Details and components

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

**RESECT+ AWC®**
Additional working channel for flexible endoscopes.
- Available lengths: 122 cm and 185 cm
- For instruments with a diameter of up to 2.8 mm
- For endoscope diameters from 8.5 - 13.5 mm

**RESECT+ LIFTUP®**
Thermoreversible injection solution for endoscopic resection
- Creates a durable and stable cushion in the submucosa
- Enables a safe and simple ESD and EMR
- Time saving due to fewer re-injections

**COAG DISSECTOR**
Monopolar electrosurgical instrument for blunt dissection and coagulation.
- Rotatable, flexible instrument shaft for precise alignment of tip orientation
- Curved grasper design for precise targeting of tissue
- Length: 165 cm; compatible with working channel diameter of 2.8 mm or larger

**TRACTION SNARE**
The Traction Polypectomy Snare is a serrated snare for endoscopic tissue resection.
- Solid grip even on flat adenomas
- 30% more tissue capture per resection
- Length: 220 cm; compatible with working channel diameter of 2.8 mm or larger

**OTSC® ANCHOR**
- Two anchor sizes available with different needle length
- Length: 165 cm and 220 cm; compatible with working channel diameter of 2.8 mm or larger

**FTRD® GRASPER**
Grasping forceps for proper grip on the target tissue and precise retrieval of the specimen.
- Length: 220 cm; compatible with working channel diameter of 2.8 mm or larger

1 Proßt RL, Baur FE. A new serrated snare for improved tissue capture during endoscopic snare resection. World Invasive Thor Aided Technol. 2010; 19; 180-4
The new AWC® (additional working channel) for flexible endoscopes is usable for many applications, which benefit from the simultaneous use of two instruments, e.g.

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

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

Application

EMR+
- Injection into the submucosa
- Positioning of snare and OTSC® Anchor or FTRD® Grasper
- Elevation of the lesion and snare closure
- Push-back* of the OTSC® Anchor or FTRD® Grasper while snare stays closed and subsequent resection

ESD+

remOVE
- Clip removal with the DC-Cutter with an additional grasper introduced through the AWC®

The new injection solution LiftUp®:
- for a safe and easy EMR and ESD
- Gels thermoreversibly in tissue at body temperature
- Creates a permanent cushion in the submucosa even after mucosa incision
- Time saving due to fewer re-injections
- Separates and exposes layers and structures

Source: Prof. K. Caca, Dr. B. Meier, Hospital Ludwigsburg, Germany [in-vivo model]
*Note: Anchor needles must not be captured with the snare during the push-back move. If in doubt, the anchor needles can be closed to avoid a short circuit.

1 Wedi et al. Evaluation einer neuen submukosalen, hochviskosen Injektionslösung (LiftUp) für die Endoskopische Submukosa Dissektion (ESD) am EAWE-R Modell: Eine prospektive randomisierte Vergleichsstudie, Z Gastroenterol 2018; 56(08)
2 Dr. B. Meier, Hospital Ludwigsburg, Germany [ex-vivo model]
3 Prof. Dr. A. Meining, University hospital Ulm, Germany [case example]
4 Prof. Dr. M. Schurr, Ovesco Endoscopy AG, Tübingen, Germany [in-vivo model]