Get closure.

One-to-one rotation for precise placement and a tissue-grasping design for secure closure





Instinct Plus®

Reengineered for smoother operation and responsive handling,¹ the Instinct Plus Endoscopic Clipping Device combines strength with the simplicity of one-step deployment.

Strength and security

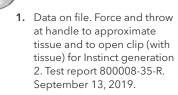
- Strong clip retention^{2,3}
- Multiple anchoring tips on the clip to aid in dragging and holding tissue
- Clips reinforced with nitinol, a superelastic shape-memory alloy

Responsive handling

- Adjustable clip span that opens up to 16 mm wide
- One-to-one rotation from the handle to the tip
- Ability to open and close up to five times for repositioning

Versatility

- Compatibility with both forward-viewing and side-viewing scopes
- Indication for defect closure and haemostasis as well as affixing jejunal feeding tubes and oesophageal selfexpanding metal stents (see complete indications for use for details)



- 2. Ponugoti PL, Rex DK. Clip retention rates and rates of residual polyp at the base of retained clips on colorectal EMR sites. *Gastrointest Endosc*. 2017;85(3):530–534.
- 3. Data on file. Deployed tip tissue dislodgement force post procedure (force of clip retention at tissue) and force of clip compression at tissue for Instinct generation 2. Test report 800008-10-R. August 8, 2019.

Instinct **Plus**® **ENDOSCOPIC CLIPPING DEVICE**

MR Conditional



A patient with this clip can be safely scanned immediately in an MR system that meets the following conditions:

- Spatial magnetic field of 3.0 or 1.5 T
- Maximum special field gradient of 1,900 G/cm (19 T/m)
- Maximum MRI system reported, whole body averaged specific absorption rate (SAR) of 2.0 W/kg









One-to-one rotation

Handle neck



Handle thumb ring

Flexible

230 cm catheter

Handle spool







Instinct Plus®

The Instinct Plus Endoscopic Clipping Device is used for endoscopic clip placement within the gastrointestinal tract for the purpose of:

- Endoscopic marking
- Haemostasis for:
 - > Mucosal/submucosal defects less than 3 cm
 - > Bleeding ulcers
 - > Arteries less than 2 mm
 - > Polyps less than 1.5 cm in diameter
 - > Diverticula in the colon, and
 - Prophylactic clipping to reduce the risk of delayed bleeding post lesion resection

- Anchoring to affix jejunal feeding tubes to the wall of the small bowel
- As a supplementary method for closure of GI tract luminal perforations less than 20 mm that can be treated conservatively
- Anchoring to affix fully covered oesophageal self-expanding metal stents to the wall of the oesophagus in patients with fistulas, leaks, perforations, or disunion

| delayed b Order Number | pleeding post lesion Reference Part Number | resection Clip Opening Width mm | Catheter Fr | Catheter Length cm | Quantity | MR Status | Minimum Forward-Viewing Channel Diameter mm | Minimum Side-Viewing Channel Diameter mm |
|------------------------------|--|---------------------------------|----------------|--------------------------|----------|----------------|---|--|
| G58010 | INSC-P-7-230-S | 16 | 7 | 230 | 10 | MR Conditional | 2.8 | 4.2 |

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