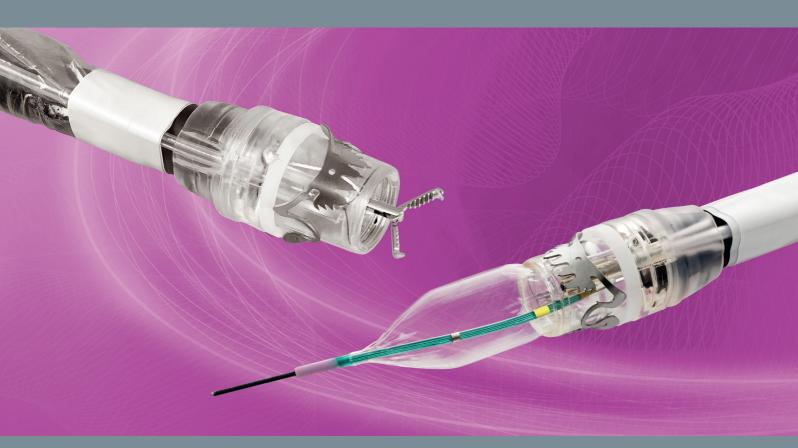


## FTRD<sup>®</sup> System.

### Full-Thickness Resection Device for flexible endoscopy





The FTRD<sup>®</sup> System enables endoscopic full-thickness resection (EFTR) of lesions and diagnostic tissue acquisition in the colon and rectum (colonic FTRD<sup>®</sup>/diagnostic FTRD<sup>®</sup>) respectively in the stomach and duodenum (gastroduodenal FTRD<sup>®</sup>).

- Transluminal and minimally invasive technique
- Proven OTSC<sup>®</sup> technology for safe closure
- Good histological evaluation of en bloc specimen with minimal thermal damage
- Complete set for endoscopic full-thickness resection procedure

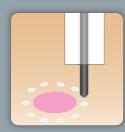
## FTRD® System

#### Full-Thickness Resection Device for flexible endoscopy

It is based on the well-established OTSC<sup>®</sup> System and enables the removal of suitable lesions with all layers of the wall including the serosa. The design of the FTRD<sup>®</sup> System ensures that the transection of the organ wall occurs only after the target site has been safely closed. The organ lumen is therefore never opened during the procedure. The FTRD® application cap is mounted on the tip of the endoscope with the snare running along the outside of the endoscope protected by the endoscope sleeve. By turning the hand wheel the thread is tensioned and the clip released. Subsequently, the tissue above the clip is resected with the integrated HF snare.

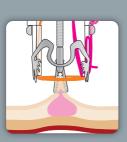
## Application

## Endoscopic full-thickness resection



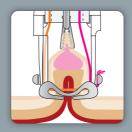


Marking the lesion with the FTRD® Marking Probe.





Grasping and mobilizing the esion with the FTRD<sup>®</sup> Graspe





Ensuring that the tissue is completely within the FTRD® application cap – releasing clip with hand wheel.





Closing snare and resecting tissue, retrieving specimen and inspecting resection site.

Broad-based recurrent adenoma (non-lifting) in the descending colon, source: Prof. Dr. K. Caca, Klinikum Ludwigsburg, Germany



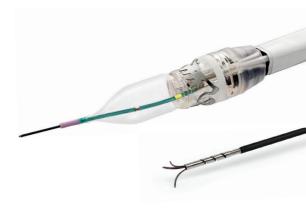
The gastroduodenal FTRD<sup>®</sup> is a smaller FTRD<sup>®</sup> System for endoscopic full-thickness respectively deep partial-wall resection (especially in the stomach) and diagnostic tissue acquisition in the stomach and duodenum.

For an easier and safer insertion of the system into the upper GI tract (esophageal/pyloric passage) the gastroduodenal FTRD<sup>®</sup> Set is delivered with an insertion balloon and guide wire. The clip of the gastroduodenal FTRD<sup>®</sup> has been modified especially for the application in the duodenum and stomach.

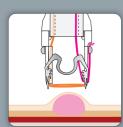
#### The gastroduodenal FTRD<sup>®</sup> can find application in:

- not pretreated non-lifting adenoma
- non-lifting recurrent adenoma
- small subepithelial tumors
- early carcinoma

For submucosal lesions (especially for GIST indications) the ulitilization of the Anchor instead of the Grasper can represent a good alternative.

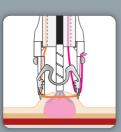


## Endosopic full-thickness resection in the stomach



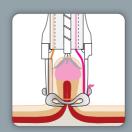


Marking and targeting the lesion with the FTRD<sup>®</sup>.



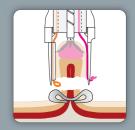


asping and mobilizing the lesion with the Anchor.





Clip application and subsequent resection of the tissue.





2 cm full-thickness specimen from the stomach.



# The diagnostic FTRD<sup>®</sup> is a smaller FTRD<sup>®</sup> System for full-thickness biopsy in the colon and rectum e.g. for diagnostic purposes.

It enables histology in functional diseases in the colonic wall e.g. for neuro-gastroenterological examination. Full-thickness biopsies allow accurate histological presentation of enteric neurons and can provide important insights into the diagnosis of motility disorders.

#### Full-thickness biopsy finds application in:

- Hypo- and aganglionosis (e.g. Hirschsprung's disease)
- Enteric ganglionitis
- Visceral neuro- and myopathy (e.g. in chronic constipation)
- Gastrointestinal amyloidosis
- Enteric manifestation or neurological diseases (e.g. Parkinson's disease)





Upper row: Diagnostic EFTR to exclude a primary neurodegenerative motility disorder.<sup>1</sup> Lower row: EFTR for diagnosis of Hirschsprung's disease.<sup>2</sup>

1 Source: Prof. Dr. P. Bauerfeind, Stadtspital Triemli, Zürich, Switzerland

2 Source: MD A. Martínez-Alcalá, Centro de Innovaciones Digestivas Martínez-Alcalá, Sevilla, Spain

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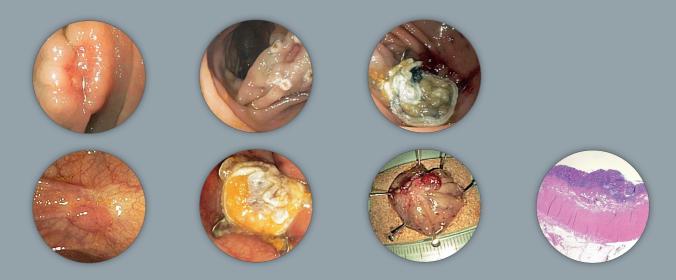
The colonic FTRD<sup>®</sup> is an instrument for flexible endoscopy for full-thickness resection and diagnostic tissue acquisition through resection of suitable lesions in the colon and rectum.

The colonic FTRD<sup>®</sup> can find application in:

- not pretreated non-lifting adenoma
- non-lifting recurrent adenoma
- adenoma at the base of the appendix
- adenoma at/in diverticula
- small subepithelial tumors
- early carcinoma



## Endoscopic full-thickness resection in the colon



Upper row: De novo resection after incomplete polypectomy in the descending colon (early carcinoma). Lower row: Resection of a recurrent adenoma (HGIEN) in the descending colon (non-lifting sign).

## . FTRD<sup>®</sup> System

#### Details and components

The respective FTRD<sup>®</sup> Sets (colonic, diagnostic, gastroduodenal) are delivered as procedural set and consist of the following products:

- FTRD<sup>®</sup> cap with preloaded clip and thread
- snare integrated into the distal end of the cap
- FTRD<sup>®</sup> hand wheel
- thread retriever
- endoscope sleeve with fixation tapes
- FTRD<sup>®</sup> Marking Probe
- FTRD<sup>®</sup> Grasper
- insertion balloon (only gastroduodenal FTRD®)
- guide wire (only gastroduodenal FTRD®)





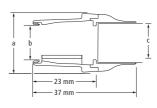
HF coagulation probe for marking the target lesion before using the FTRD<sup>®</sup> System. Marking will facilitate both finding the lesion and verify complete resection of the target tissue.



Grasping forceps for proper grip on the target tissue and precise retrieval of the sample into the FTRD<sup>®</sup> application cap. The FTRD<sup>®</sup> Grasper is also available separately (5 items per package, ref. no. 200.73).

#### FTRD<sup>®</sup> versions

FTRD <sup>®</sup> versions	colonic	diagnostic	gastroduodenal
Ref. no.	200.70	200.76	200.72
Endoscope Ø (c) [mm]	11.5 - 13.2	10.5-12.0	10.5 - 12.0
Cap outer Ø (a) [mm]	21	19.5	19.5
Cap inner Ø (b) [mm]	13	12.1	12.1
Required working channel Ø [mm]	3.2	3.2	3.7



#### Application aid



The FTRD® prOVE Cap is a cap with the same dimensions as the cap of the respective FTRD® Set in order to test the possible application of the FTRD® Set in advance. The FTRD® prOVE Cap is not included in the respective FTRD® Set. (2 items/package; colonic FTRD® prOVE Cap ref. no. 200.71; gastroduodenal FTRD® prOVE Cap ref. no. 200.77).





in the FTRD® Set).

For a better mobilization of tissue in submucosal findings (especially in the stomach) a specially modified anchor is available (not included



**Ovesco Endoscopy AG** is a medical device company specializing in the fields of flexible endoscopy and endoluminal surgery. Ovesco develops, manufactures, and markets innovat

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HSC Industry, spol. s r.o. Gogolova 275/24 400 04 Trmice Tel.: +420 475 620 808 www.hscindustry.com

#### Ovesco Endoscopy AG

Friedrich-Miescher-Str. 9 72076 Tuebingen Germany

Tel. Fax E-mail

+49 7071 96528-160 +49 7071 96528-260 service@ovesco.com



#### www.ovesco.com