

Hemostasis Solutions





Through innovation and expansion of our therapeutic portfolio, we are proud to offer endoscopy devices to address a variety of **hemostasis situations and improve patient care.**

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SmartBand®

multi-band ligation system

The **SmartBand multi-band ligation system** is used to endoscopically ligate esophageal varices at or above the gastroesophageal junction and to ligate internal hemorrhoids.

The ligation bands are...

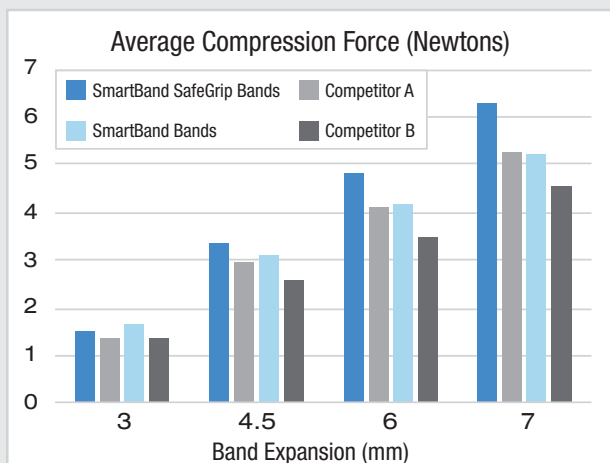
- Designed to deliver maximum tissue compression and gripping force
- Uniquely manufactured and packaged to enable a 12-month shelf life



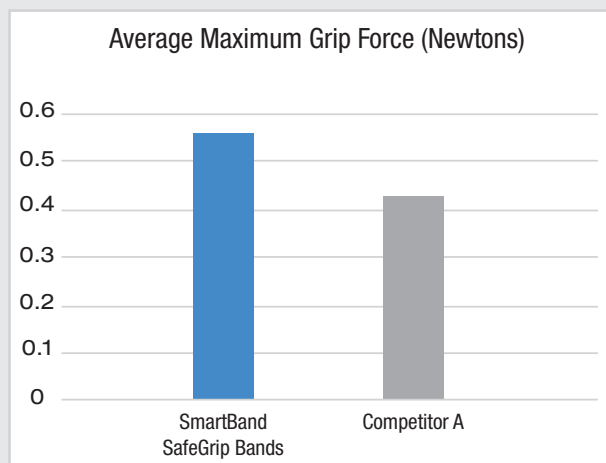
SmartBand
Multi-Band Ligation Kit



SmartBand SafeGrip
Multi-Band Ligation Kit



SmartBand Ligation bands delivered higher average compression forces than competition during third party testing¹



SmartBand SafeGrip Ligation bands delivered 33% higher gripping force than competition during third party testing¹

SmartBand®

multi-band ligation system

Features a universal connector that attaches the handle to the endoscope and is compatible with multiple endoscope styles



Offers a 10FR inner diameter handle stem that enables maximum suction capabilities

Includes 6 backloaded bands on a clear, smooth barrel for optimal visualization



Provides a dedicated flush port for clearing the working channel during the procedure



The SmartBand Packs offer a reloadable barrel of bands for procedures that require more than 6 bands – helping to reduce costs

SmartBand Multi-Band Ligation System			
Product Number	Description	Endoscope Diameter Compatibility (mm)	Unit of Measure
SLK6*	SmartBand multi-band ligation kit - Components: Ligation Handle with Universal Connector, Loading device, Flush Tube, Pentax Adaptor, and Barrel with 6 Bands	8.6 - 11.6	EA
SLK6LF**	SmartBand SafeGrip multi-band ligation kit - Components: Ligation Handle with Universal Connector, Loading device, Flush Tube, Pentax Adaptor, and Barrel with 6 Bands	8.6 - 11.6	EA
SLP6*	SmartBand multi-band ligation pack - Components: Deployment Cord with Barrel of 6 Bands	8.6 - 11.6	EA
SLP6LF**	SmartBand SafeGrip multi-band ligation pack - Components: Deployment Cord with Barrel of 6 Bands	8.6 - 11.6	EA

*This product is made with natural rubber latex.

**This product is not made with natural rubber latex.

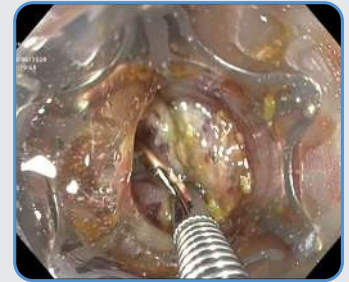
This device is supplied non-sterile and is disposable, single-use only.

Padlock Clip[®] defect closure system

features & benefits

The **Padlock Clip defect closure system** facilitates fast and effective full circumferential tissue closure.

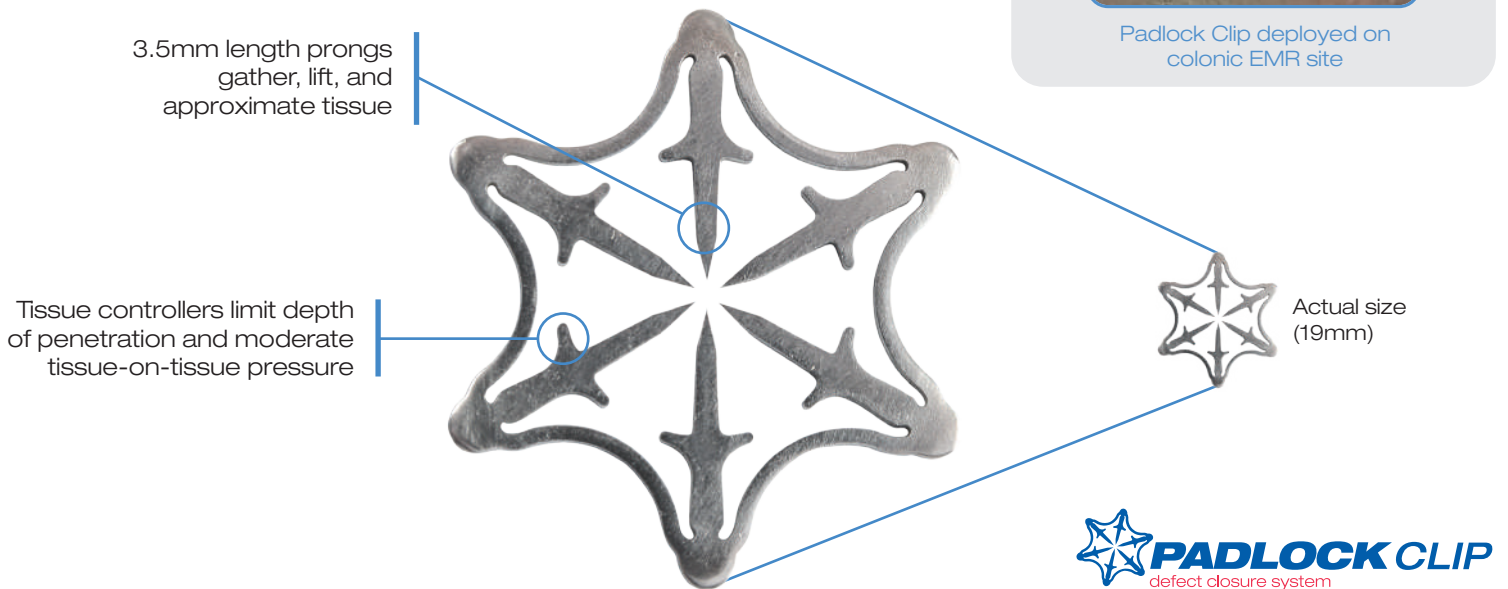
- A pre-loaded, self-grasping clip designed to encircle, lift, close, and potentiate the healing of tissue defects
- Quick and easy attachment to the outside of the endoscope
- Open and free instrument channel for optimal endoscope suction
- “Push of the thumb” deployment
- May be used with the Raptor[®] grasping device to aid tissue recruitment.



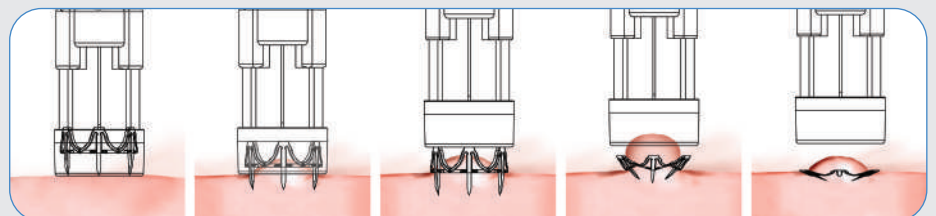
Padlock Clip system used with Raptor grasping device to recruit tissue into tissue chamber



Padlock Clip deployed on colonic EMR site



The Padlock Clip device is made of flexible, super elastic alloy and lays flat against the tissue, offering low profile radial compression.



Padlock Clip defect closure system

indications & case examples

The Padlock Clip is indicated for clip placement within the gastrointestinal (GI) tract for the purpose of: Endoscopic marking of lesions, Closure of GI tract luminal perforations <20mm that can be treated conservatively, and Hemostasis for: Mucosal/Submucosal defects, Bleeding Ulcers, Arteries <2mm, Polyps <1.5cm in diameter, or Diverticula in the Colon. The over-the-scope-clip has successfully been used in the following clinical situations.

Hemostasis Cases:

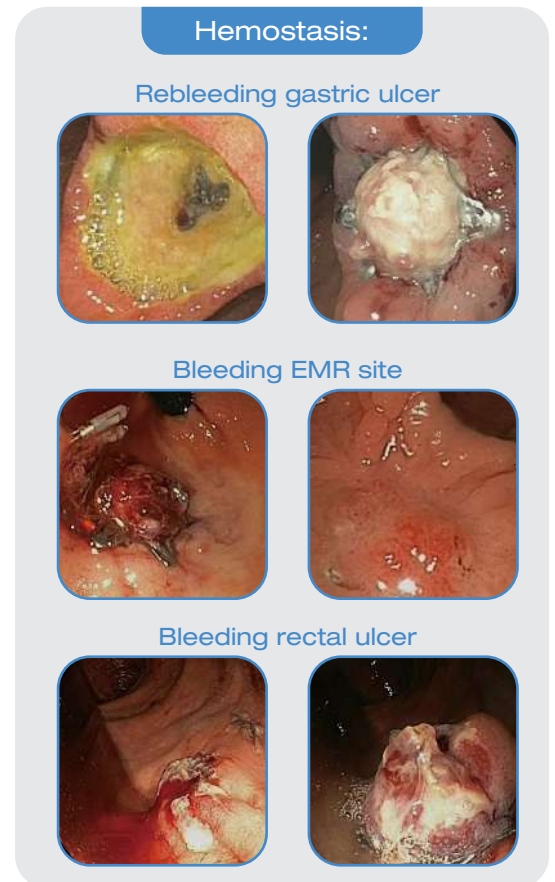
- **Rebleeding gastric ulcer** previously treated with epinephrine injection and bipolar cautery. Treated with Padlock Clip device with no further rebleeding²
- **Bleeding EMR site** successfully treated by the Padlock Clip device and showed persistence of the Padlock Clip at 3 months follow-up¹
- **Bleeding rectal ulcer** treated by the Padlock Clip device, resulting in durable hemostasis.¹ Previous unsuccessful treatments included endoclipping and injective therapy

Fistula and Leak Cases:

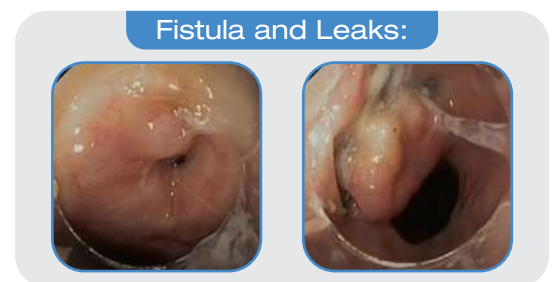
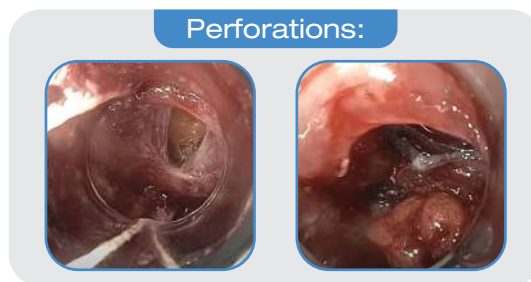
- **Tracheo-esophageal fistula** closure with the Padlock Clip device. Previous unsuccessful treatments included surgery, salivary bypass stenting, and endoscopic clipping¹

Perforation Cases:

- **Esophageal perforation closure.** Perforation occurred during band EMR procedure. Patient was in good condition following the procedure³



Scan to view Dr. Diehl case video



Padlock Clip Defect Closure System						
Product Number	Description	Endoscope Tip Diameter (mm)	Tissue Chamber Depth (cm)	Tissue Chamber Diameter (cm)	Sterile	Units/Box
C910001	Padlock Clip defect closure device	9.5-11	1.0	1.1	yes	1
C913131*	Padlock Clip Pro-Select® defect closure device	11.3, 11.5, 12.0, 12.5, 13.0, 13.5, 14.0	0.3, 0.4, 0.8, 1.1, 1.3, 1.5, 1.9	1.1	yes	1

* Ability to adjust tissue chamber depth based on scope diameter.

1. Armellini E, Crinò SF, Orsello M, Ballarè M, Tari R, Saettone S, Montino F, Occhipinti P. Novel endoscopic over-the-scope clip system. World J Gastroenterol 2015; 21(48): 13587-13592
 2. Images provided by Dr. Mark Prince
 3. Images provided by Dr. David Diehl

Padlock Clip defect closure system

clinical data

Study 1: “Novel endoscopic over-the-scope clip system”¹

No.	Age	Etiology	Clinical Condition	Previous Treatment	Treatment Outcome
1	61	Endoscopic mucosal resection	Delayed rectal bleeding	Endoclip, injective therapy	Persistent control of the bleeding
2	80	Solitary rectal ulcer	Rectal bleeding	Endoclip, injective therapy	Persistent control of the bleeding
3	85	Duodenal Dieulafoy lesion	Duodenal bleeding	Injective and thermal therapy	Persistent control of the bleeding
4	53	Mediastinal lymphoma	Broncho-esophageal fistula	Endoclip	New fistulas development
5	66	Post-laryngectomy radio-chemotherapy	Tracheo-esophageal fistula	Endoclip, salivary stent	Fistula healing

Conclusion: The new over-the-scope Padlock Clip seems to be simple to use and effective in different clinical settings, particularly in “difficult” scenarios, like recurrent bleeding and respiratory-oesophageal fistulas



Study 2: “First clinical experiences with a novel endoscopic over-the-scope clip system”²

No.	Age	Sex	Indication	Technical Success	Outcome	Previous Treatments	Follow-up Months
1	64	M	Rectovesical fistula	Yes	Complete sealing of the fistula. 30-day endoscopic follow-up: clip detached	Ovesco OTSC	7
2	64	M	Rectocutaneous fistula	Yes	Clinical resolution	Ovesco OTSC	8
3	63	M	Persistence of gastrocutaneous fistula after gastrostomy tube removal	Yes	Sealing of the fistula. 30-day endoscopic follow-up: clip detached	TTS clips	18
4	71	F	Closure of gastrocutaneous fistula after removal of infected gastrostomy tube	Yes	Resolution of infection: Sealing of the fistula. 30-day endoscopic follow-up: clip detached	-	5
5	75	F	Iatrogenic duodenal perforation following biliary stent migration	No	Technical failure of clip release. Gastrointestinal perforation was closed by two conventional TTS clips	-	2
6	86	F	Iatrogenic diverticular perforation during diagnostic colonoscopy after failure of conservative management	Yes	Closure of perforation at CT scan. Discharge 7 days after clip placement	Conservative management (6 days)	2
7	76	M	Post-polypectomy intraprocedural bleeding	Yes	Resolution of bleeding. No late rebleeding	Injection hemostasis	3
8	64	M	Post-polypectomy intraprocedural bleeding	Yes	Resolution of bleeding. No late rebleeding	-	10

Conclusion: The novel Padlock Clip seems to be an effective and safe tool to treat gastrointestinal fistulas, perforations or post-polypectomy bleeding.



1. Armellini E, Crinò SF, Orsello M, Ballarè M, Tari R, Saettoni S, Montino F, Occhipinti P. Novel endoscopic over-the-scope clip system. *World J Gastroenterol* 2015; 21(48): 13587-13592
2. Marco Dinelli, Barbara Omazzi, Paolo Andreozzi, Nicola Zucchini, Alessandro Redalli, Gianpiero Manes. First clinical experiences with a novel endoscopic over-the-scope-clip system. *Endoscopy* 2017; 49(04): 407-408

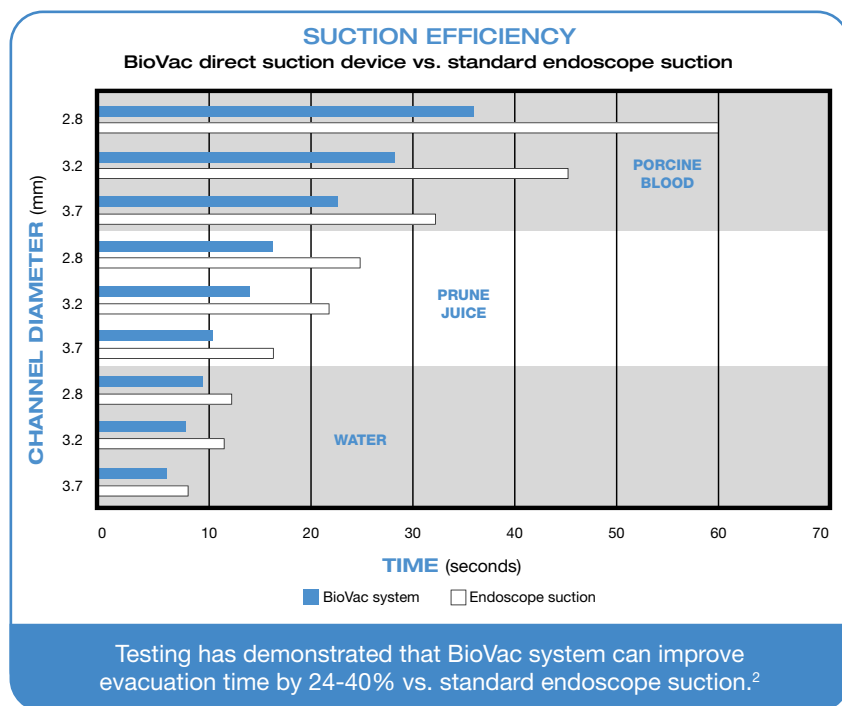
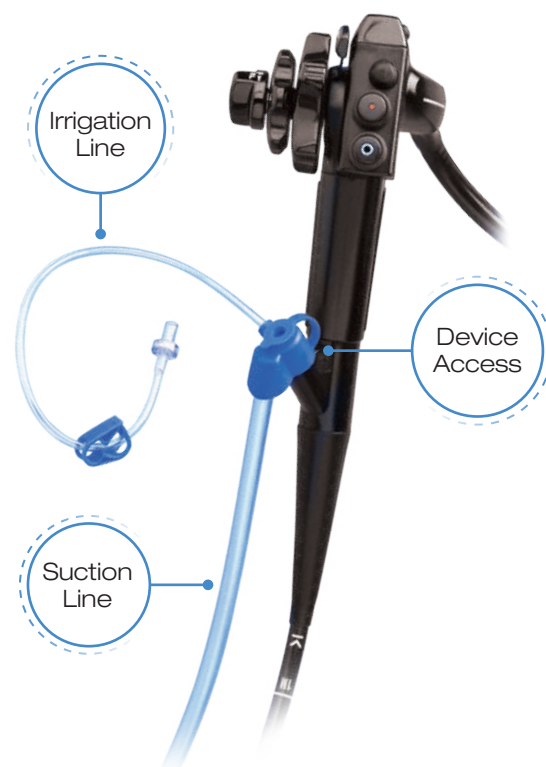
BioVac®

direct suction device

The **BioVac direct suction device** is designed to suction hard-to-remove, viscous materials, like gelatinous blood and stringy clots¹, which may otherwise clog the control head of the endoscope. The BioVac device is unique in that it allows for direct visualization during cleansing and evacuation by empowering the endoscope's own suction capabilities.

The BioVac device offers...

- Enhanced suction, facilitating increased volume¹ and quick, powerful evacuation
- Instrument access, enabling the clinician to utilize suction capabilities as well as provide therapeutic treatment via the accessory channel
- Assistance in dealing with GI bleeds, colonic decompression, poor prep or retained residual food cases



BioVac direct suction device					
Product Number	Description	Scope Compatibility	Device Access	Y-Port	Units/Box
BX00711511	BioVac system	Pentax	yes	no	5
BX00711512	BioVac system	Olympus/ Fujifilm*	yes	no	5
BX00711513	BioVac system	Olympus/ Fujifilm*	yes	yes	5

* G5 Series or newer.



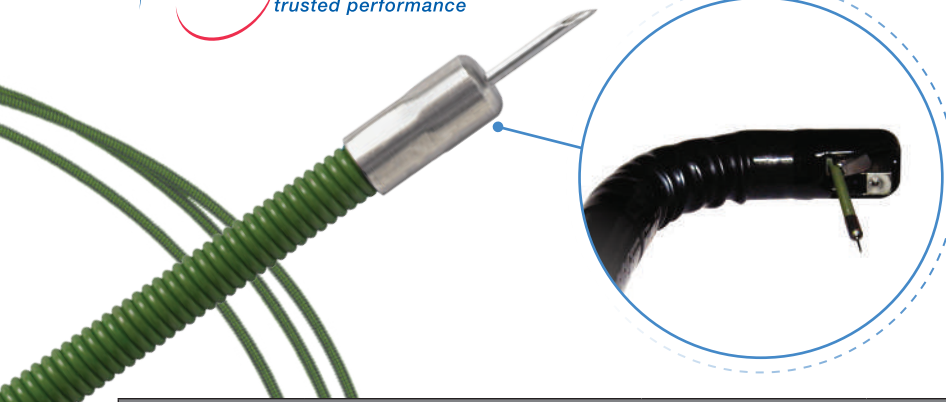
White paper, "Can Endoscopic Suctioning Capabilities Be Improved?" states that there is a 24-40% reduction in evacuation time when using the BioVac device. Scan QR code to view complete white paper.

1. The size of particles and volume of liquid suctioned is limited to the endoscope's channel size.
2. Data on file at STERIS Endoscopy

Injection Therapy Solutions

STERIS Endoscopy offers the world-renowned **Carr-Lock injection needle** and the **Articulator™ needle** – both dependable solutions for your injection therapy needs including saline assisted polypectomy, esophageal varices and tattooing.

Feature	Benefit	Carr-Locke Needle	Articulator Needle
Teflon coated spring sheath and pre-loaded with stop at distal end	<ul style="list-style-type: none"> Helps to ensure consistent and full length needle projection over time Allows for smooth insertion down endoscope diameter 	✓	
Stainless steel spring sheath	<ul style="list-style-type: none"> Minimizes sheath kinking especially during challenging procedures 	✓	✓
Ultra smooth distal metal hub	<ul style="list-style-type: none"> Controls depth of needle insertion; prevents needle perforations 	✓	✓
Luer lock, spring loaded handle	<ul style="list-style-type: none"> Automatically retracts needle to reduce risk of inadvertent needle sticks and/or scope damage 	✓	✓
Requires less than 1cc of fluid to prime	<ul style="list-style-type: none"> Less expensive, particularly when using costly injection agents 	✓	✓



Articulator
injection needle



Injection Needles

Product Number	Description	Sheath Diameter (mm)	Length (cm)	Needle Projection (mm)	needle gauge	Units/Box
BX00711803	Articulator injection needle	2.5	160	4	25	5
BX00711804	Articulator injection needle	2.5	160	5	25	5
BX00711807	Articulator injection needle	2.5	230	5	25	5
BX00711808*	Articulator injection needle	2.5	350	5	25	5
BX00711810	Articulator injection needle	2.5	230	5	25	10
BX00711811	Carr-Locke injection needle	2.5	230	5	25	5
BX00711812	Carr-Locke injection needle	2.5	230	5	23	5
BX00711813	Carr-Locke injection needle (Pentax compatible)	2.5	230	5	25	5
BX00711814	Carr-Locke injection needle	2.5	230	4	23	5
BX00711822	Carr-Locke injection needle	1.8	230	5	25	5
BX00711823	Carr-Locke injection needle	2.5	230	5	25	10
BX00711824	Carr-Locke injection needle	2.5	230	5	23	10

* BX00711808 does not have the spring-loaded handle





Endoscopy

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