



o v e s c o
innovation in scope



RESECT+

next level resection

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+ *next level resection*

Optimised endoscopic resection techniques

RESECT+ provides the complete solution 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

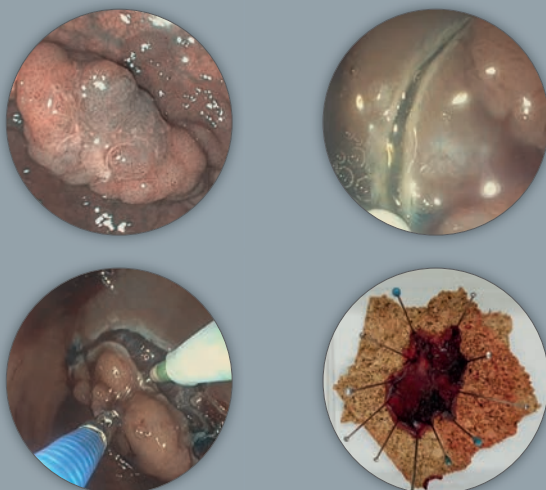
- Reduced procedure time due to fewer instrument changes
- Easy and fast performance of EMR and ESD
- Efficient resection of large en-bloc specimens

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

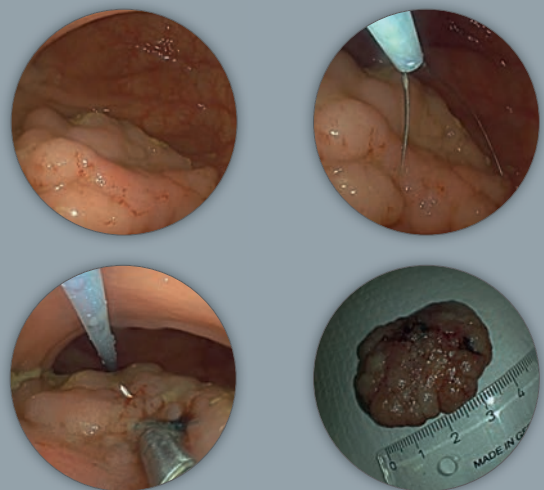
Application

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

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+)²
- ESD with grasper and knife (ESD+)³
- Clip removal with additional grasper

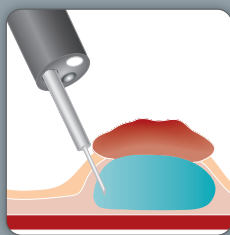
AWC® features:

- 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

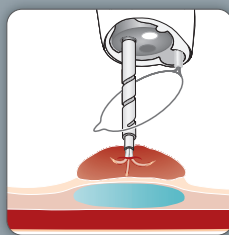


..... Application

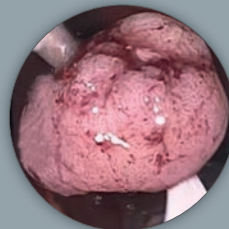
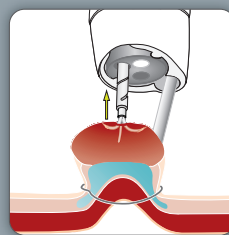
EMR+



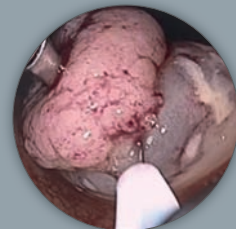
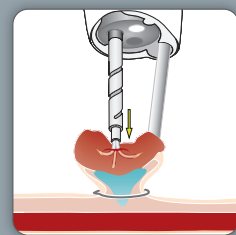
Injection of LiftUp®
optional: Incision with snare
tip as guideline for snare closure



Positioning of snare and
OTSC® Anchor or FTRD® Grasper



Elevation of the lesion
and snare closure



Push-back⁴ of OTSC® Anchor or
FTRD® Grasper while snare stays
closed and subsequent resection⁵

2 Knoop RF, Wedi E, Petzold G, Bremer SCB, Amanzada A, Ellenrieder V, Neesse A, Kunsch S. Endoscopic mucosal resection with an additional working channel (EMR+) in a porcine ex vivo model: a novel technique to improve en bloc resection rate of snare polypectomy. *Endosc Int Open*. 2020 Feb;8(2):E99-E104.

3 Knoop RF, Wedi E, Petzold G, Bremer SCB, Amanzada A, Ellenrieder V, Neese A, Kunsch S. Endoscopic submucosal dissection with an additional working channel (ESD+): a novel technique to improve procedure time and safety of ESD. *Surg Endosc*. 2020

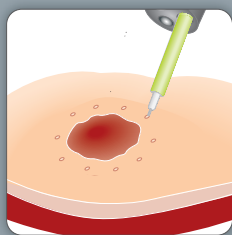
The AqaNife® is a monopolar electro-surgical instrument for endoscopic submucosal dissection using flexible endoscopes. It is a fixed dissection knife.

AqaNife® features:

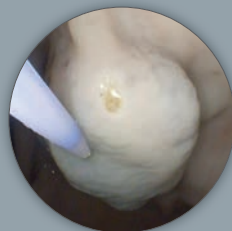
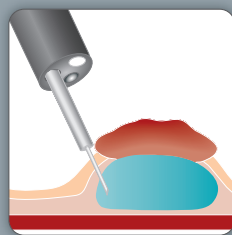
- Straight needle for flexible dissection angle
- Precise marking of tissue
- No retraction of the needle in case of tissue contact
- Defined, fixed position of the needle
- Ceramic sheath tip as stopper and protector
- Re-injection without instrument change, flushing function
- Integrated irrigation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



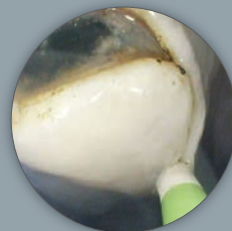
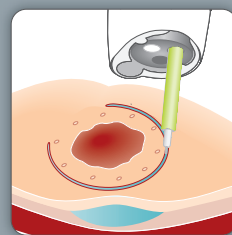
ESD+



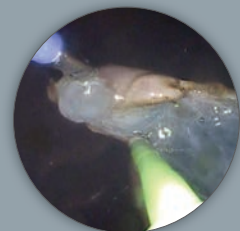
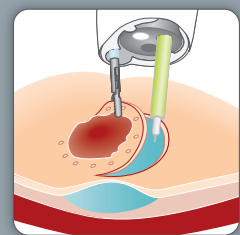
Marking



Injection of LiftUp®



Incision of 4/5 of the total circumference



Endoscopic submucosal dissection⁵ with AqaNife and additional grasper in the AWC®

4 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.

5 Prof. S. Kunsch, Rems-Murr-Kliniken Winnenden, Germany

6 Prof. Dr. A. Meining, University hospital Ulm, Germany [ex-vivo model]

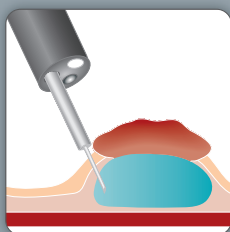
The injection agent LiftUp® for injection in the submucosa for safe and easy endoscopic resection.

LiftUp® features:

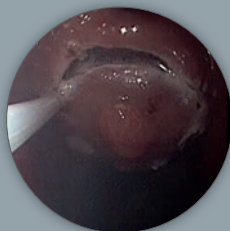
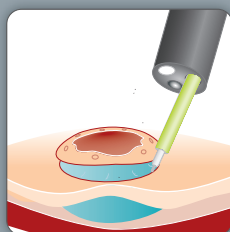
- Gels thermo-reversibly in tissue at body temperature
- Creates a long-lasting cushion in the submucosa for at least 60 min.⁷
- Stable, even after mucosa incision⁷
- Separates and exposes layers and structures
- Saves time due to fewer re-injections⁸
- Enables easy, fast and safe resection



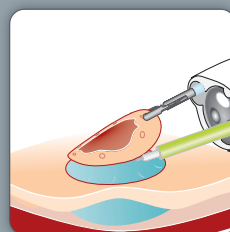
Hybrid-ESD+



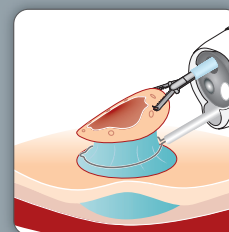
Marking and injection with LiftUp®



Incision with snare tip or knife



Dissection with snare tip or knife and additional grasper



Resection with snare and grasper⁹

7 Wedi, E., Koehler, P., Hochberger, J., Maiss, J., Milenovic, S., Gromski, M., Ho, C.-N., Gabor, C., Baulain, U., Ellenrieder, V., Jung, C. (2019). Endoscopic submucosal dissection with a novel high viscosity injection solution (LiftUp) in an ex vivo model: a prospective randomized study. *Endosc Int Open*, 07(05), E641–E646.

8 Meier, B., Wannhoff, A., Klinger, C., & Caca, K. (2019). Novel technique for endoscopic en bloc resection (EMR+) – Evaluation in a porcine model. *World J Gastroenterol*, 25(28), 3764–3774.

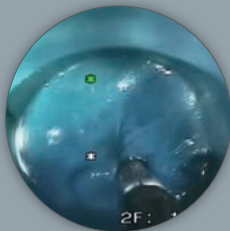
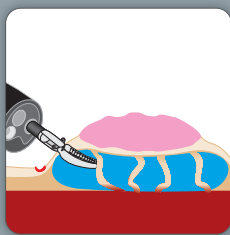
The Coag Dissector combines safe and easy blunt dissection with precise coagulation of bleeding.

Coag Dissector features:

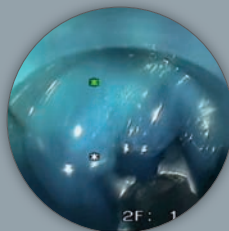
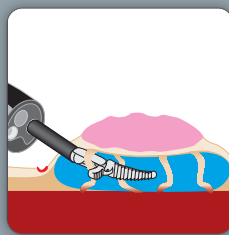
- Rotatable, flexible instrument shaft for precise alignment and positioning of the grasper tip
- Curved grasper for optimal targeting of the tissue
- Blunt tissue preparation, as in surgery
- Effective HF coagulation, as with pincers
- Small geometry for easy manoeuvrability
- Wide range of applications: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



ESD

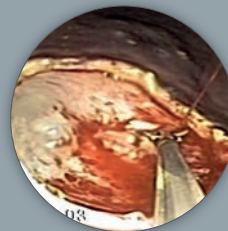
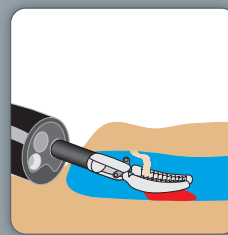


Injection to lift the lesion

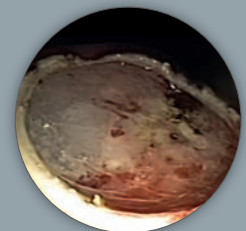
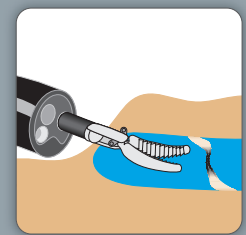


Blunt dissection by spreading the Coag Dissector

Haemostasis



Grasping of bleeding tissue with the Coag Dissector



Effective haemostasis¹⁰

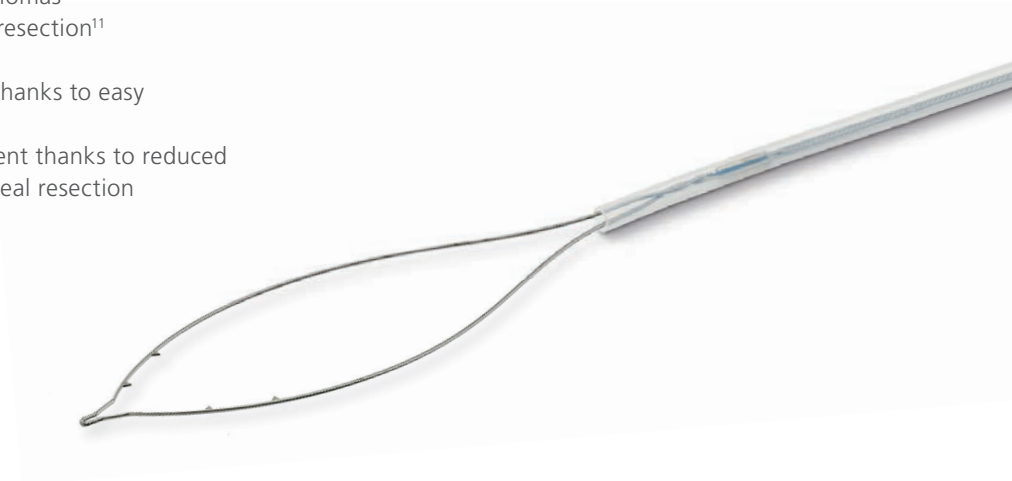
9 Prof. Dr. A. Meining, University hospital Würzburg, Germany

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

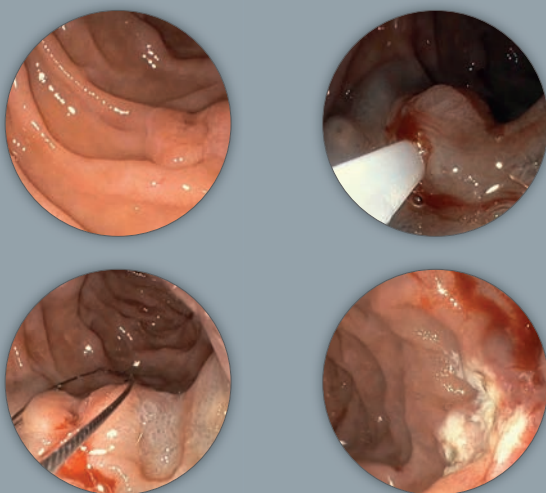
The Traction Polypectomy Snare (TPS) is a specially designed, serrated snare for grasping and removing polyps in the gastrointestinal tract via a flexible endoscope.

Traction Polypectomy Snare features:

- Solid grip even on broad-based adenomas
- Up to 30% more tissue capture per resection¹¹
- Facilitates resection of flat lesions
- Re-positioning possible at any time thanks to easy opening properties
- Improved histopathological assessment thanks to reduced number of specimens during piecemeal resection

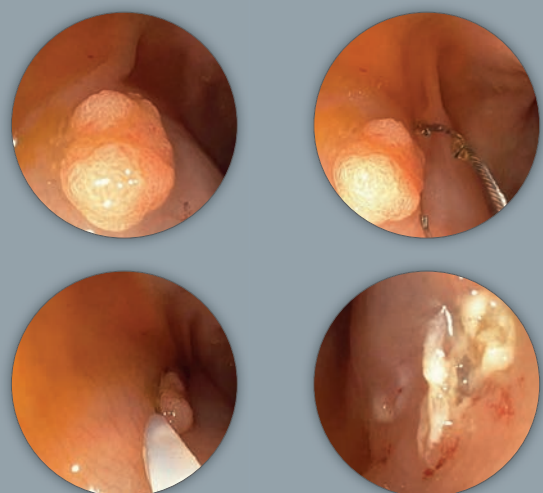


Duodenal polypectomy



Duodenal polypectomy using the Traction Polypectomy Snare¹²

Cold snare polypectomy



Cold snare polypectomy using the Traction Polypectomy Snare¹²

11 Proßt 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
 12 Shou Jiang Tang, M.D., University of Mississippi Medical Center, Jackson, Mississippi

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 due 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 | 2.5 mm
- Length: 220 cm; compatible with working channel diameters of 2.8 mm or larger

Ref. no. 200.53.01 (1.5 mm), 200.53.03 (2.5 mm)



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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