

TISSUE MANAGEMENT

Target | Acquire | Treat

Precise control during your tissue management procedures can be key to positive outcomes for your patients.



Cook Medical's array of tissue management devices are designed to help you **target, acquire, and treat** your patients for their specific tissue management needs.

From injection needles, forceps, retrieval nets, and snares to the Duette® Multi-Band Mucosectomy Device, Cook offers a comprehensive line of tissue management solutions.

TARGET

Identify and focus on the correct tissue to manage, delineating between healthy and diseased tissue.

ACQUIRE

Obtain targeted tissue to confirm diagnosis and inform the best course of medical action.

TREAT

Address the medical condition therapeutically and comprehensively.

Want to learn more about Cook's tissue management devices?

TISSUE MANAGEMENT DEVICES

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AcuJect Flex[®]

INJECTION NEEDLE

TISSUE MANAGEMENT

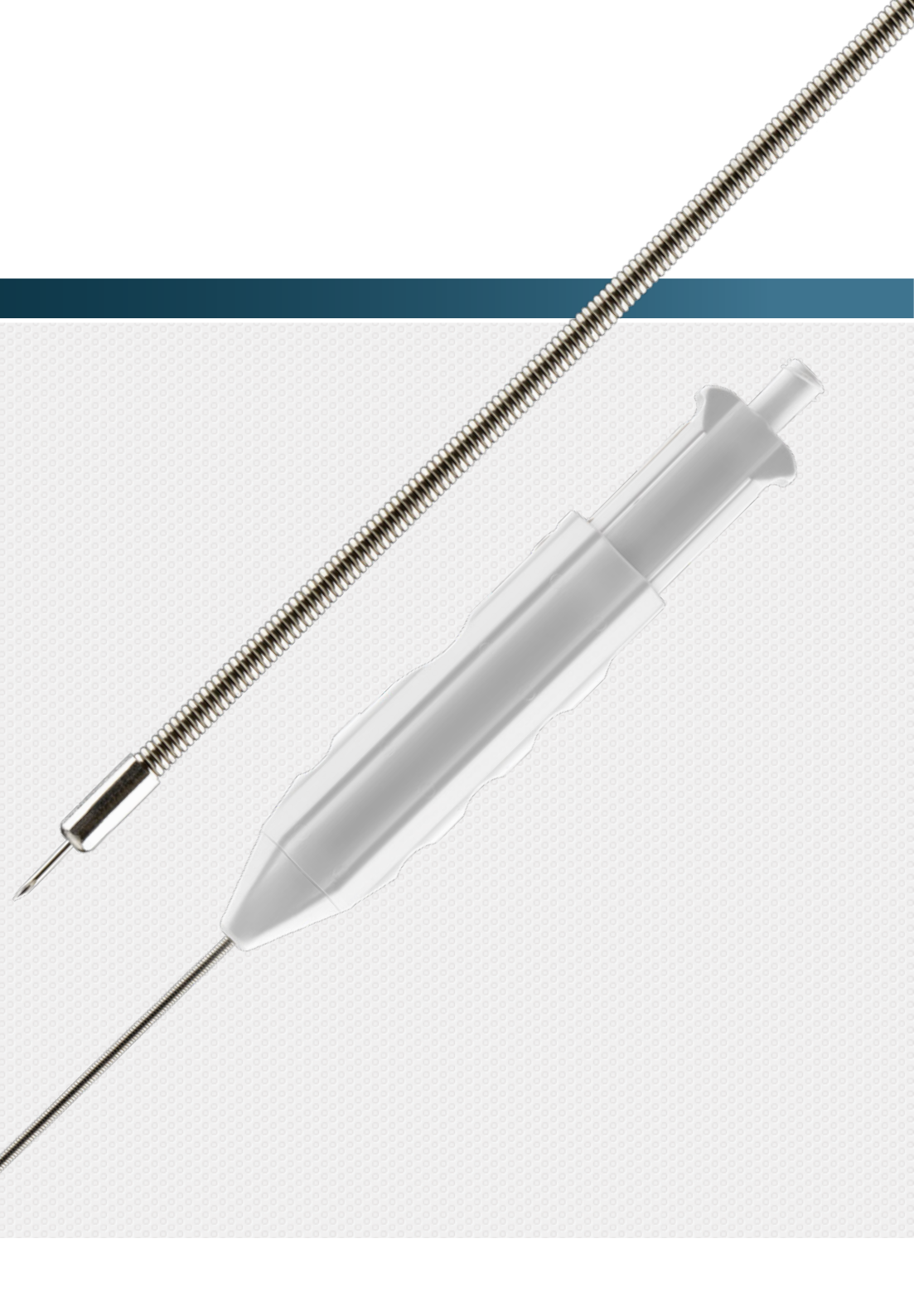
TARGET | ACQUIRE | TREAT

Used for the endoscopic injection of legally marketed sclerotherapy agents and dyes into esophageal or colonic varices.

- The ergonomically designed handle with thumb-actuated needle extension allows one-handed (single-handed) operation.
- The device offers reliable and stable needle extension.
- The flexible stainless steel coiled sheath is designed for tortuous anatomical positions and helps prevent kinking.

| Order Number | Reference Part Number | Catheter Length cm | Needle gage | Minimum Accessory Channel Diameter mm |
|--------------|-----------------------|--------------------|-------------|---------------------------------------|
| G57784 | AJ-FLEX-25-230-10 | 230 | 25 | 2.8 |
| G59858 | AJ-FLEX-23-230-10 | 230 | 23 | 2.8 |

Some products or part numbers may not be available in all markets. Contact your local Cook representative or Customer Support & Distribution for details.



AcuJect®

VARIABLE INJECTION NEEDLE

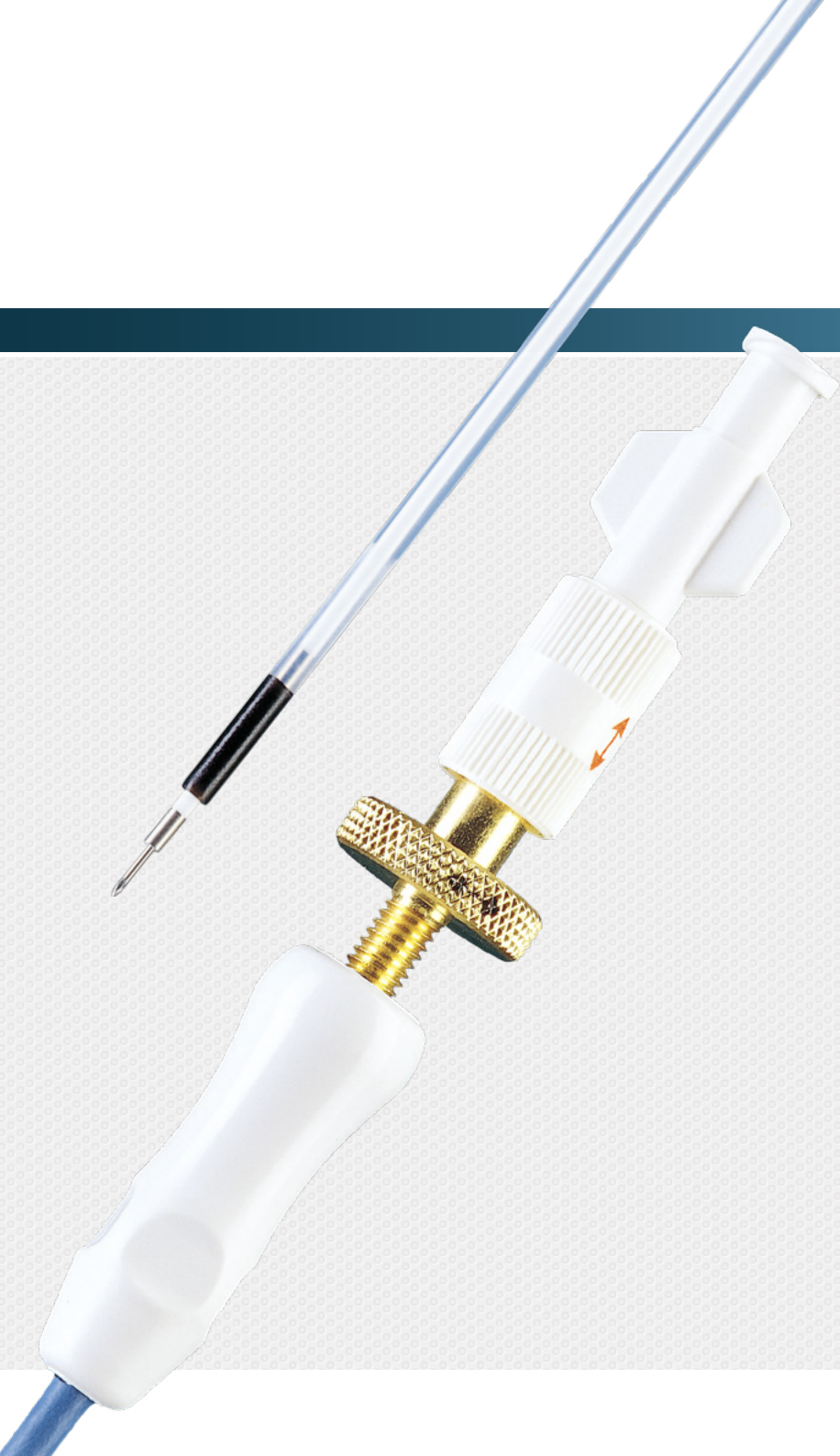
TISSUE MANAGEMENT **TARGET** | ACQUIRE | TREAT

Used for endoscopic injection into gastrointestinal mucosa.

- The needle advances and retracts smoothly.
- The clear outer catheter and white inner catheter allow visualization of needle advancement.
- The inner and outer catheters lock together to secure the advanced needle during injection.
- The needle's length is adjustable.

| Order Number | Reference Part Number | Catheter Length cm | Needle gage | Minimum Accessory Channel Diameter mm |
|--------------|-----------------------|--------------------|-------------|---------------------------------------|
| G22525 | VIN-23 | 215 | 23 | 2.8 |
| G22526 | VIN-25 | 215 | 25 | 2.8 |

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Duette®

MULTI-BAND MUCOSECTOMY

TISSUE MANAGEMENT

TARGET | ACQUIRE | TREAT

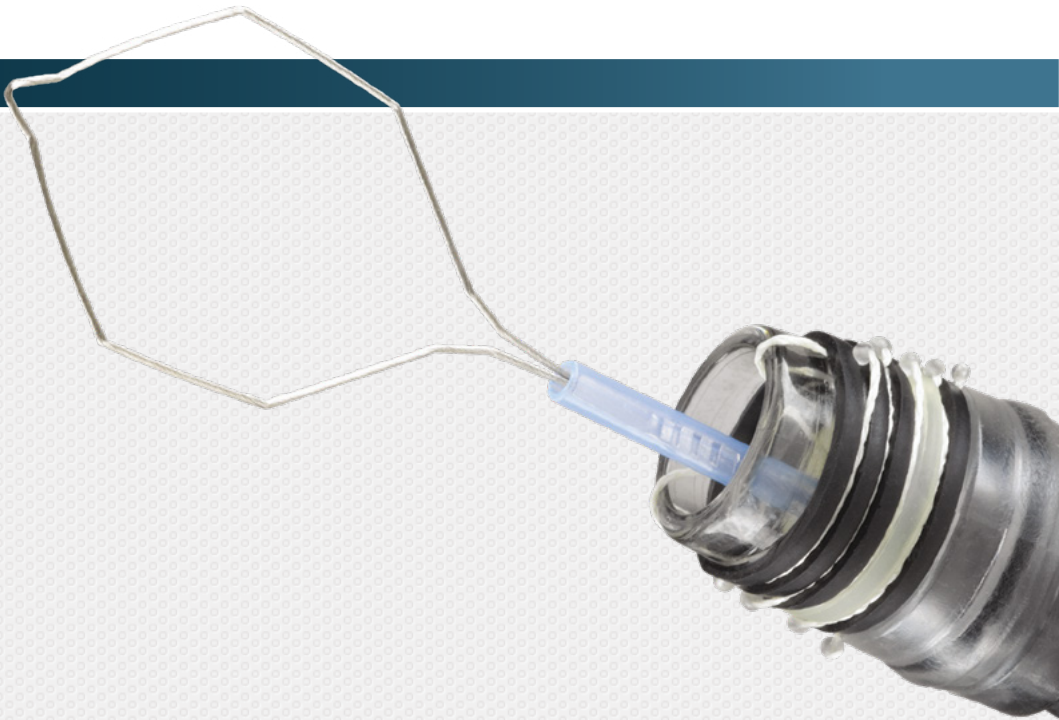
Used for endoscopic mucosal resection in the upper gastrointestinal (UGI) tract.

By combining a multi-band ligator with a snare, Duette facilitates targeted tissue acquisition and resection in the upper gastrointestinal (UGI) tract. Duette’s inventive design can help you achieve positive outcomes in your endoscopic mucosal resection procedures.

- The device setup is similar to that of the 6 Shooter® Saeed® Multi-Band Ligator.
- The six latex rubber bands are available for resection purposes. A single clear band is included on the barrel as an alert that only one additional band remains for use.
- The snare wire is soft and braided and has a mini-hexagonal configuration.
- The snare is available in 5 and 7 Fr.
- The snare may be passed through the ligator handle, allowing for speedy resection of ligated tissue without the removal of the endoscope or the disassembly of the components.

| Order Number | Reference Part Number | Endoscope Outer Diameter mm | Bands | Sheath Fr | Snare Size mm | Minimum Accessor Channel Diameter mm |
|--------------|-----------------------|-----------------------------|-------|-----------|---------------|--------------------------------------|
| G34036 | DT-6 | 9.5-13 | 6 | 7.0 | 15 x 25 | 3.7 |
| G35129 | DT-6-5F | 9.5-13 | 6 | 5.0 | 15 x 25 | 2.8 |
| G34054 | DT-6-XL | 11-14 | 6 | 7.0 | 15 x 25 | 3.7 |

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Caution: This product contains natural rubber latex, which may cause allergic reactions.

Cold AcuSnare®

POLYPECTOMY SNARE

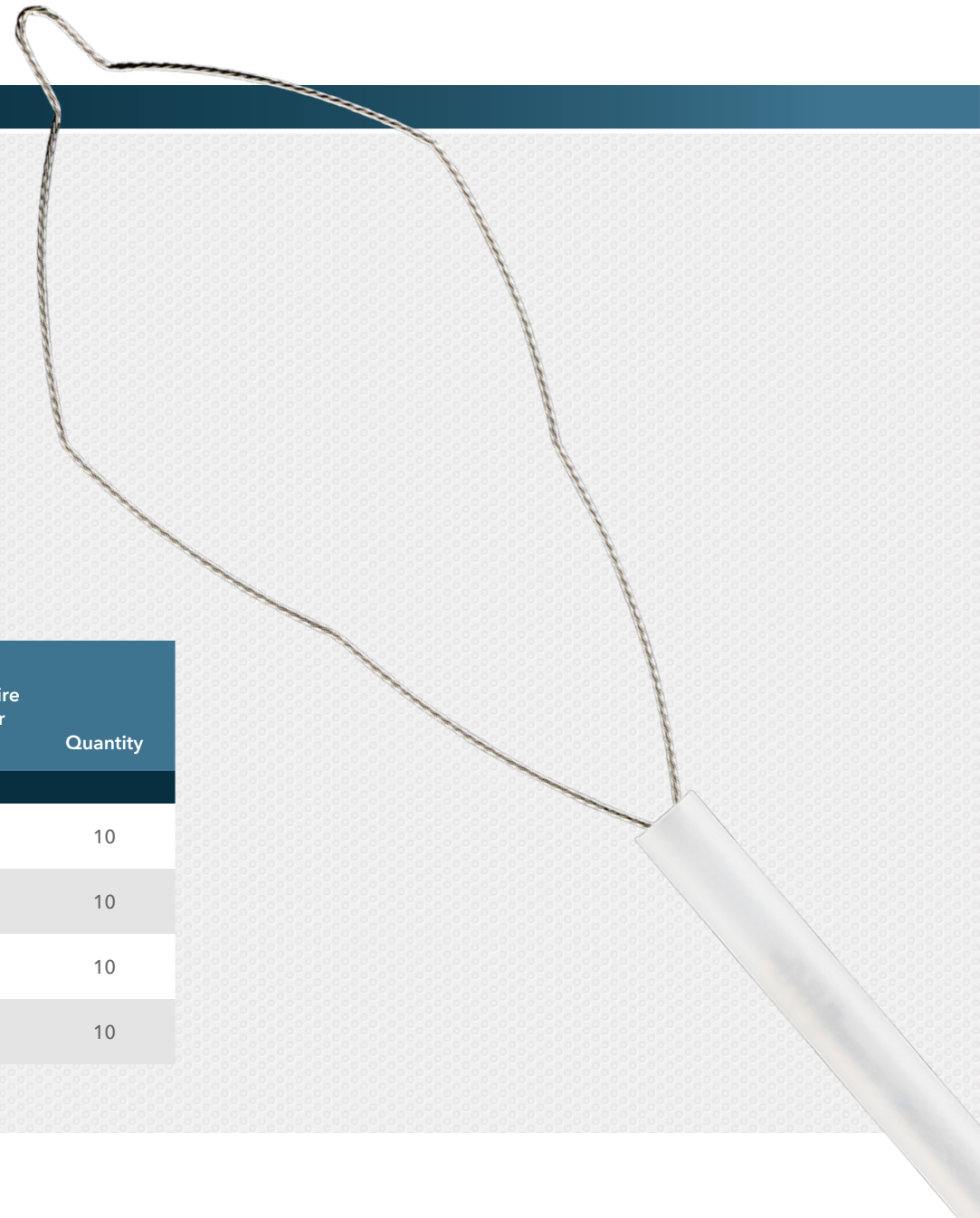
TISSUE MANAGEMENT

TARGET | ACQUIRE | TREAT

Used without diathermic energy for the endoscopic resection of polyps in the gastrointestinal tract.

- The real-time, bidirectional rotatable design enables you to resect polyps accurately and efficiently. The ergonomic and flexible handle is designed to maximize ease of use and streamline workflow.
- Due to its ability to withstand a high level of pulling and stretching force, the loop wire enables you to confidently perform a controlled and precise cold snare polypectomy for diminutive and small polyps.
- The loop is composed of bend-resistant, multifilament stainless steel wire, which allows you to make multiple cuts without the loop losing its shape.

| Order Number | Reference Part Number | Sheath Diameter mm | Working Length cm | Snare Opening Size mm | Cutting Wire Diameter mm | Quantity |
|--------------|-----------------------|--------------------|-------------------|-----------------------|--------------------------|----------|
| AcuSnare® | | | | | | |
| G61206 | CACS-10-025 | 2.4 | 230 | 10 | 0.25 | 10 |
| G61204 | CACS-10-030 | 2.4 | 230 | 10 | 0.30 | 10 |
| G61207 | CACS-15-025 | 2.4 | 230 | 15 | 0.25 | 10 |
| G61205 | CACS-15-030 | 2.4 | 230 | 15 | 0.30 | 10 |



AcuSnare®

POLYPECTOMY SNARE

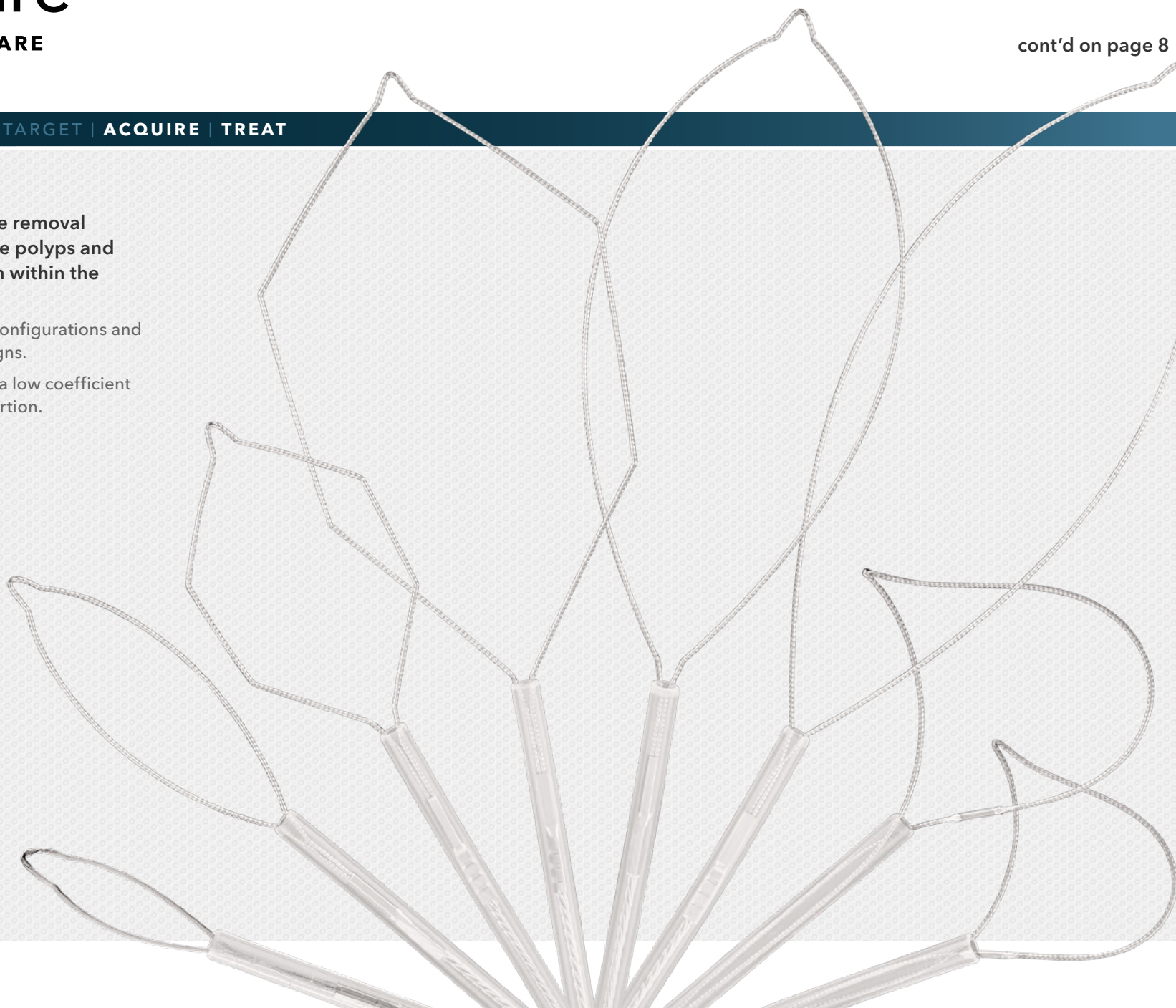
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TISSUE MANAGEMENT

TARGET | ACQUIRE | TREAT

Used endoscopically in the removal and cauterization of sessile polyps and pedunculated polyps from within the gastrointestinal tract.

- It is available in multiple configurations and regular or soft snare designs.
- The PTFE sheath delivers a low coefficient of friction for smooth insertion.



AcuSnare®

POLYPECTOMY SNARE

TISSUE MANAGEMENT

TARGET | **ACQUIRE** | TREAT

| Order Number | Reference Part Number | Snare Size mm | Sheath Fr | Snare Configuration |
|--------------|-----------------------|---------------|-----------------|---------------------|
| AcuSnare® | | | | |
| G22631 | ASM-1-S | 15 x 30 | 6.9 Fr (2.3 mm) | Mini Oval |
| G22629 | AS-1-S | 25 x 55 | 6.9 Fr (2.3 mm) | Standard Oval |
| G22630 | ASJ-1-S | 30 x 60 | 6.9 Fr (2.3 mm) | Jumbo Oval |
| G22701 | ASMH-1-S | 15 x 25 | 6.9 Fr (2.3 mm) | Mini Hexagonal |
| G22700 | ASH-1-S | 30 x 45 | 6.9 Fr (2.3 mm) | Hexagonal |
| G22647 | ASDB-15-015-S | 15 | 6.9 Fr (2.3 mm) | Duck Bill |
| G22649 | ASDB-25-015-S | 25 | 6.9 Fr (2.3 mm) | Duck Bill |

| Order Number | Reference Part Number | Snare Size mm | Sheath Fr | Snare Configuration |
|----------------|-----------------------|---------------|-----------------|---------------------|
| Soft AcuSnare® | | | | |
| G22704 | SASMM-1-S | 10 x 15 | 6.9 Fr (2.3 mm) | Micro Mini Oval |
| G22633 | SASM-1-S | 15 x 30 | 6.9 Fr (2.3 mm) | Mini Oval |
| G22632 | SAS-1-S | 25 x 55 | 6.9 Fr (2.3 mm) | Standard Oval |
| G22703 | SASMH-1-S | 15 x 25 | 6.9 Fr (2.3 mm) | Mini Hexagonal |
| G22702 | SASH-1-S | 30 x 45 | 6.9 Fr (2.3 mm) | Hexagonal |

Minimum accessory channel diameter 2.8 mm. Active cord available separately. Some products or part numbers may not be available in all markets. Contact your local Cook representative or Customer Support & Distribution for details.

Captura Pro[®]

BIOPSY FORCEPS

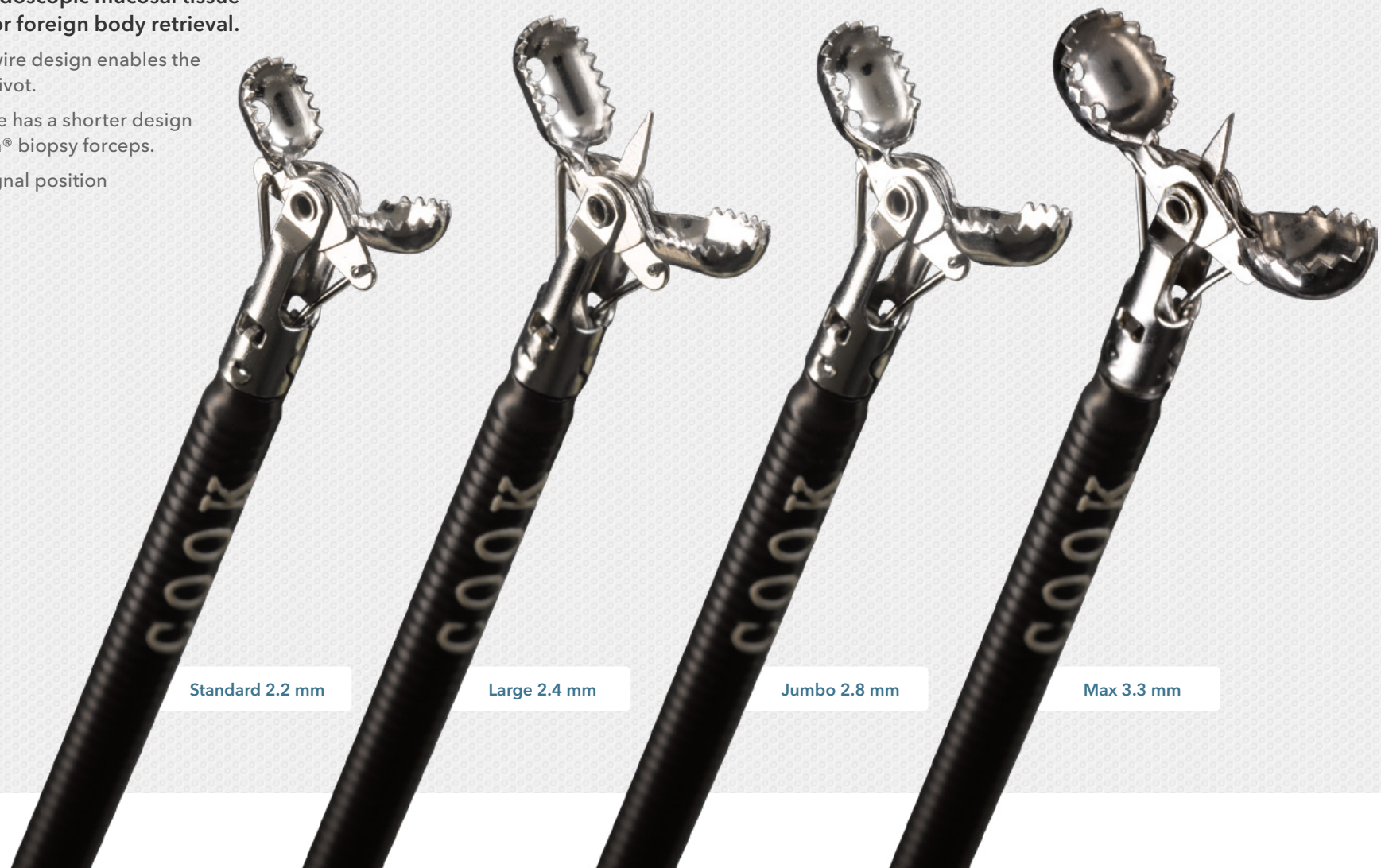
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TISSUE MANAGEMENT

TARGET | **ACQUIRE** | TREAT

Used to obtain endoscopic mucosal tissue biopsies and/or for foreign body retrieval.

- The dual-drive-wire design enables the biopsy cups to pivot.
- The throw handle has a shorter design than the Captura[®] biopsy forceps.
- The markings signal position and movement.



Standard 2.2 mm

Large 2.4 mm

Jumbo 2.8 mm

Max 3.3 mm

Captura Pro[®]

BIOPSY FORCEPS

TISSUE MANAGEMENT

TARGET | **ACQUIRE** | TREAT

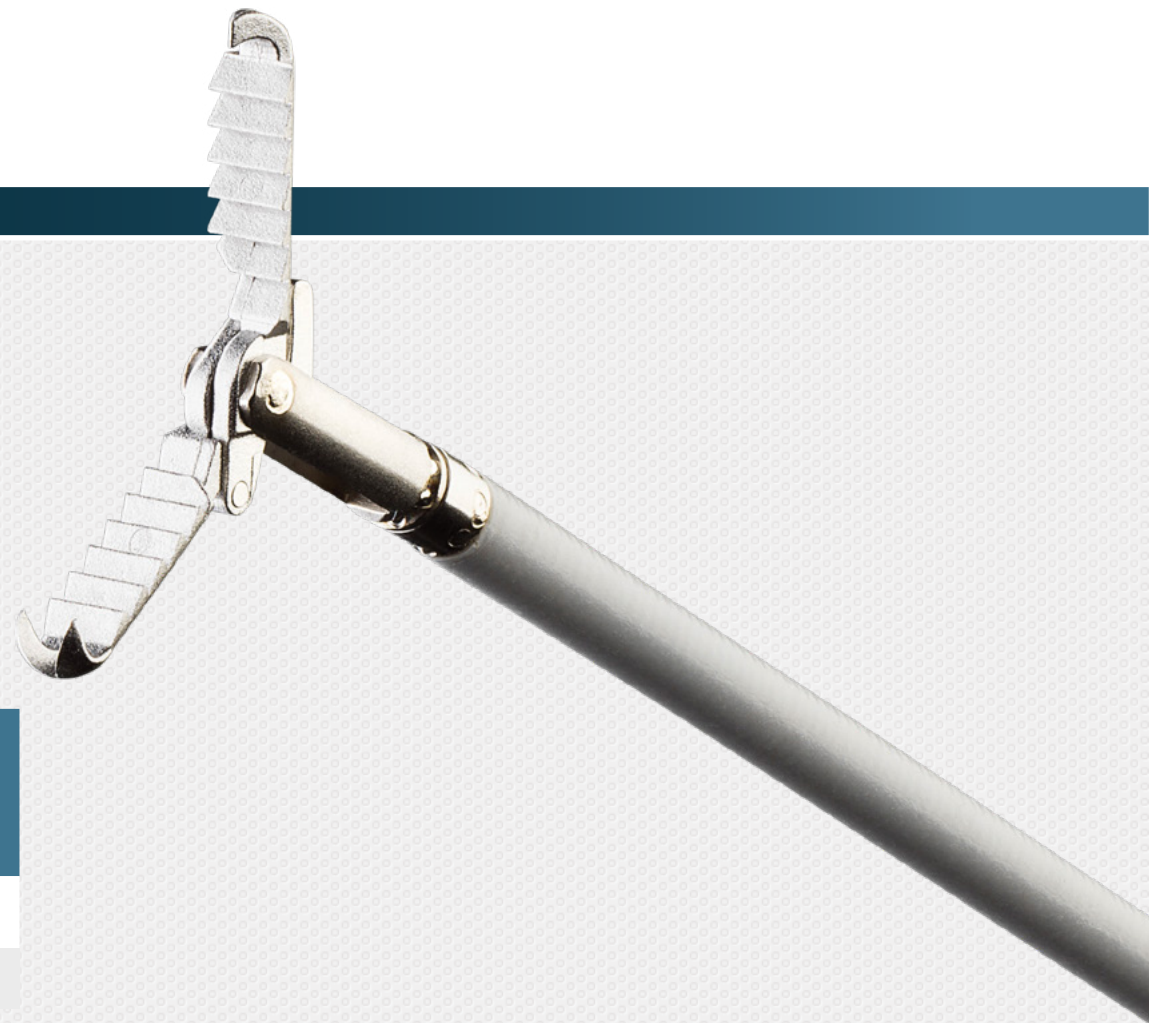
| Order Number | Reference Part Number | Cup Diameter mm | Shaft Length cm | Forceps Type |
|---|-----------------------|-----------------|-----------------|--------------|
| Captura Pro [®] Standard Forceps | | | | |
| G47687 | BF-2.2S-160-20 | 2.2 | 160 | Nonspiked |
| G47688 | BF-2.2S-160-40 | 2.2 | 160 | Nonspiked |
| G47689 | BF-2.2S-160SP-20 | 2.2 | 160 | Spiked |
| G47686 | BF-2.2S-160SP-40 | 2.2 | 160 | Spiked |
| G47690 | BF-2.2S-230-20 | 2.2 | 230 | Nonspiked |
| G47691 | BF-2.2S-230-40 | 2.2 | 230 | Nonspiked |
| G47692 | BF-2.2S-230SP-20 | 2.2 | 230 | Spiked |
| G47693 | BF-2.2S-230SP-40 | 2.2 | 230 | Spiked |
| Captura Pro [®] Large Forceps | | | | |
| G47694 | BF-2.4SL-160-20 | 2.4 | 160 | Nonspiked |
| G47695 | BF-2.4SL-160-40 | 2.4 | 160 | Nonspiked |
| G47696 | BF-2.4SL-160SP-20 | 2.4 | 160 | Spiked |
| G47697 | BF-2.4SL-160SP-40 | 2.4 | 160 | Spiked |
| G47698 | BF-2.4SL-230-20 | 2.4 | 230 | Nonspiked |
| G47699 | BF-2.4SL-230-40 | 2.4 | 230 | Nonspiked |
| G50696 | BF-2.4SL-230SP-20 | 2.4 | 230 | Spiked |
| G50697 | BF-2.4SL-230SP-40 | 2.4 | 230 | Spiked |

| Order Number | Reference Part Number | Cup Diameter mm | Shaft Length cm | Forceps Type |
|--|-----------------------|-----------------|-----------------|--------------|
| Captura Pro [®] Jumbo Forceps | | | | |
| G56992 | BF-2.8SJ-160-20 | 2.8 | 160 | Nonspiked |
| G56993 | BF-2.8SJ-160-40 | 2.8 | 160 | Nonspiked |
| G56994 | BF-2.8SJ-160SP-20 | 2.8 | 160 | Spiked |
| G56995 | BF-2.8SJ-160SP-40 | 2.8 | 160 | Spiked |
| G56996 | BF-2.8SJ-230-20 | 2.8 | 230 | Nonspiked |
| G56997 | BF-2.8SJ-230-40 | 2.8 | 230 | Nonspiked |
| G56998 | BF-2.8SJ-230SP-20 | 2.8 | 230 | Spiked |
| G56999 | BF-2.8SJ-230SP-40 | 2.8 | 230 | Spiked |
| Captura Pro [®] Max Forceps | | | | |
| G57000 | BF-3.3SM-230-20 | 3.3 | 230 | Nonspiked |
| G57001 | BF-3.3SM-230-40 | 3.3 | 230 | Nonspiked |
| G57002 | BF-3.3SM-230SP-20 | 3.3 | 230 | Spiked |
| G57003 | BF-3.3SM-230SP-40 | 3.3 | 230 | Spiked |
| Captura [®] Mini Biopsy Forceps | | | | |
| G53006 | DBF-1.8-160-S | 1.8 | 160 | Nonspiked |
| Captura [®] Hot Biopsy Forceps | | | | |
| G31583 | HDBF-2.4-230-S | 2.4 | 230 | Nonspiked |
| G56135 | HDBF-2.4SN-230-S | 2.4 | 230 | Nonspiked |

All forceps are fenestrated. Some products or part numbers may not be available in all markets. Contact your local Cook representative or Customer Support & Distribution for details.

Used in combination with endoscope to remove tissue, stones, stents, or foreign bodies from the gastrointestinal tract.

- The 360° 1:1 rotatable shaft enables controlled, precise positioning during retrieval within the GI tract.
- The integrated design combines alligator grasping strength and rat-tooth jaw design to optimize grip strength and retrieve even difficult-to-grasp foreign objects.
- The integrated ergonomic handle design allows flexible, comfortable operation and control.



| Order Number | Reference Part Number | Catheter Diameter mm | Working Length cm | Long Cups cm | Quantity |
|--------------|-----------------------|----------------------|-------------------|--------------|----------|
| G61208 | CARF-2.3-230 | 2.3 | 230 | 14.3 | 10 |

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RotoNet™

ROTATABLE RETRIEVAL NET

TISSUE MANAGEMENT

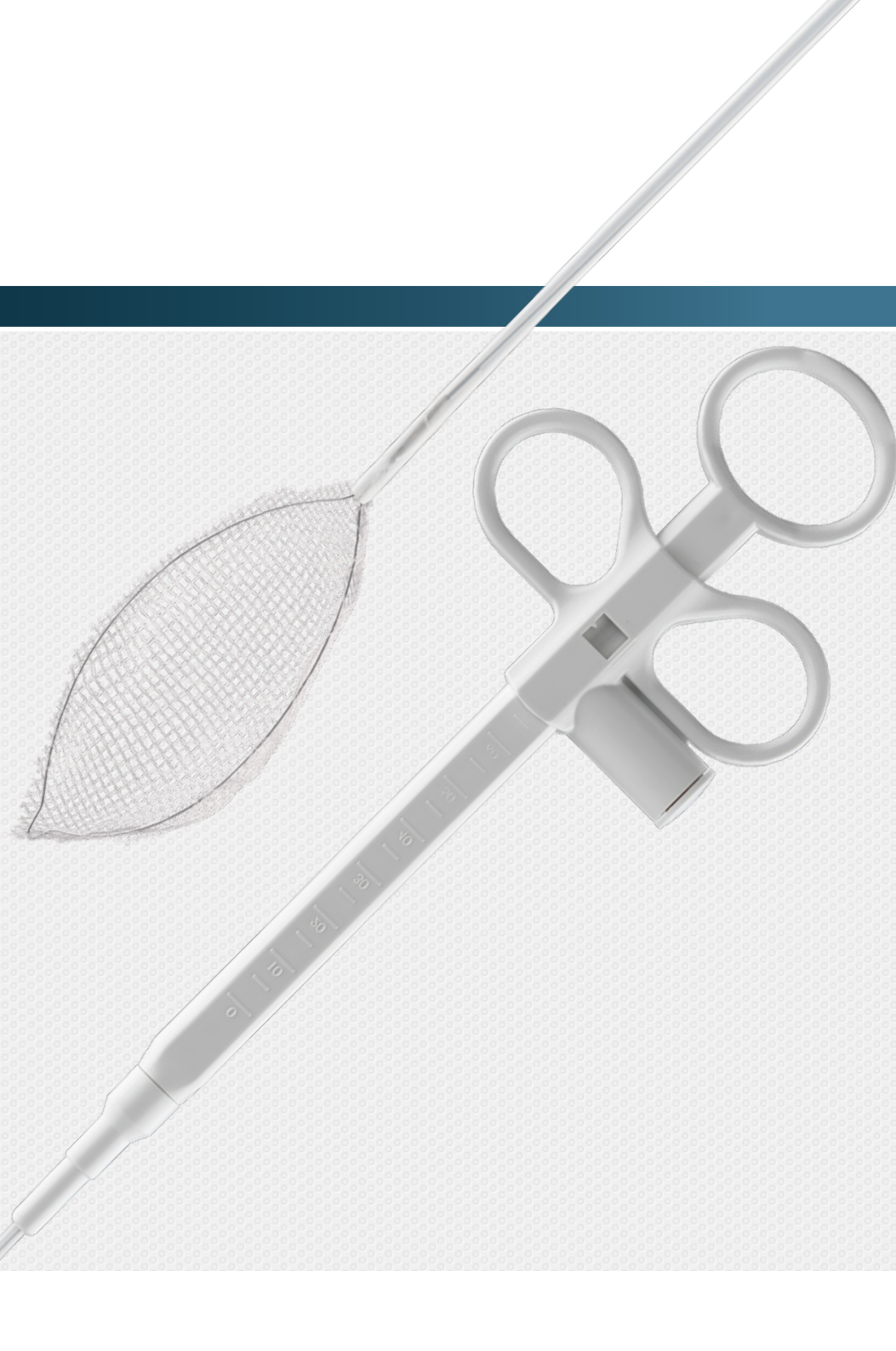
TARGET | ACQUIRE | TREAT

Used for the endoscopic retrieval of foreign body, food bolus, and excised tissue such as polyps.

- The 360° rotation optimizes control.
- Multiple sizes and lengths accommodate various clinical needs.
- It is capable of handling multiple foreign body removals.
- The soft, flexible mesh is efficient for the removal of foreign bodies and tissue.

| Order Number | Reference Part Number | Tip Diameter mm | Net Size cm | Catheter Length cm | Minimum Accessory Channel Diameter mm |
|--------------|-----------------------|-----------------|-------------|--------------------|---------------------------------------|
| G57785 | RT-NET-2-160-5 | 1.8 | 2 x 4.5 | 160 | 2.0 |
| G57797 | RT-NET-3-160-5 | 2.5 | 3 x 6 | 160 | 2.8 |
| G57798 | RT-NET-3-230-10 | 2.5 | 3 x 6 | 230 | 2.8 |
| G57799 | RT-NET-3-350-5 | 2.5 | 3 x 6 | 350 | 2.8 |
| G57800 | RT-NET-4-160-5 | 3.0 | 4 x 8 | 160 | 3.2 |
| G57801 | RT-NET-4-230-5 | 3.0 | 4 x 8 | 230 | 3.2 |

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AcuTrap™

4-CHAMBER POLYP TRAP

TISSUE MANAGEMENT

TARGET | **ACQUIRE** | TREAT

Used for in-line suction retrieval of polyps during endoscopic procedures.

- It is packaged individually.
- The single-use device minimizes the risk of cross-contamination.
- The clear plastic design allows for visual confirmation during polyp collection.
- It has a 4-chamber index.
- Accurately identify each specimen sample in fixed chambers.
- Capture excised tissue with a convenient polyp-collection and transport container.

| Order Number | Reference Part Number | Number of Chambers | Type of Chambers |
|--------------|-----------------------|--------------------|------------------|
| G57802 | AT-PT-4-12 | 4 | Fixed |

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Instinct Plus[®]

ENDOSCOPIC CLIPPING DEVICE

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TISSUE MANAGEMENT

TARGET | ACQUIRE | TREAT

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

Strength and security

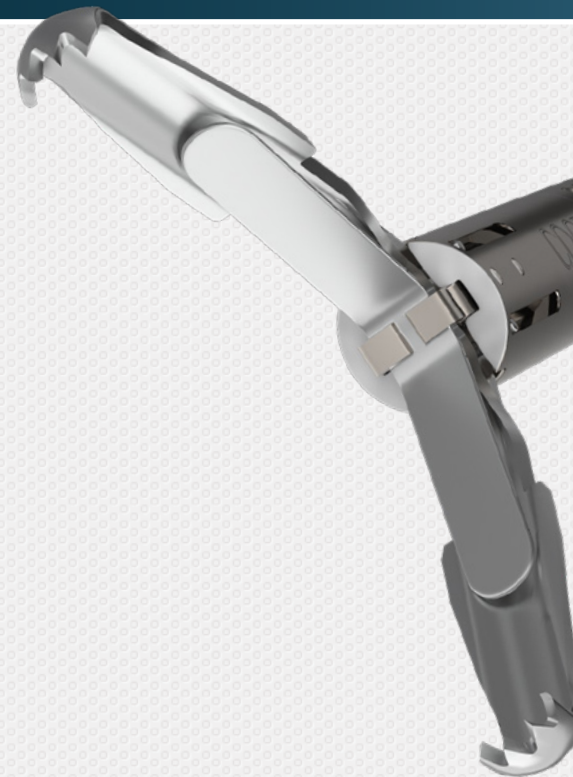
- It has strong clip retention.¹
- The multiple anchoring tips on the clip aid in dragging and holding tissue.
- The clip is reinforced with nitinol, a superelastic shape-memory alloy.

Responsive handling

- The adjustable clip span opens up to 16 mm wide.
- It has one-to-one rotation from the handle to the tip.
- It can be opened and closed up to five times for repositioning.

Versatility

- It is compatible with forward-viewing and side-viewing scopes.
- It is indicated for defect closure, hemostasis, and affixing jejunal feeding tubes and esophageal self-expanding metal stents (see complete indications for use for details).



1. 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.

Instinct Plus[®]

ENDOSCOPIC CLIPPING DEVICE

TISSUE MANAGEMENT

TARGET | ACQUIRE | TREAT

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

- Endoscopic marking
- Hemostasis 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
 - › 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
- Acting 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 esophageal self-expanding metal stents to the wall of the esophagus in patients with fistulas, leaks, perforations, or disunion

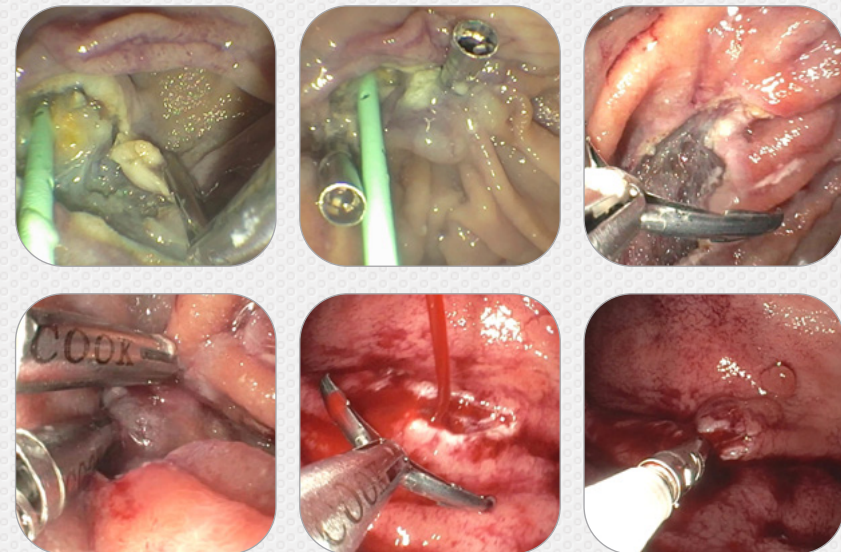


Image credit: Dr. Shou Jiang Tang, the University of Mississippi Medical Center, Jackson, MS

| Order Number | Reference Part Number | 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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AI-ESC-IR-OHNS-PI-RH-SUR-A4

Instinct Plus® Endoscopic Clipping Device

CAUTION: U.S. federal law restricts this device to sale by or on the order of a physician (or a properly licensed practitioner).

INTENDED USE: This device is used for endoscopic clip placement within the gastrointestinal tract for the purpose of: 1. Endoscopic marking, 2. Hemostasis 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, 3. Anchoring to affix jejunal feeding tubes to the wall of the small bowel, 4. As a supplementary method for closure of GI tract luminal perforations less than 20 mm that can be treated conservatively, 5. Anchoring to affix fully covered esophageal self-expanding metal stents to the wall of the esophagus in patients with fistulas, leaks, perforations, or disunion.

CONTRAINDICATIONS: Those specific to primary endoscopic procedure to be performed in gaining access to desired site. Those specific to endoscopic hemostasis include, but are not limited to: uncooperative patient, coagulopathy, cricopharyngeal or esophageal narrowing or stricture, and tortuous esophagus.

WARNINGS: This device has not been evaluated for anchoring to affix fully covered esophageal self-expanding metal stents to the wall of the esophagus in patients with esophageal strictures or malignant obstructions.

POTENTIAL COMPLICATIONS: Those associated with gastrointestinal endoscopy and endoscopic hemostasis include, but are not limited to: perforation, hemorrhage, aspiration, fever, infection, allergic reaction to medication, hypotension, respiratory depression or arrest, cardiac arrhythmia or arrest, hematemesis, transient dysphagia, aspiration pneumonia, wound dehiscence, minimal acute inflammatory tissue reaction, transitory local irritation, migration of clip into the bile duct, and anatomy disruption.

See Instructions for Use for full product information.

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