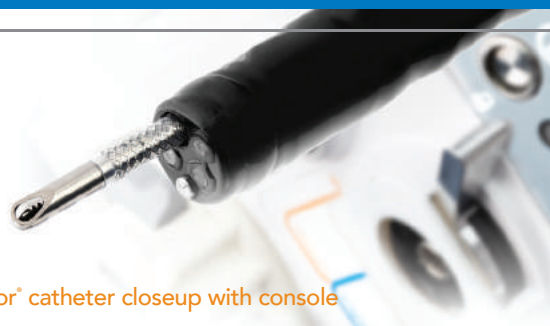
Advancing Endoscopy
Interscope®

The EndoRotor®
Completing Your Endoscopic Toolkit.



EndoRotor® catheter closeup with console

Now you can determine your mucosal resection limits instead of your instrument imposing its limitations on you. The EndoRotor® allows you to simultaneously dissect, resect and collect tissue. This 3-in-1 endoscopic interventional tool provides features that complement today's GI toolkit.

Features:

- Used clinically to facilitate EMR lateral margin resection
- Potential to replace multiple instruments and eliminate instrument exchange time
- Non-thermal mechanical resection of persistent adenoma
- Energy based devices = unintended thermal injury to adjacent tissue… EndoRotor® = non thermal
- Designed to address sessile/ flat lesions by suctioning and cutting in one motion
- Designed to address the challenges of tissue bridges
- Designed for piecemeal or en-bloc

EndoRotor® Cutter Closeup

Esophagus:

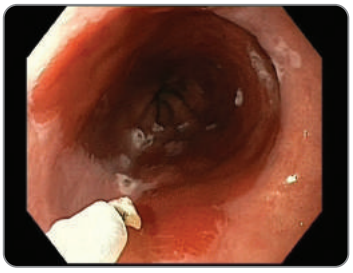


Figure 1. Day 0 Before
After delineation of 30% of C3M3 non-lifting area in Barrett's with HGD and quite a lot of inflammation despite high dose PPI.

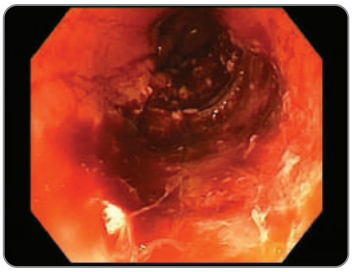


Figure 2. Day 0 After
Post procedure EndoRotor® resection/ ablation, bleeding is self limited and resolved without intervention.

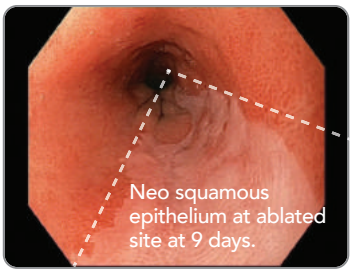


Figure 3. Day 90

Colon:

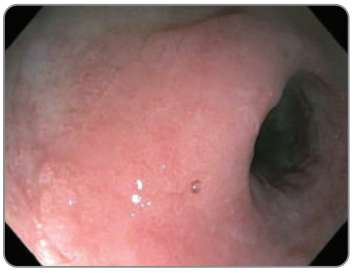


Figure 4. Day 0 Before
Circumferential recurrent adenoma. Scarred base and extensive disease.

Figure 5. Day 0 After
The EndoRotor® was used to resect disease down to the muscle to ensure complete removal.

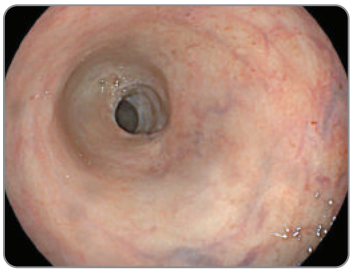


Figure 6. Day 75
10 week surveillance: well-healed mucosa throughout the resection area.

Figure 1 -3 Images courtesy of: Dr. A.D. Koch, Department of Gastroenterology, Erasmus Medical Center, Netherlands
Figure 4 -6 Images courtesy of: Dr. Patrick Aepli, Chief of Gastroenterology, Kantonhospital Lucern, Switzerland

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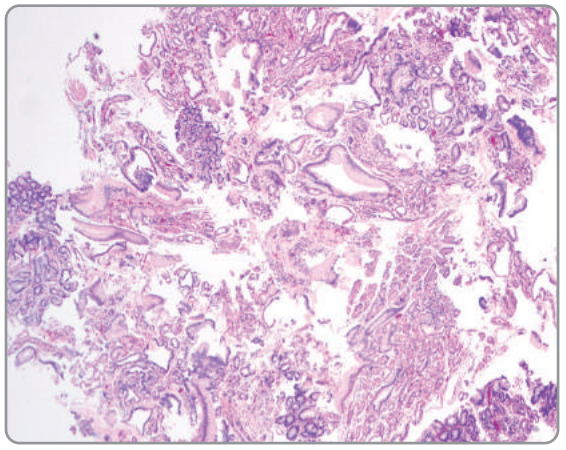
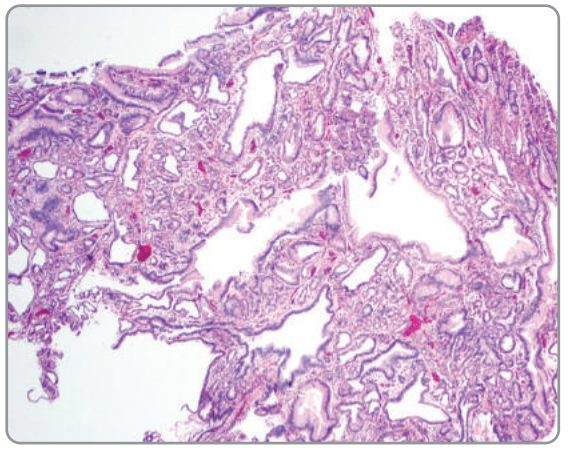
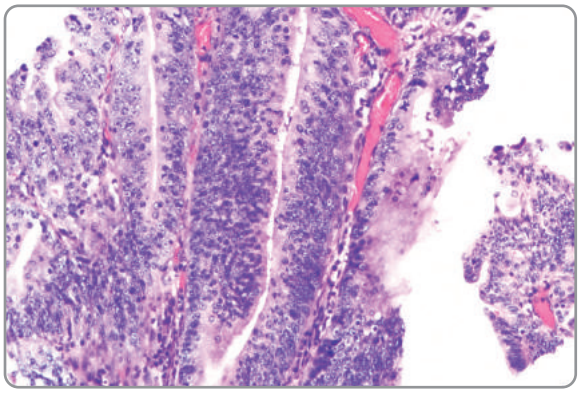


EndoRotor®

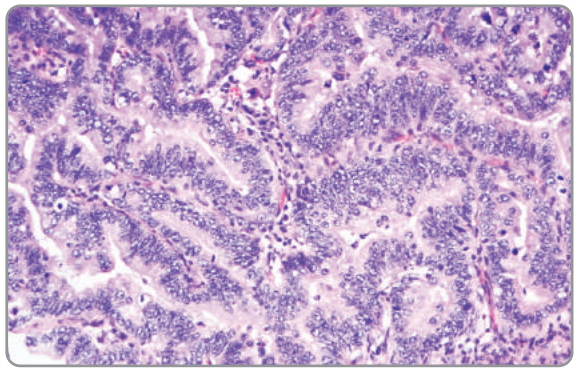


Standard biopsy

Figure 7 & 8: Morphological findings and quality in EndoRotor obtained fundic gland polyp (left) is comparable to standard biopsy (right) in this example.



EndoRotor®



Standard biopsy

Figure 9 & 10: Morphological findings in EndoRotor obtained Fundic Gland Giant Polyp with high-grade dysplasia (left) shows the characteristics and nuclear features (nuclear stratification, round nuclei, prominent nucleoli) needed for diagnosis and is comparable to standard biopsy forceps (right).

Hear what Gastroenterologists have to say

"The EndoRotor®, is an exciting invention that would be easier and safer than hot biopsy or snare for flat polyp removal when piecemeal removal is necessary. This may be useful for clean up after piecemeal polypectomy or in replacement for cold snare polypectomy."

– Norio Fukami, MD
Advanced Endoscopy Fellowship Director, Mayo Clinic

"The EndoRotor®, builds on a smart and simple idea that has been used outside the GI tract. It has great potential to simplify resection of small mucosal lesions in the upper and lower GI tract, may aid mucosal resection of large lesions, and studies on technical feasibility and safety in humans are eagerly awaited."

– Heiko Pohl, MD.
Gastroenterologist at the Dartmouth-Hitchcock Medical Center, Lebanon, New Hampshire and the White River Junction VA Hospital.

"The EndoRotor®, is a revolutionary new tool in the endoscopist's toolkit that promises to help resect difficult polyps in a safe and efficient manner."

– Sushil Duddempudi, MD
Director of Interventional Endoscopy
The Brooklyn Hospital Center