

LIGATION LOOP

LOCKADO TM CLIP



LIGATION LOOP

Unique Ligation Loop Optimized Loop Material

Advanced Delivery System



LIGATION LOOP



FEATURES	BENEFITS
ADVANCED DELIVERY SYSTEM	 The loop does not need to be preloaded prior to insertion Designed for one operator, therefore ease of use
OPTIMIZED LOOP MATERIAL	 The excellent balance of high tensile strength and flexibility provides safe ligation
UNIQUE LIGATION LOOP	 The double circle design complies with clinical requirements and has greater application range compared to conventional type
30MM LOOP	Meets most clinical requirements and allows for the ligation of large polyps

HAEMOCLIPS PURPOSE APPLICATION

Endoclips are small metallic devices loaded onto flexible introducers and destined to treat or prevent malfunctions in the gastrointestinal tract

These malfunctions can vary from arterial/venous post polypectomy bleeding and bleeding ulcers, to mucosal closures due to fistulas or after EMR/ESD procedures

Endoclips work by forcibly apposing their metal arms to acquire a volume of tissue within their grasp ultimately achieving vascular compression or occlusion, in the case of haemostasis, or to close a defect, in the case of perforation, fistula or mucosal closure













1. PRE AND POST POLYPECTOMY

In general, there are three types of polyps that can create therapeutic difficulties:

Small, flat sessile polyps

Pedunculated polyps with very large pedicles

Large flat sessile lesions or laterally spreading tumours [2]



PRE AND POST POLYPECTOMY

The risk of post polypectomy haemorrhage post the transection of Pedunculated polyps with very large pedicles is threefold.

Endoclips can be used as a form of haemostatic intervention to the polyp stalk either before or after the polypectomy, particularly where the head of the lesion is in excess of 3cm. The polyp stalk is then transected above the head of the clip.

Clips are not a reliable pre resection form of haemostasis for lesions with pedicles >10-12mm due to their inability to completely capture the stalk. [2]

Prophylactic clipping of the base of a polyp has been found to be useful in preventing post-polypectomy bleeding, especially in high-risk patients or patients on anticoagulant medications.[3]

2. HAEMOSTASIS

Gastrointestinal bleeding as a result of -

Peptic ulcers- are a break in the inner lining of the stomach, first part of the small intestine or sometimes the lower oesophagus

Mallory-Weiss tears of the oesophagus- bleeding from a laceration in the mucosa at the junction of the stomach and oesophagus

Dieulafoy's lesions- medical condition characterized by a large tortuous arteriole most commonly in the stomach wall (submucosal) that erodes and bleeds. Can be present in any part of the GI Tract and relatively uncommon

Stomach tumours

Post Polypectomy



3. Mucosal defects / Perforation

Endoclips can also be used to close gastrointestinal perforations as a result of complicated therapeutic procedures such as polypectomy, dilatation, EMR, ESD and through the endoscopy procedure itself

4. Secure placement of endoscopic feeding tubes

A technique with Endoclips has been used and shown to be an effective and easy way to ensure the placement of jejunal feeding tubes and prevent the migration back with endoscope withdrawal [4]

5. Align the bile duct to assist with endoscopic retrograde cholangiopancreatography (ERCP)

The presence of a periampullary diverticulum increases the difficulty of biliary cannulation during ERCP. When the papillary orifice is inside the diverticular pouch, cannulation may be impossible. A technique using an Endoclips can achieve transient tissue remodelling and help facilitate successful biliary cannulation. [5]

6. Marker

The technique of placing endoscopic mucosal clips to localize oesophageal carcinoma and hence facilitate radiotherapy planning. [6]

Endoscopic mucosal clipping may serve as a useful technique for localizing or marking gastrointestinal lesions, especially for demarcating a precise radiation field when conventional techniques fail. [7]

CLINICAL IMPORTANCE OF VARYING SIZES OF HAEMOCLIPS

Small Clips are used for small defect areas, primarily to assist in cases of active life threatening bleeding and non life threatening oozing of defects.

Medium sized clips are used as general purpose clips and can be used for many everyday cases, however they are significantly less effective in large defect closure when compared to larger 16mm clips.

Large Clips are used for large defects produced by Endoscopic Resection and Dissection.

LOCKADO[™]Clip

Shortest Clip Stem in the market

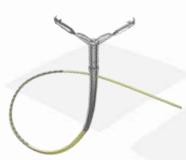
Additional side teeth on the clips jaws

Jaw compression force increased by 15%

Several different sizes to accommodate clinical needs

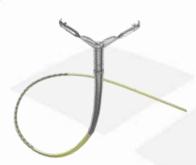


LOCKADOTMClip



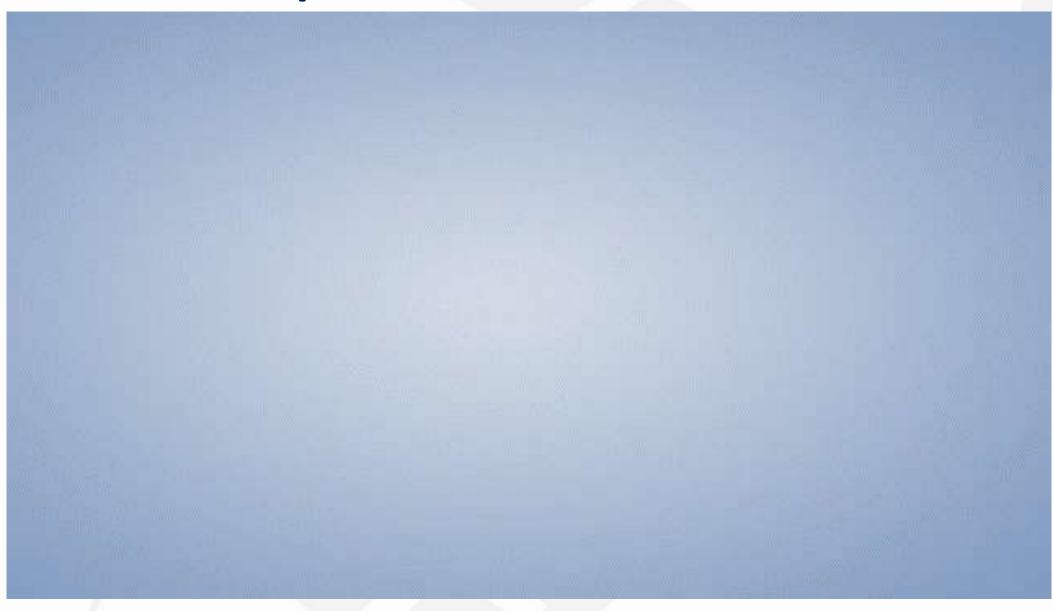
FEATURES	BENEFITS
ERGONOMIC HANDLE DESIGN	 The short throw handle provides an ergonomic, user friendly movement even for small hands The handle rings have a soft lining which provides comfort and increases tactile feel
ADDITIONAL 10 TEETH	Work as anchoring spikes / for optimal mucosal hold
FULL 1 TO 1 ROTATION	 Gentle, precise, accurate rotation The clip rotation is very responsive; rotation should be gentle. Rotation of the clip to 180 degrees or less is enough to achieve the correct positioning quickly
CAM MECHANISM	 Reduces retraction during clip closure No need to push the clip jaws into the tissue during closure
UNLIMITED REPOSITIONING, OPENING, AND CLOSING PRIOR TO FIXATION	 Flexibility to imitate closure and commit or reopen and close more than 20x times

LOCKADO[™]Clip



FEATURES	BENEFITS
INCREASED CLIP COMPRESSION FORCE BY 15%	 A significant improvement in closing pressure therefore enabling the cessation of bleeding and closing of defects
SHORTEST CLIP SEGMENT	 9.8mm Allows for greater patient comfort Less obtrusive and improves visualisation of target area
AVAILABILITY OF VARYING SIZES, 8MM, 11MM AND 16MM (20MM SOON TO BE RELEASED)	 Wider range of clips contributes to better clinical outcomes for both patients and clinicians Sizes that assist with post polypectomy, EMR, ESD, ESR, perforation, arterial bleed, and post polypectomy bleed
OPTIMAL ROTATABILITY AND FUNCTIONALITY EVEN IN A DUODENOSCOPE	 The clip will open and close smoothly while the scope is inverted and rotate when the forceps elevator channel of a duodenoscope is lifted

LOCKADO[™]Clip



CK SURGITECH HAEMOCLIP SIZES AND BENEFITS

MINI 8mm

Lowest jaw profile for unobstructed view during placement

Assists in cases of active life-threatening bleeding and non-life-threatening oozing of defects

Useful in specifically targeted situations where strong grip force is required as the 8mm has a small gap between the arms and therefore tighter clamping force. Therefore, appropriate for a specific bleed site

11mm

Shortest stem and appropriate for narrow lumens

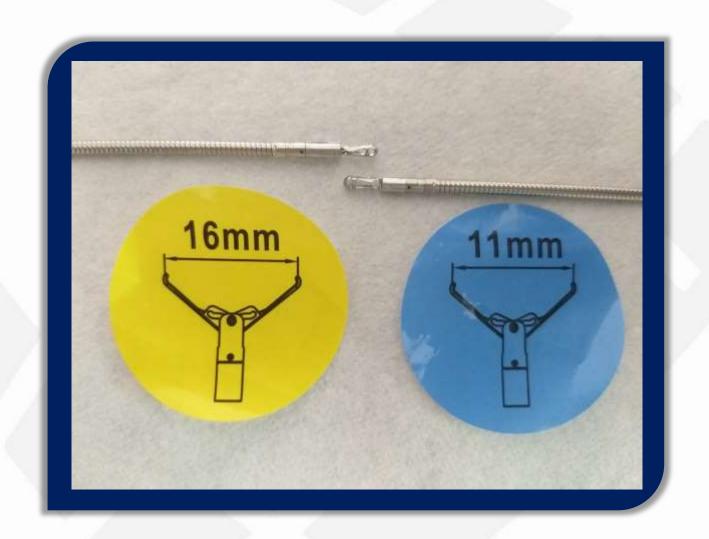
General purpose clip, less effective for large defect closures

PLUS 16mm

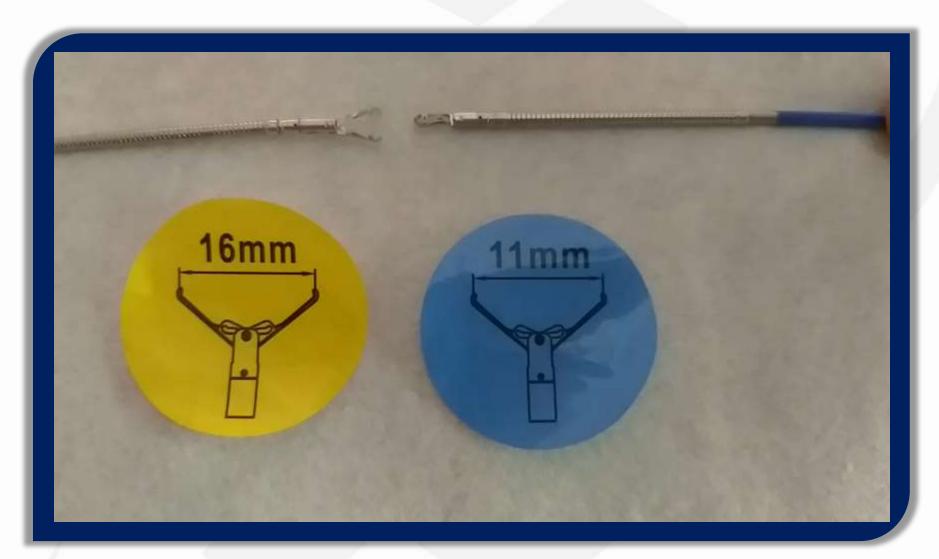
Widest opening for confident large defect closures because of endoscopic resection and dissection and perforation



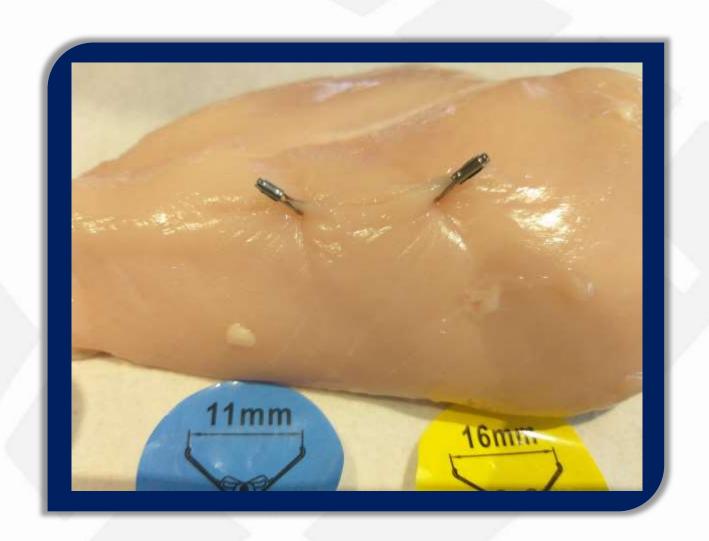
11mm vs 16mm LOCKADO™CLIP



11mm vs 16mm LOCKADO™CLIP



11mm vs 16mm LOCKADO™CLIP



ADVANTAGES OF CK SURGITECH HAEMOCLIPS

Ergonomic handle design

Additional 10 teeth

Reliable 360° 1 to 1 rotation

CAM mechanism

Unlimited repositioning, opening and closing

Short Stem, High visibility

Superior ligation performance

Sensation, Audible snap

Variety of sizes



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Ergonomic handle design

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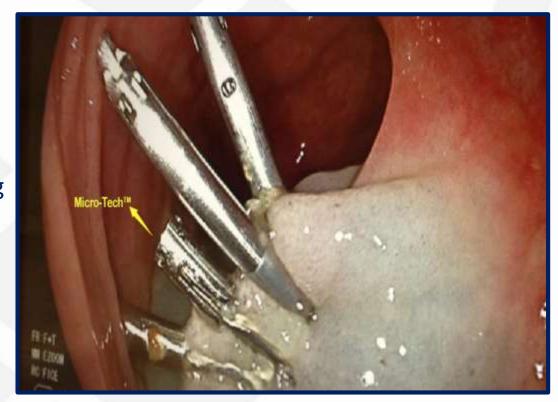
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Keywords to remember: Stability, Speed, Efficiency, Reliability, Accuracy, Costs

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