



ovesco  
innovation in scope



# OTSC® System.....

*saving lives®*

The innovative clipping system for flexible endoscopy



The OTSC® System stands for superior clinical efficacy<sup>1,2</sup>, easy and quick application<sup>3</sup> and cost effectiveness<sup>4</sup>.

The OTSC® System is used in flexible endoscopy for

- acute bleeding
- wall closure
- closure of chronic lesions
- management of complications after endoscopic or surgical procedures

## ..... OTSC® System

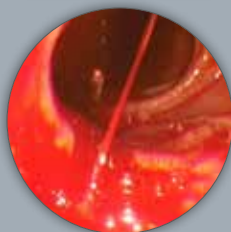
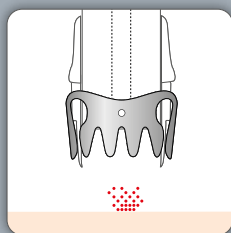
The OTSC® System is an innovative clipping system to be applied via flexible endoscopes. It offers the physician unique features superior to any other device:

- dynamic compression, continuous adaption to tissue thickness
- larger volume of tissue secured
- higher stability at the lesion site
- minimal strain on surrounding tissue

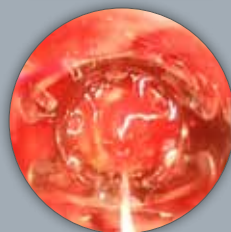
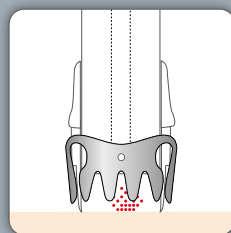
The exceptional features and therapeutic functions of the OTSC® System are based on its unique material and design: the superelastic Nitinol® is biocompatible, MRI conditional, and, if needed, even suited to be applied as a long-term implant.

## ..... Application

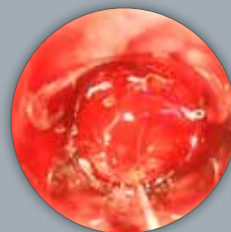
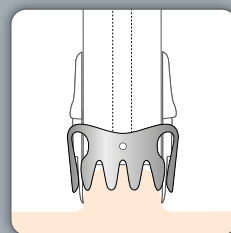
### Hemostasis



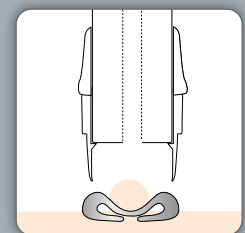
Target lesion with OTSC® System.



Bring OTSC® cap in contact with tissue.



Suction target tissue into OTSC® cap.



Apply OTSC® clip by turning the hand wheel.

**Hemostasis of an arterial bleeding**, source: Prof. Dr. Chiu, Prince of Wales Hospital, Hong Kong SAR, China

1 Wedi E, Fischer A, Hochberger J, Jung C, Orkut S, Richter-Schrag HJ. Multicenter evaluation of first-line endoscopic treatment with the OTSC in acute non-variceal upper gastrointestinal bleeding and comparison with the Rock all cohort: the FLETRock study. *Surg Endosc.* 2018 Jan;32(1):307-314. doi:10.1007/s00464-017-5678-7. Epub 2017 Jun 27.

2 Schmidt A, Gölder S, Goetz M, Meining A, Lau J, von Delius S, Escher M, Hoffmann A, Wiest R, Messmann H, Kratt T, Walter B, Bettinger D, Caca K. Over the Scope Clips Are More Effective Than Standard Endoscopic Therapy for Patients With Recurrent Bleeding of Peptic Ulcers. *Gastroenterology.* 2018 Sep;155(3): 674-686.e6. doi:10.1053/j.gastro.2018.05.037. Epub 2018 May 24

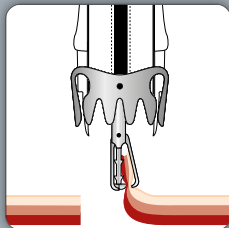


The use of the OTSC® System is intuitive and easy, very similar to other devices based on the application cap principle. The application cap is mounted to the tip of the endoscope. By turning the handwheel, the thread is tightened and the clip is applied. It is compatible with commercially available endoscopes. A variety of different sizes and combinations are available for commonly used endoscopes.

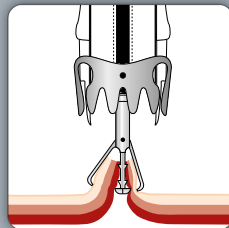
Our application aids allow easier positioning of lesions: the OTSC® Anchor (e.g. fistula or ulcer bleeding treatment) and the OTSC® Twin Grasper® (e.g. perforation closure) assist you in approximating tissue precisely into the cap.

All OTSC® products are disposable and designed for single patient use.

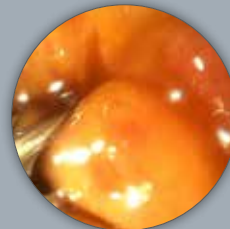
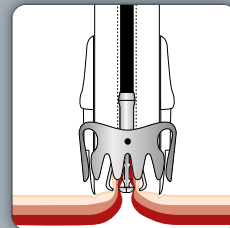
## Perforation closure



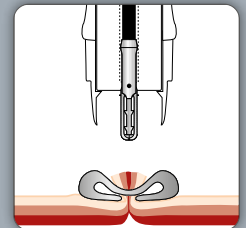
Grasp first perforation edge with one of the two OTSC® Twin Grasper® jaw parts.



Grasp opposite perforation edge with second jaw part.



Retract perforation into cap (OTSC® Twin Grasper® must be fully inside cap).



Apply clip and release OTSC® Twin Grasper®.

**Closure of a perforation in the rectum**, source: Dr. Mauro Manno & Dr. Paola Soriani, UOSD Endoscopia Digestiva Area Nord, Azienda USC di Modena, Ospedale di Carpi e Mirandola, Italy

3 Kato M, Jung Y, Gromski MA, Chuttani R, Matthes K. Prospective, randomized comparison of 3 different hemoclips for the treatment of acute upper GI hemorrhage in an established experimental setting. *Gastrointest Endosc.* 2012 Jan;75(1): 3-10. doi:10.1016/j.gie.2011.11.003

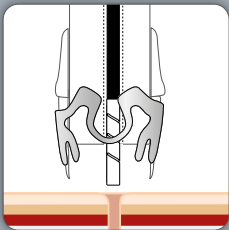
4 Küllmer A, Behn J, Glaser N, Thimme R, Caca K, Schmidt A. Over-the-scope clips (OTSC) are cost-effective in recurrent peptic ulcer bleeding. *United European Gastroenterol J.* 2019 Nov; 7(9): 1226-1233.



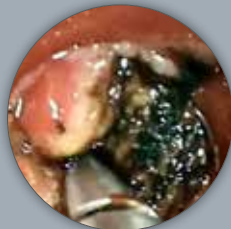
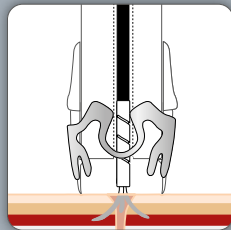
 OTSC®  
ANCHOR

 OTSC®  
TWIN GRASPER®

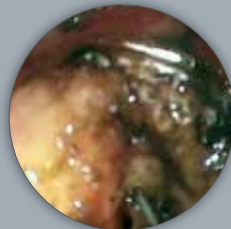
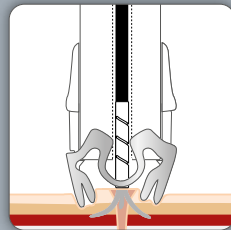
## Fistula closure



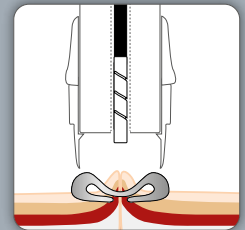
Target fistula opening, position the OTSC® Anchor and fix tissue.



Align OTSC® cap to the fistula opening by pulling the anchor and advancing endoscope.



Mobilize tip of OTSC® Anchor shaft into cap; anchor spikes may remain external.

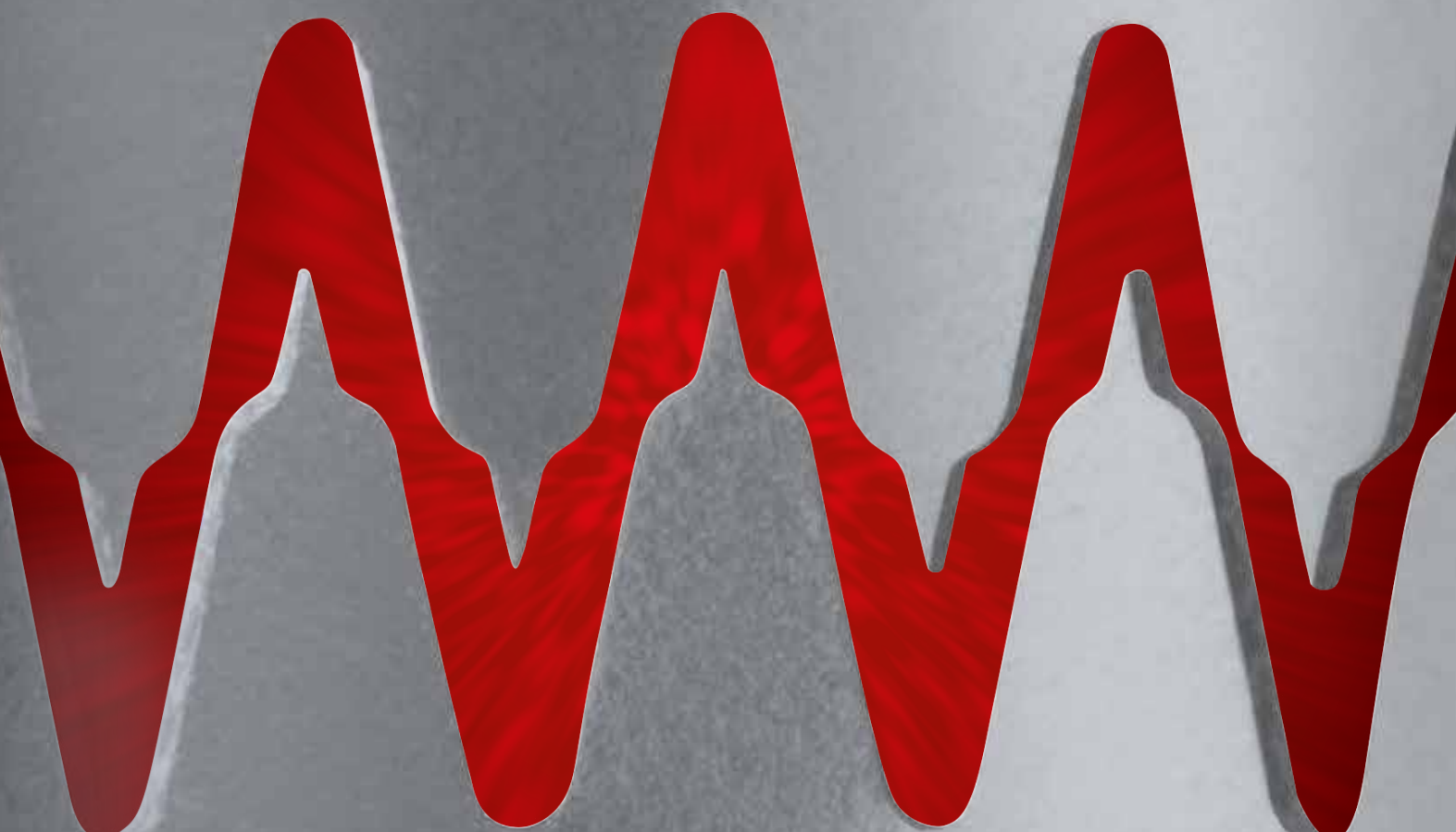


Apply clip; release OTSC® Anchor from tissue.

Closure of a PEG fistula, source: Dr. Thomas Kratt, Universitätsklinikum Tuebingen, Germany

# one & done

OTSC<sup>®</sup> – The first choice: highest efficacy in GI bleeding.



## Proven clinical benefit:

**OTSC<sup>®</sup> in first-line therapy significantly reduces re-bleeding risk and bleeding associated mortality in UGIB (FLETRock evaluation<sup>1</sup>).**

Compared to Rockall's validated prediction, re-bleeding risk and bleeding related mortality were significantly reduced from 53.2 % to 21.4 % ( $p < 0.001$ ) and 27.9 % to 10.9 % ( $p = 0.011$ ), respectively in high-risk Rockall score (score 8) patients treated with the OTSC.

**OTSC<sup>®</sup> significantly improves outcome of hemostasis in patients randomized to OTSC<sup>®</sup> or standard therapy (STING trial<sup>2</sup>).**

Successful hemostasis was achieved in 93.9 % vs 57.6 % ( $p = 0.001$ ) of otherwise unsuccessfully treated patients, now receiving either OTSC or injection plus other clips or thermal coagulation.



OTSC<sup>®</sup>

SYSTEM

*saving lives<sup>®</sup>*



## Details and components

The OTSC® System consists of an applicator cap with a mounted clip, handwheel and thread retriever. The OTSC® System is available in the following variety of cap sizes and clip designs to provide secure application regardless of the anatomical situation and endoscope type.

- 4 different cap and corresponding clip sizes
- 2 different cap depths for capturing more or less tissue
- 3 different teeth shapes suitable for different areas of application



OTSC® Version	mini	11	12	14
Endoscope diameter Ø [mm]	8.5–10	8.5–11	10.5–12	11.5–14
Depth of cap 3 mm		<b>11/3a<sup>1</sup></b> (100.03)*	<b>12/3a<sup>1</sup></b> (100.05)*	<b>14/3a<sup>2</sup></b> (100.07)*
		<b>11/3t<sup>1</sup></b> (100.04)*	<b>12/3a<sup>2</sup></b> (100.28)*	<b>14/3t<sup>2</sup></b> (100.08)*
Depth of cap 6 mm			<b>12/3t<sup>1</sup></b> (100.06)*	
			<b>12/3t<sup>2</sup></b> (100.29)*	
	<b>mini/6a<sup>1</sup></b> (100.01)*	<b>11/6a<sup>1</sup></b> (100.09)*	<b>12/6a<sup>1</sup></b> (100.11)*	<b>14/6a<sup>2</sup></b> (100.13)*
	<b>mini/6t<sup>1</sup></b> (100.02)*	<b>11/6t<sup>1</sup></b> (100.10)*	<b>12/6a<sup>2</sup></b> (100.30)*	<b>14/6t<sup>2</sup></b> (100.14)*
			<b>12/6t<sup>1</sup></b> (100.12)*	
			<b>12/6t<sup>2</sup></b> (100.31)*	
			<b>12/6gc<sup>1</sup></b> (100.27)*	
Max. outer diameter Ø [mm]	14.6	16.5	17.5	21

\* (ref. no.) <sup>1</sup> thread length 165 cm <sup>2</sup> thread length 220 cm



type a

blunt teeth, primarily compression effect



type t

teeth with small spikes, compression and anchoring effect



type gc

elongated teeth with spikes, application: closure of gastric wall

## Application aid

There are two instruments available to enable a more effective application. These can be inserted next to the thread in the same working channel.



For better approximation of tissue especially when hard or fibrotic (e.g. fistulae, chronic ulcer), OTSC® Anchor 220tt especially for thin tissue.

	OTSC® Anchor	OTSC® Anchor 220tt
ref. no.	200.10	200.11
working length	1650 mm	2200 mm
max. Ø	2.4 mm	2.4 mm
needle width	12 mm	9 mm
stitch depth	4 mm	2–2.5 mm



For easier approximation of gaping edges of a lesion (e.g. perforation).

	OTSC® Twin Grasper®	
ref. no.	200.44	200.45
working length	1650 mm	2200 mm
max. Ø	2.6 mm	2.6 mm

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