- Temperature stabilized water bath
- Temperature gauge with accuracy of $\pm 0.1^{\circ}\text{C}$

Temperature Calibration Test

1. Adjust the water bath temperature to $41^{\circ}\pm 0.1^{\circ}\text{C}$ and monitor the temperature with the gauge.

If an accurate and stable water bath is not available, the added inaccuracy must be taken into account when the temperature is read from the ultrasound system. Deviation of more than $\pm 0.5^{\circ}\text{C}$ is not acceptable. Maintaining this accuracy without temperature regulation may be difficult.

2. Connect the TEE transducer to the ultrasound system.
3. Press <Freeze> and set patient temperature to be 41°C on ultrasound system.
4. Put the transducer tip in the water bath.

At least 10 cm of the distal end must be submerged.

5. Observe the temperature indicated on the system monitor.
6. Wait until the temperature display is stabilized at $41^{\circ}\pm 0.5^{\circ}\text{C}$ plus/minus any water bath temperature deviation.
7. Observe that the Warning pop-up window is displayed.

If both steps 6 and 7 are passed the temperature shutdown works as stated. If not, Contact Mindray or your local representative.

3.5 Cleaning and Disinfecting the Transducer

For cleaning and disinfecting the transducer, see "5 Cleaning and Disinfection".

WARNING

If you don't clean and disinfect the transducer, it may become a source of infection.

3.6 Checking after Turning ON the System

CAUTION

- If you keep a hot acoustic lens on the body surface, the patient may be burned.
- Any of the problems mentioned above indicates that the ultrasonic diagnostic system or the transducer may be defective.

After turning ON the power of the ultrasonic diagnostic system, perform the following checks.

1. The acoustic lens of the transducer must not generate abnormal heat while it is being used. The transducer temperature should be checked by hand.
2. Scanplane calibration: A scanplane positioning calibration test is automatically performed when the transducer is connected and the ultrasound system is turned on. This calibration cycle lasts 5 to 10 seconds. After the calibration test is completed, the transducer temperature sensor is activated, and the transducer temperature is displayed, indicating the transducer is ready for use.

If the calibration test of the transducer fails, (no response from the scanplane buttons after calibration), re-connect the transducer to repeat the calibration test.
3. The image must not be abnormal while turning on the system.

4 Examination

The actual examination with the multiplane TEE Transducer is beyond the scope of this manual. There are many medical articles and books, which very thoroughly address this topic. There are however specific cautions that should be considered.

The operator should have adequate clinical experience and received related training.

WARNING

The physician must take into account all possible factors before starting the examination.

4.1 Pre-Exam Inspection

The following inspections should be performed prior to each exam.

- Perform visual tactile inspection, see "3.1.1 Visual and Tactile Inspection".
- Perform tip deflection inspection, see "3.1.2 Tip Deflection Control".
- Perform brake inspection, see "3.1.3 Brake Operation".
- Perform scanplane rotation inspection, see "3.1.4 Scanplane Rotation Operation".
- Perform leakage test or bite-guard inspection test, see "3.3 Electrical Safety".
- Clean and disinfect transducer, see "5 Cleaning and Disinfection".

WARNING

- **To avoid injury to the patient, Mindray recommends performing the above procedures prior to each exam.**
- **To avoid injury to the patient, do not use the transducer if any metallic protrusions, holes, rough spots, cracks, or dents are found.**
- **To avoid injury to the patient, if during the deflection test, a sharp “U-turn” of the transducer tip is observed (the transducer tip angle exceeds the maximum deflection angles), do not use the transducer. Call Mindray or your local representative.**
- **Some gels and disinfectants can cause an allergic reaction in some individuals.**

4.2 Couple Gel, Sheath, and Bite-guard

4.2.1 Couple Gel

Apply a sufficient amount of water-soluble acoustic coupling gel on the transducer acoustic window.

⚠ CAUTION

Only use water-soluble acoustic coupling gel. Other coupling gels containing ingredients like ethanol, mineral oil, iodine, lotions, lanolin, aloe vera or methyl or ethyl parabenzoic acid can cause transducer damage.

4.2.2 Sheath

For patient protection, a sterile, single-use, latex sheath can be used over the transducer before performing examination. Use a commercially available transducer sheath.

If used, place the latex sheath over the transducer and gastroscop shaft up to but not covering the handle. Rub the tip carefully to ensure that all air bubbles have been removed from the transducer's acoustic window area. In addition to the gel on the acoustic window, apply a sufficient amount of acoustic coupling gel on the outside of the sheath at the tip of the transducer.

⚠ CAUTION

- **Be sure to cover the transducer with a new (unused) transducer sheath to prevent infection during examination. If the package of a transducer sheath is open or broken, the sterilization of the transducer sheath may not be sufficient. Do not use such a transducer sheath.**
- **The sheath contains natural rubber latex and talc that can cause allergic reactions in some individuals. In the USA, refer to FDA Medical Alert MDA91-1.**
- **Do not exert force on the window area.**

Method (for reference):

1. Place an appropriate amount of gel inside sheath or on the transducer surface. Poor imaging may result if no gel is used.
2. Insert the transducer into the sheath.
3. Pull sheath tightly over transducer surface to remove wrinkles and air bubbles, and take care to avoid puncturing the sheath. Secure sheath with the enclosed elastic bands.
4. Inspect the sheath to ensure there are no holes or tears.

4.2.3 Bite-guard

Place the bite-guard on the transducer so that after insertion of the transducer the bite-guard can easily be placed in the patient's mouth. The bite-guard can also be placed in the patient's mouth before inserting the transducer.

⚠ WARNING

- **The use of a bite-guard is mandatory. Failure to use the bite-guard may result in damage to the transducer, which could result in a safety hazard. Damage to the transducer due to biting is not covered by the transducer's warranty.**

- **To avoid damaging the transducer, use a bite-guard during all TEE examinations. Biting the endoscope may cause severe, permanent damage to the transducer, rendering it unusable in the future, and unsafe in the present by creating electrical and mechanical failure mechanisms.**
- **The Bite-guard is for single use only, do not re-use the Bite-guard. Otherwise it may become a source of infection .**

4.2.4 Ordering Supplies

You can order transducer sheath, bite-guard and necessary accessories from the following manufacturer.

To order a transducer sheath, you may contact:

CIVCO Medical Instruments Co.

102 First Street South, Kalona, IA 52247-9589 USA

E-mail: info@civco.com

<http://www.civco.com>

Call 1-800-445-6741 within the United States or 1-319-656-4447 outside of the United States. To fax orders call: 1-319-656-4451

For details, please contact your local Mindray representative for assistance.

4.3 Examination

The operator should adopt proper ultrasonic scanning procedures and methods according to different target organs.

NOTE:

It is required to practice ALARA when operating ultrasonic diagnostic system.

4.3.1 Cautions

The actual techniques for introduction of the TEE transducer into the patient are beyond the scope of the user guide. There are numerous medical texts and articles which thoroughly address this topic.

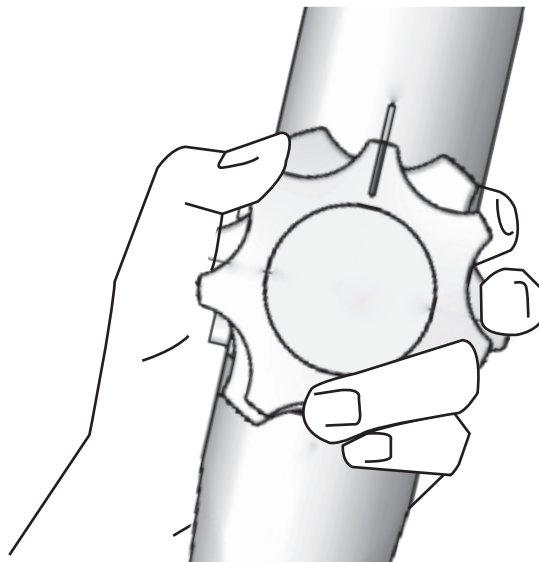
Observe the following precautionary measures when conducting an exam.

- Maintenance of an unobstructed airway is a prime consideration for all patients.
- Prolonged pressure on the esophagus by the tip of the transducer may lead to a pressure necrosis condition. Thus, in operating room monitoring applications, the tip should be removed from the esophagus wall when not scanning, by releasing it in the neutral position. If continuous monitoring is required, the transducer tip should be re-positioned often.
- Long term exposure to ultrasound should be minimized. Although there have never been any bioeffects demonstrated at the acoustic output levels of the TEE transducer, it is prudent to minimize patient exposure to ultrasound according to the principle of ALARA (As Low As Reasonably Achievable). Please see the ultrasound system user manual.

- In consideration of the above 2 points, the user should freeze the image, which turns the power to the transducer off, and allow the endoscope deflection controls to be disengaged whenever active scanning is not desired.
- Proper patient preparation is essential for successful examinations. This includes restrictions on food and liquid intake as well as a thorough explanation of the examination procedure and other instructions as the particular situation warrants.
- The use of a bite-guard during all TEE examinations is mandatory to protect the transducer from possible damage.
- The use of protective gloves during the examination is encouraged. Please see the U.S. Food and Drug Administration's Medical Alert on Latex Products (FDA 1991).
- In addition to the high level disinfection, the use of a protective sheath may provide an even higher level of protection against contamination of the transducer. Contact CIVCO for protective sheaths and applicators for protective sheaths.

4.3.2 Operation of Deflection Controls

The endoscope is designed for one-hand operation. Figure below shows the operator holding the endoscope handle in the left hand (for reference only). Thumb, first and second fingers interact with the deflection and scanplane controls.



There are two wheels for controlling the transducer tip deflection. The wheels have brake and freely-moving modes. In the braked mode, the movement of the deflection wheel is restrained. This is used to hold the tip in a certain position.

Special care should be taken when inserting and removing the transducer.

⚠ WARNING

- **To avoid injury to the patient, using excessive force during insertion, positioning, or withdrawal may cause trauma to the stomach or esophagus.**
- **To prevent damage to the esophagus when inserting or withdrawing the transducer, the control wheel must be in the freely moving, neutral, and unbraked state**

⚠ CAUTION

To avoid damaging the transducer, do not deflect the distal tip of the transducer by direct application of force. Use the deflection wheels for this task.

4.3.3 Emergency Retraction

If the transducer tip should get jammed in a deflected position inside the patient, and all attempts to release the deflected tip should fail, follow the following procedure to assure a safe retraction of the transducer.

1. Disconnect the transducer from the ultrasound system.
2. At an accessible location between the transducer handle and the patient, cut the entire endoscope shaft, including all internal wiring, using heavy duty cutting pliers or another suitable tool.

The deflection mechanism is now released and the transducer may be safely retracted.

4.4 After Examinations

After the examination is completed, turn OFF the ultrasonic diagnostic system, remove the bite-guard and disconnect the transducer, and then clean and disinfect the transducer.

After disinfecting the transducer, confirm that the transducer is in good condition and store it in a suitable place.

For details about clean and disinfect, see "5 Cleaning and Disinfection".

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5 Cleaning and Disinfection

This section describes the methods and precautions for cleaning and disinfection of TEE probes. After completing each examination, clean, disinfect the TEE probes as required. If necessary, repeat the cleaning, disinfection process before next use.

WARNING

- **Keep the control handle and system connector out of any cleaning or disinfection solutions. The control handle and cable may be cleaned with a damp cloth, but only the distal end of the transducer up to the 100 cm marker on the shaft (70 cm for P8-3Ts) may be placed into a disinfection solution.**
- **Do not use other disinfection methods like Iodine, Steam, Heat or Ethylene Oxide.**
- **To avoid injury to the patient, you must follow the manufacturer's recommendation for rinsing.**

CAUTION

- **To avoid damaging the transducer, the transducer should not be exposed to the disinfectant longer than specified to achieve the desired effect, but never longer than one hour.**
- **To avoid damaging the transducer, do not steam autoclave or subject the transducer to Ethylene Oxide (ETO).**
- **To avoid damaging the transducer, do not immerse the transducer in a solution containing ethanol.**
- **After disinfection, rinse the transducer thoroughly with clean water to remove all chemical residues. Chemical residues on the transducer may be harmful to the human body.**
- **The efficacy of disinfectants solutions is not guaranteed by MINDRAY. Contact the manufacturers for information on the activity of the products.**

NOTE:

- **After the examination, wipe off the ultrasound gel thoroughly, otherwise, the ultrasound gel may solidify and degrade the image quality of the transducer.**
- **Do not permit the transducer to become overheated (more than 55°C) during cleaning and disinfections. High temperature may cause the transducer to become deformed or damaged.**
- **Clean the probe thoroughly in accordance with the cleaning procedure before disinfection.**

5.1 Before Processing

This step is to remove the ultrasound gel or other visible dirt.

1. Wear a pair of gloves to prevent infection through the whole cleaning, disinfection process.
2. Disconnect the probe from the system. If the sheath is used, take off the sheath and dispose it as directed by the hospital.
3. Wipe away the ultrasound gel or other visible dirt on the surface of the probe by using a damp piece of disposable lint-free soft cloth or tissue.

5.2 Cleaning

Only the following cleaners are recommended by Mindray to clean the TEE transducers. For the biological effectiveness and the correct use of the cleaners, see the information of the cleaner's manufacturer.

5.2.1 Compatible Detergents

Cleaner	Active ingredient	Concentration	Applicable for
Cidezyme/Enzol	Proteolytic enzymes	< 5%	P7-3T
EMpower	Proteolytic enzymes	< 2%	P7-3Ts
Metrizyme	Proteolytic enzymes	< 2%	P7-3TU
Neodisher	Trisodium nitrilotriacetate	5-10%	P7-3TE
MediClean forte	2,2-Iminodiethanol diethanolamine	1-2%	P8-3Ts P8-2Ts P8-2TU
Prolystica 2x conc. Enzymatic Presoak & cleaner	Ethanolamine	1-5%	P7-3T P7-3Ts
	Protease	0.1-1%	P7-3TU
	Ethoxylated alcohol	1-5%	P7-3TE
	Polyalkylene glycol	1-5%	P8-3Ts
	Glycerine	1-5%	P8-2Ts P8-2TU
WIP'ANIOS CLEAN'UP	Association of surfactants, excipients	/	P8-2Ts P8-2TU

5.2.2 Cleaning Procedure for TEE Probe

1. Select an appropriate cleaner include cleaning wipes and sprays, mild detergents, enzymatic cleaners and specially designed enzymatic sponges.
2. Follow the manufacturer's instructions to prepare and use the cleaner. Select an appropriate method:
 - Soaking: Soak the probe in the cleaner solution for at least 1 minute or follow the manufacturer's instructions. Wipe and wash the probe surface gently by using a piece of lint-free soft cloth or soft sponge until no dirt is visible. When necessary, wash the locating groove and other items by using disposable cotton swabs.

Avoid using a brush to wash the lens because it may damage the probe.

Only the section from distal end to the 100 cm marker (70 cm for pediatric TEE probe) on the flexible shaft can be immersed in the cleaner solution. The handle, cable and connector can only be cleaned with a wrung out soft cloth moistened with cleaners.

- Wiping: Use a commercially available cleaning wipe, cleaning sponge, or a soft cloth soaked with a cleaning spray to wipe and clean all surfaces of the probe thoroughly for at least 1 minute or follow the manufacturer's instructions until the probe is clean. When necessary, wash the locating groove and other items by using disposable cotton swabs.
3. Rinse the probe insertion part thoroughly with plenty of clean flowing water (about 7.5L) at room temperature for about 1 minute to remove the residual dirt and cleaning solvent. Or follow the rinsing method specified by the manufacturer. Use moistened soft cloth to wipe the residual cleaners on the handle, cable, and connector.
 4. Dry the probe with a disposable lint-free soft cloth or tissue. Do not dry the probe by heating.
 5. Inspect the probe. If visible dirt still exists, repeat the preceding steps to wash the probe until it is all clean.

5.3 Disinfections

Only the following disinfectants are recommended by Mindray to disinfect the TEE transducers. For the biological effectiveness and the correct use of the disinfectants, see the information of the disinfectants' manufacturer.

5.3.1 Compatible Disinfectants

Disinfectant	Active ingredient	Concentration	Applicable for
Cidex	Glutaraldehyde	2.55%	P7-3T
CIDEX® OPA	Ortho-phthalaldehyde	0.55%	P7-3Ts
Wavicide 01	Glutaraldehyde	2.65%	P7-3TU P7-3TE P8-3Ts P8-2Ts P8-2TU

Disinfectant	Active ingredient	Concentration	Applicable for
Gigasept AF	Didecyldimethylammoniumchloride	15%	P7-3T
	Glycine, aminoalkyl derivs	6.9%	P7-3Ts
	Tridecylpolyethyleneglycolether	15-30%	P7-3TU
	N-(3-Aminopropyl)-N-dodecylpropane-1,3-diamine	< 5%	P7-3TE P8-3Ts
Gigasept FF (neu)	Dimethoxytetrahydrofuran	3.2%	P7-3T P7-3Ts P7-3TU P7-3TE P8-3Ts
	Succindialdehyde	11.9%	
	Ethanol	5-15%	
	Methanol	5-10%	
	Alkylpolyethylenglykcolpolypropyleneglycol-ether, 2-ethanol, 3,6-dioxa-1-dodecanol, 3,6-dioxadodecan-1-ol, DEGHE, diethylene glycol monohexyl ether, hexyl carbitol	1-5%	
Gigasept PAA concentrate	Peracetic Acid	5%	P7-3T P7-3Ts P7-3TU P7-3TE P8-3Ts P8-2Ts P8-2TU
	Hydrogen peroxide	10-20%	
	Acetic Acid	10-20%	
Metricide Plus 30	Glutaraldehyde	3.40%	P7-3T P7-3Ts P7-3TU P7-3TE P8-3Ts P8-2Ts P8-2TU
Perasafe	Sodium Perborate	40-60%	
Metricide OPA Plus	Ortho-phthalaldehyde	0.60%	
Metricide	Glutaraldehyde	2.60%	
Metricide 28	Glutaraldehyde	2.50%	
Steranios 2%, 2% N.G., 2% E.C.S.	Glutaraldehyde	2.00%	
TD5	Glutaraldehyde	2.65%	
Rapicide PA HLD	Peracetic Acid	5%	P8-3Ts
	Hydrogen Peroxide	22%	
	Trisodium Phosphate	4.3%	
	Surfactant	4%	

Disinfectant	Active ingredient	Concentration	Applicable for
Revital-Ox [®] Resert [®] High Level Disinfectant	Hydrogen Peroxide	1.4-2.3%	P7-3T
	2-Fluoroic Acid	≤2.50	P7-3Ts P7-3TU P7-3TE
UltrOx [™] High-Level disinfectant	Hydrogen Peroxide	1.4-2.3%	P8-3Ts
	2-Fluoroic Acid	≤2.50	
Tristel Trio Wipe System	Propan-2-OL	1-10%	
	Polymeric Biguanide Hydrochloride	< 1%	
	5-Chloro-2-Isothiazol-3-one	< 1%	
	2-Methyl-2H-Isothiazol-3-O Chlorinedioxide	< 1%	
	Sodiumchlorite 100%	< 1%	
ANIOXYDE 1000	Hydrogen peroxide	3%	P8-2Ts P8-2TU
Rapicide OPA-28	Ortho-phthalaldehyde	0.575%	

5.3.2 Disinfection Procedure

1. Select an appropriate high-level disinfectant to disinfect the probe. Follow the manufacturer's instructions to use the high-level disinfectant. Prepare a disinfectant by using sterile distilled or softened water when necessary.
2. Select an appropriate method:
 - Soaking: Soak the probe in the disinfectant solution and shake the probe properly to remove bubbles on the surface of the probe. For the probe soaking duration, see the disinfectant manufacturer's instructions.

Only the section from distal end to the 100 cm marker (70 cm for pediatric TEE probe) on the flexible shaft can be immersed in the disinfectant solution. The handle, cable and connector can only be disinfected with a wrung out soft cloth moistened with disinfectants.
 - Wiping: Use a commercially available disinfecting wipe, or a disposable sterile lint-free soft cloth soaked with a disinfecting spray to wipe and disinfect all surfaces of the probe thoroughly for the time specified in the manufacturer's instructions.
3. Rinse the probe insertion part thoroughly with plenty of clean flowing water (about 7.5L) at room temperature for about 1 minute to remove the residual dirt and disinfectants. Or follow the rinsing method specified by the manufacturer. Use moistened soft cloth to wipe the residual disinfectants on the handle, cable, and connector.
4. Dry the probe with a disposable lint-free soft cloth or tissue. Do not dry the probe by heating.
5. Check whether the probe has defects such as peeling, rifts, bumps, cracks, or liquid spill. If such defects exist, the probe has reached the end of its service life. In this case, stop using it and contact the Mindray service department.

6. Store the probe in a cool and dry environment.

 **CAUTION**

- The lens may be discolored; the label on the transducer may fade. These are not abnormalities.
- Repeated disinfection will eventually damage the transducer, please check the transducer's performance periodically.
- Disinfecting incorrectly or with chemicals not recommended by Mindray will void the warranty.

 **WARNING**

To avoid injury to the patient, if residue from the disinfectant is not removed it can cause irritation and/or burning of the mouth and esophageal tissue.

6 Storage and Transportation

When all examinations for the day have been completed, confirm that the transducer is in good condition and store it in a suitable place so that the next examination can be conducted smoothly. Make sure the transducer is adequately cleaned and disinfected prior to storage.

CAUTION

- **When transporting the transducer, do not allow any part of the transducer to protrude beyond the case. Never store a moist TEE transducer in the shipping case.**
- **Use the tip cover to enclose and protect the distal end of the probe from being damaged during transportation and storage.**

6.1 Transducer

- For detailed environmental conditions of storage and transportation, see "1.3 Ambient conditions".
- When the transducer is sent to MINDRAY Customer Service Department or sales representative for repair, be sure to disinfect it and keep it in the original carrying/shipping case to prevent infection.
- Sterilize the carrying case as necessary.

6.2 Tip cover

The tip cover encloses and protects the distal end/scanhead of the endoscope from being exposed to mechanical strain during transportation and storage.

CAUTION

To avoid damaging the transducer, the tip cover is a single use device. Discard after use.

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7 Specifications

P7-3T/P7-3Ts/P7-3TE/P7-3TU		
Shaft length		110 cm (deviation:±10%)
Mechanical dimensions	Shaft external diameter	11 mm (deviation: +10%, the lower limit is not calculated)
	Diameter of the inflexible distal part of the transducer tip	17.5 mm (deviation: +5%, the lower limit is not calculated)
	Maximum insertion portion diameter:	≤17.5 mm
Center frequency		5.0 MHz
Transducer type		Phased array
Number of elements		64
Aperture		9 mm
Focus		50 mm
Scanplane rotation		0 ~ 180°
Temperature precision		Temperature range: 17.5~50°C, precision: ±1°C, of which, when the temperature is 43°C, the precision is ±0.5°C
Tip deflection		Up/Down/Left/Right: ≥120°/90°/45°/45° (Deviation: -10% mm, the upper limit is not calculated)
Leakage current / Dielectric strength		Meet the requirements of IEC 60601.
Biocompatibility		All external materials of the multiplane TEE Transducer have passed relevant biocompatibility tests according ISO 10993.

P8-3Ts		
Shaft length		72 cm (deviation:±10%)
Mechanical dimensions	Shaft external diameter	7.5 mm (deviation: 10%, the lower limit is not calculated)
	Diameter of the inflexible distal part of the transducer tip	14.5 mm (deviation: +5%, the lower limit is not calculated)
	Maximum insertion portion diameter:	≤14.5mm

P8-3Ts	
Center frequency	5.0 MHz
Transducer type	Phased array
Number of elements	48
Aperture	7.25 mm
Focus	30 mm
Scanplane rotation	0 ~ 180°
Temperature precision	Temperature range: 17.5~50°C, precision: ±1°C, of which, when the temperature is 43°C, the precision is ±0.5°C
Tip deflection	Up/Down: 120°/90° (Deviation: -10% mm, the upper limit is not calculated)
Leakage current / Dielectric strength	Meet the requirements of IEC 60601.
Biocompatibility	All external materials of the multiplane TEE Transducer have passed relevant biocompatibility tests according ISO 10993.

P8-2Ts/P8-2TU		
Shaft length	108 cm (deviation: ±10%)	
Mechanical dimensions	Shaft external diameter	10.5 mm (deviation: +10%, the lower limit is not calculated)
	Diameter of the inflexible distal part of the transducer tip	17.5 mm (deviation: +5%, the lower limit is not calculated)
	Maximum insertion portion diameter:	≤17.5 mm
Center frequency	5.0 MHz	
Transducer type	Phased array	
Number of elements	64	
Aperture	9 mm	
Focus	60 mm	
Scanplane rotation	0 ~ 180°	
Temperature precision	Temperature range: 17.5~50°C, precision: ±1°C, of which, when the temperature is 43°C, the precision is ±0.5°C	
Tip deflection	Up/Down/Left/Right: ≥120°/45°/45°/45° (Deviation: -10% mm, the upper limit is not calculated)	
Leakage current / Dielectric strength	Meet the requirements of IEC 60601.	
Biocompatibility	All external materials of the multiplane TEE Transducer have passed relevant biocompatibility tests according ISO 10993.	

8 Disposal

NOTES:

- Follow the local regulations or hospital's guideline when disposing this device.
- Be sure to clean and sterilize this device before disposing it.
- Contact your MINDRAY representatives when disposing this device.
- Follow the disposal control policy for your office, department, or hospital when disposing contaminated items such as probe covers or other disposable items.

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