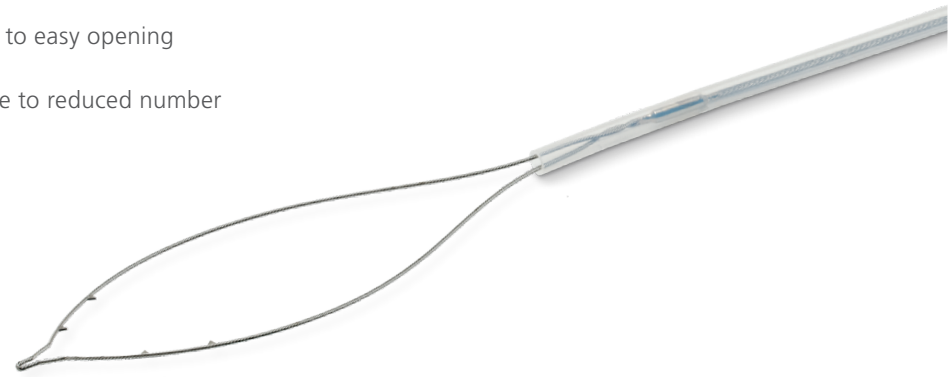




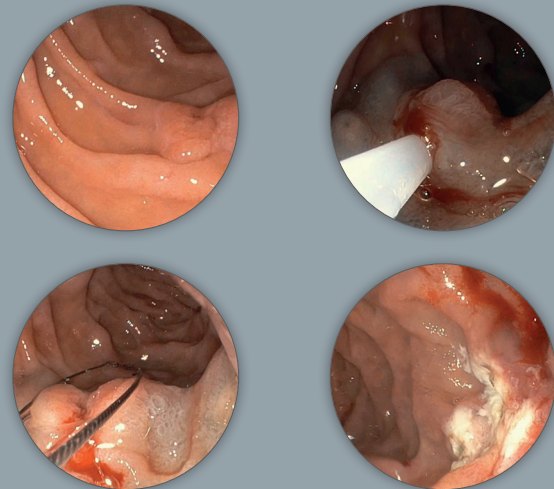
The Traction Polypectomy Snare (TPS) is a specially designed, serrated snare for grasping and removing polyps in the gastrointestinal tract via a flexible endoscope.

Traction Polypectomy Snare features:

- Solid grip even on broad-based adenomas
- Up to 30% more tissue capture per resection⁷
- Facilitates resection of flat lesions
- Re-positioning possible at any time thanks to easy opening properties
- Improved histopathological assessment due to reduced number of specimens during piecemeal resection

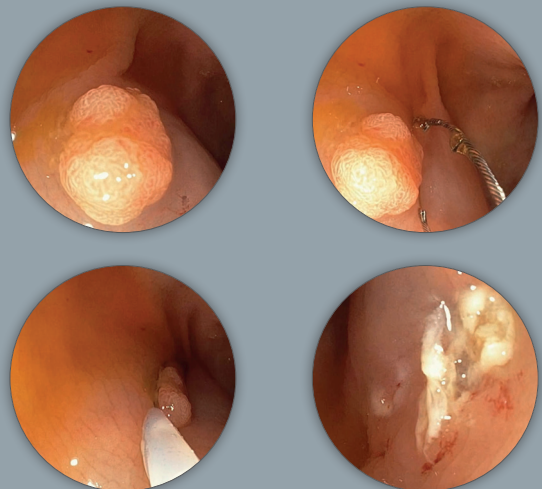


Duodenal polypectomy



Duodenal polypectomy using the Traction Polypectomy Snare⁸

Cold snare polypectomy



Cold snare polypectomy using the Traction Polypectomy Snare⁸

⁷ ProBt RL, Baur FE. A new serrated snare for improved tissue capture during endoscopic snare resection. Minim Invasive Ther Allied Technol. 2010; 19:2; 100-4
⁸ Shou Jiang Tang, M.D., University of Mississippi Medical Center, Jackson, Mississippi

..... RESECT+

Details and components

Instrument line consisting of optimised instruments for ESD, EMR and other endoscopic resection techniques.



Additional working channel for flexible endoscopes, available for gastroscopes and colonoscopes.

- For instruments with a diameter of up to 2.8 mm
 - For endoscope diameters from 8.5 – 13.5 mm
- Ref. no. 200.57.01 (length 122 cm), ref. no. 200.57.04 (length 185 cm)



Thermo-reversible injection solution for endoscopic resection.

- Safe and easy resection thanks to durable and stable cushion
- Time saving thanks to fewer re-injections

Ref. no. 200.56.01, ref. no. 200.56.02 (kit with injection accessories)



Monopolar HF instrument for blunt dissection and coagulation.

- Curved grasper design with rotatable instrument shaft for precise targeting
 - Length: 165 cm; compatible with working channel diameters of 2.8 mm or larger
- Ref. no. 200.50



Monopolar HF instrument for incision and dissection.

- Dissection needle length available for thin and thick tissue: 1.5 mm | 2.0 mm | 2.5 mm | 3.0 mm
 - Length: 220 cm; compatible with working channel diameters of 2.8 mm or larger
- Ref. no. 200.53.01 – 200.53.04



Serrated polyfile snare for endoscopic tissue resection.

- Snare diameter: 25 mm; wire diameter: 0.38 mm
 - Length: 220 cm; compatible with working channel diameters of 2.8 mm or larger
- Ref. no. 200.55.10



• OTSC® Anchor in two variations with different needle length.

Ref. no. 200.10 (length: 165 cm, depth: 4 mm), ref. no. 200.11 (length: 220 cm, depth: 2 – 2.5 mm)



• Grasping forceps for grasping tissue for working channel diameters of 2.8 mm or larger

Ref. no. 200.73 (length: 220 cm)

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innovation in scope



RESECT+

Optimised endoscopic resection techniques

RESECT+ is an instrument line consisting of optimised instruments for ESD+, EMR+ and other endoscopic resection techniques. They are also suitable for haemostasis and POEM, and facilitate clip removal. An appropriate product is thus available for every phase of endoscopic resection.

..... RESECT+

Optimised endoscopic resection techniques

RESECT+ provides products for every phase of ESD+ and EMR+.

Multi-modality

- Combination of classic dissection using HF knives with the option of blunt dissection using the Coag Dissector

Efficiency

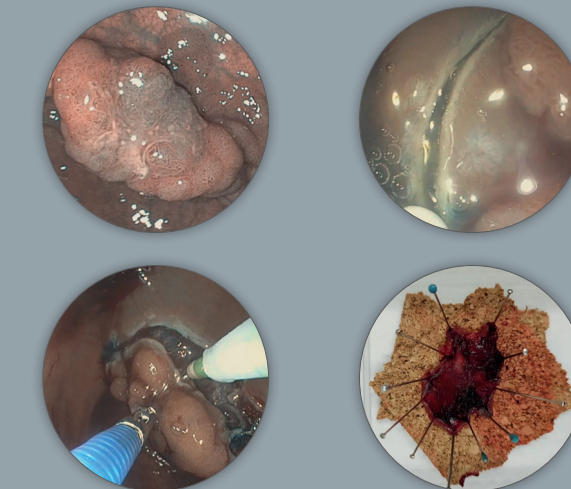
- Reduced procedure time due to fewer instrument changes
- Easy and fast performance of EMR and ESD
- Efficient resection of large en-bloc specimens

Safety

- Flushing of the target tissue for better overview and fast identification of bleeding
- Submucosal re-injection without instrument exchange
- Stable and high injection cushion for safe performance of the endoscopic resection
- Blunt spreading and preparation with the Coag Dissector facilitates keeping the dissection plane

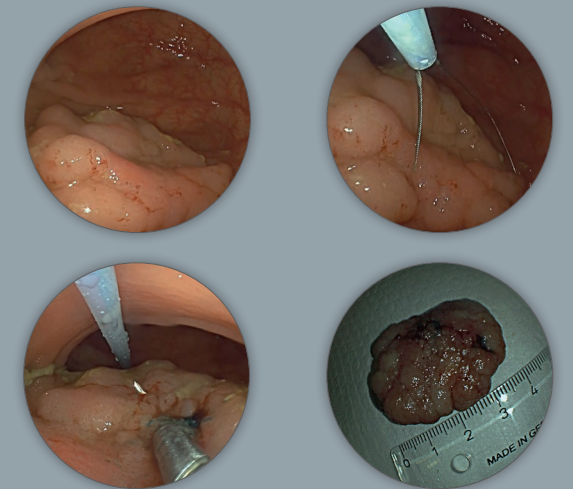
..... Application

ESD+ in the rectum



ESD+ of a rectal polyp with grasper and AqaNife using the Additional Working Channel (AWC)¹

EMR+ in the colon



EMR+ in the colon with OTSC® Anchor and snare using the Additional Working Channel (AWC)¹

¹ Prof. Dr. A. Meinung, University Hospital Ulm, Germany



The AWC® (Additional Working Channel) is an endoscopic system that provides an additional working channel for flexible endoscopes.

The AWC® is suitable for various procedures:

- EMR with snare and FTRD® Grasper or OTSC® Anchor (EMR+)
- ESD with grasper and knife (ESD+)
- Clip removal with additional grasper

AWC® features:

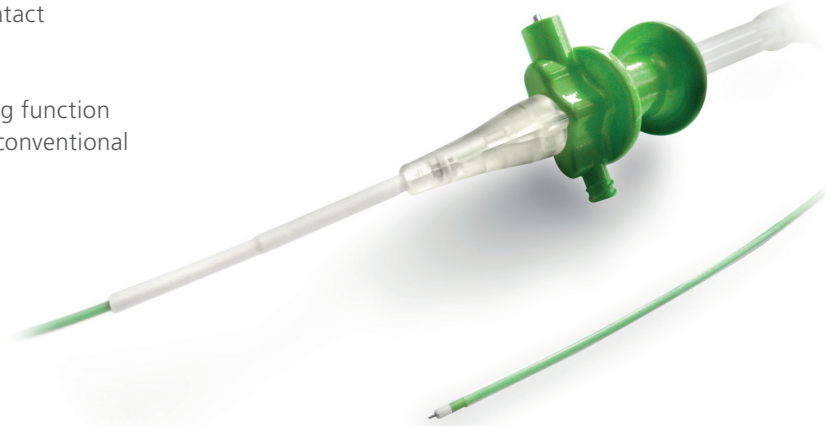
- Easy transformation of a single-channel endoscope into a double-channel functionality
- Distance between the working channels individually adjustable and greater than with a double-channel endoscope
- Bimanual working with triangulation
- Enables effective resection
- Additional lumen for suction or flushing
- For gastroscopes and colonoscopes



The AqaNife is a monopolar electrosurgical instrument for endoscopic submucosal dissection using flexible endoscopes. It is a fixed dissection knife.

AqaNife features:

- Straight needle for flexible dissection angle
- Precise marking of tissue
- No retraction of the needle in case of tissue contact
- Defined, fixed position of the needle
- Ceramic sheath tip as stopper and protector
- Re-injection without instrument change, flushing function
- Integrated irrigation channel for connection to conventional irrigation pumps for flushing the tissue



The new injection agent LiftUp® for injection in the submucosa for safe and easy endoscopic resection.

LiftUp® features:

- Gels thermo-reversibly in tissue at body temperature
- Creates a permanent cushion in the submucosa even after mucosa incision
- Separates and exposes layers and structures
- Saves time due to fewer re-injections
- Enables easy, fast and safe resection



The Coag Dissector combines safe and easy blunt dissection with precise coagulation of bleeding.

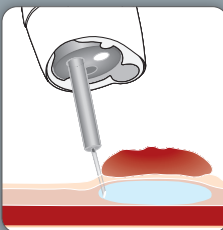
Coag Dissector features:

- Rotatable, flexible instrument shaft for precise alignment and positioning of the grasper tip
- Curved grasper for optimal targeting of the tissue
- Blunt tissue preparation, as in surgery
- Effective HF coagulation, as with pincers
- Small geometry for easy manoeuvrability
- Wide range of applications: ESD, haemostasis, POEM

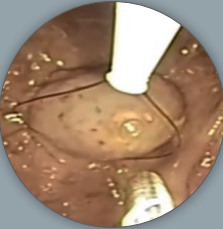
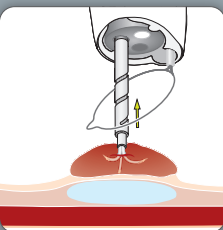


..... Application

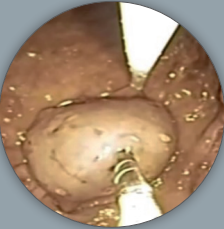
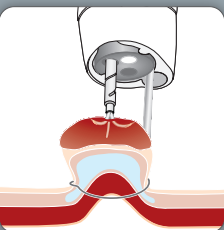
EMR+



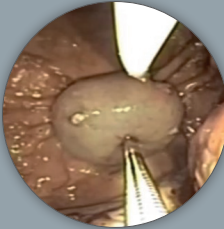
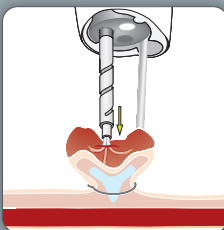
Injection of LiftUp®



Positioning of snare and OTSC® Anchor or FTRD® Grasper

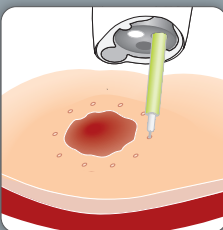


Elevation of the lesion and snare closure

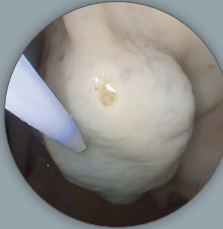
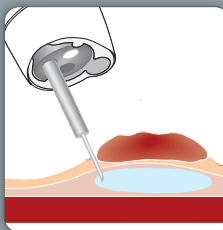


Push-back² of OTSC® Anchor or FTRD® Grasper while snare stays closed and subsequent resection³

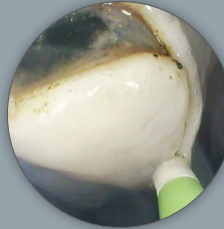
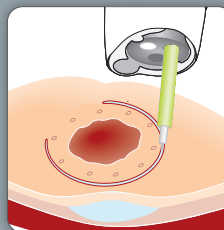
ESD+



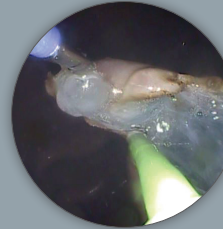
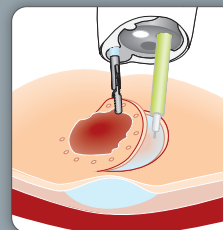
Marking



Injection of LiftUp®

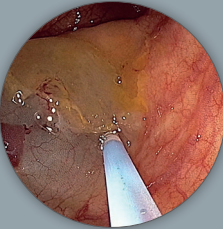
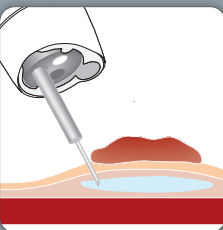


Incision of 4/5 of the total circumference

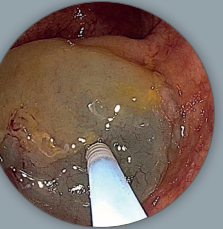
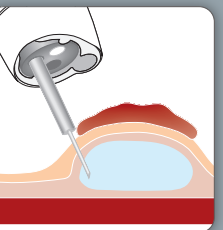


Endoscopic submucosal dissection⁴ with AqaNife and additional grasper in the AWC®

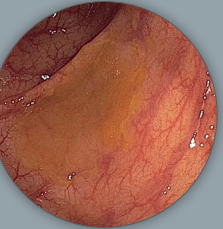
LiftUp®



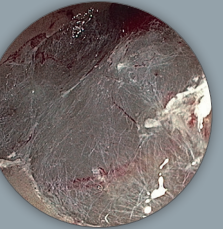
Injection of a small amount of saline solution



Injection of LiftUp® at the same spot until the desired lifting is achieved

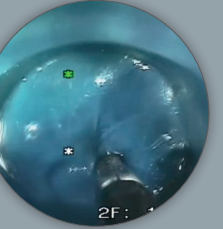
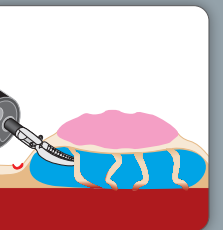


Resection site before

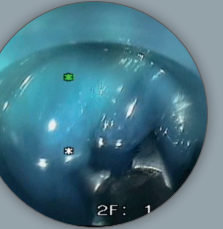
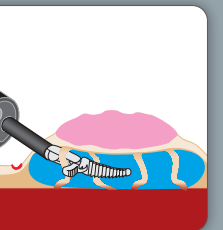


Resection site after⁵

ESD

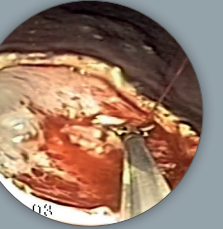
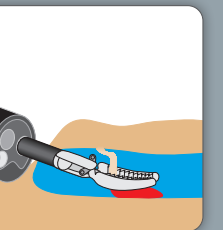


Injection to lift the lesion

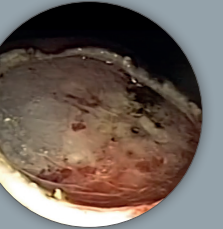
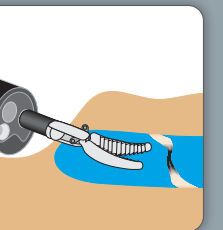


Blunt dissection by spreading the Coag Dissector

Haemostasis



Grasping the bleeding tissue with the Coag Dissector



Effective haemostasis⁶

2 Note: Anchor needles must not be captured with the snare during the push-back move. If in doubt, the Anchor can be closed to avoid a short circuit.

3 Dr. B. Meier, Hospital Ludwigsburg, Germany [in-vivo model]

4 Prof. Dr. A. Meinig, University Hospital Ulm, Germany [ex-vivo model]

5 Dr. A. Probst, University Hospital Augsburg, Germany

6 Prof. Dr. M. Schurr, Ovesco Endoscopy AG, Tübingen, Germany [in-vivo model]