

Get closure.

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



Instinct Plus[®]
ENDOSCOPIC CLIPPING DEVICE

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 retention¹
- 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 self-expanding metal stents (See complete indications for use for details.)

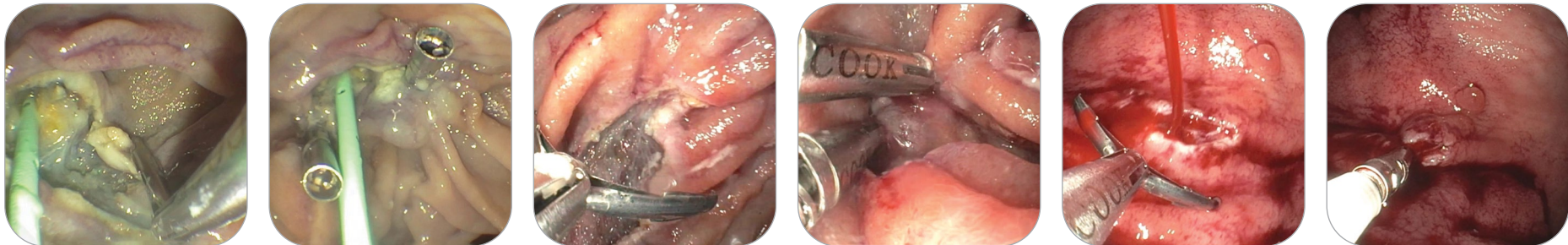
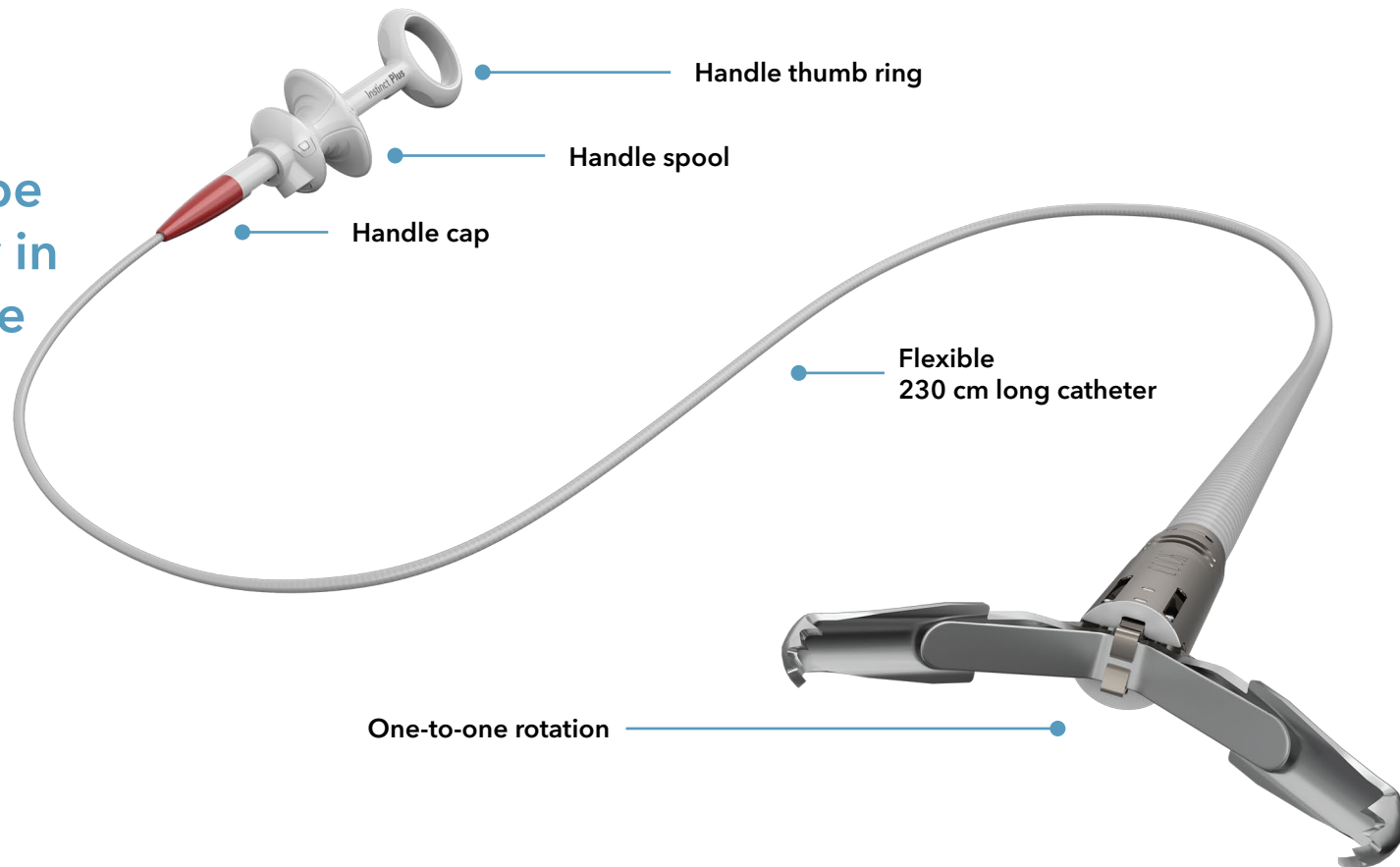
1. Ponugoti PL, Rex DK. Clip retention rates and rates of residual polyp at the base of retained clips on colorectal EMR sites. *Gastrointest Endosc.* 2017;85(3):530-534.

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 spatial 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



The Instinct Plus Endoscopic Clipping Device is endoscopically placed within the gastrointestinal tract to apply mechanical pressure to tissue and 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
- › 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

Order Number	Reference Part Number	Clip Opening Width mm	Catheter Fr	Catheter Length cm	Catheter Length cm	MR Status	Minimum Forward-Viewing Channel Diameter mm	Minimum Side-Viewing Channel Diameter mm
G5810	INSC-P-7-230-S	16	7	230	10	MR Conditional	2.8	4.2

Please follow any step-by-step instructions carefully, including the risk, technical information, Device Name and intended use provided in the IFU at cookmedical.eu. Note that some products or part numbers may not be available in all markets; consult your Cook representative for details.





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AI, ESC, IR, PI-A4

