Built for strength and security.
Trust your instincts.

During critical hemostatic clipping procedures, you need an endoscopic hemoclip with features you can rely on. And that’s just what Instinct gives you. It’s the one clip you can trust for your endoscopic clipping needs.

“With the Instinct, clip delivery could not be simpler. The clips and delivery systems previously out there were just too difficult to control and not intuitive, which resulted in many misfirings and/or wasted clips.” - David Carr-Locke, MD

The Instinct gives physicians complete control of a 360-degree rotatable jaw for precise clip orientation and the simple deployment process can make the procedure more efficient.

“Optimal treatment of a bleeding ulcer or visible vessel with hemoclips requires precise and accurate control. The introduction of the Instinct that precisely rotates and has the ability to open and close widely has simplified endoscopic bleeding control and provides security during critical endoscopic therapeutic procedures.” - John Saltzman, MD

A fully adjustable clip jaw with a wide opening span, facilitates secure and precise grasping of as much or as little tissue as necessary. With the addition of these design features, the Instinct clip promises to give clinicians more options and control to better treat their patients.

“Resection of superficial gastrointestinal neoplasms is no longer limited by size. Having Instinct, with its wider opening span, allows us to perform these resections and confidently close the defects. In addition, the Instinct’s shorter tail facilitates easy clip placement in narrow lumens.” - Roy Soetikno, MD

Wide opening span in a compact design.

Quoted by David L. Carr-Locke, MD, Chief, Division of Digestive Diseases at Beth Israel Medical Center, a member of Mount Sinai Health System; John R. Saltzman, MD, Director of Endoscopy at Brigham and Women's Hospital; Roy Soetikno, MD, 2014 ASGE Master of Endoscopy, Singapore, China.

Clinical images courtesy of Shou Jiang Tang, MD, Director of Therapeutic Endoscopy & Endoscopic Research at University of Mississippi Medical Center.
Intuitively simple design.

When you rotate the handle, there is a proportional rotation of the clip. That’s what makes Instinct intuitive and natural to operate. Once initial resistance is felt, simply continue closing the clip using the one-step deployment mechanism until it is released from the delivery catheter.

MR conditional

A patient with this clip can be scanned safely immediately after placement under the following conditions:
- Static magnetic field of 3.0 Tesla or less
- Maximum spatial magnetic gradient of 1600 Gauss/cm or less

A patient card is provided with each device.
Intuitive 360° bidirectional rotation for precise clip placement.

Wide Opening Span
Wide opening span and fully adjustable so you can securely grasp as much, or as little, tissue as your procedure requires.

Strength & Security
Distinctive anchoring tips improve your tissue grasping capability while the robust, nitinol reinforced jaws give you added stability.

360° Rotation
Intuitive 360° bidirectional rotation for precise clip placement.
Instinct shows its strengths.

Excerpts of a prospective bench-top testing and comparisons of three groups of clips, including the Instinct Endoscopic Hemoclip, are shown below. The comparisons of these endoclips revealed their rotational ability and inherent mechanical strengths during closure and after deployment. The bench-top data represented here does not necessarily represent, and is not intended to be a substitute for, clinical experience.

<table>
<thead>
<tr>
<th></th>
<th>Instinct</th>
<th>Competitor A</th>
<th>Competitor B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotation</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

"The results confirmed that Competitor A clips lack the ability to rotate even after removing the sheath, while Competitor B and Instinct clips rotate well under all circumstances."

"The rotational ability of the TTS clip is important....It can significantly shorten the procedure time and is directly related to the treatment efficacy."

<table>
<thead>
<tr>
<th></th>
<th>Instinct</th>
<th>Competitor A</th>
<th>Competitor B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening Strength</td>
<td>800 grams</td>
<td>400 grams</td>
<td>400 grams</td>
</tr>
</tbody>
</table>

"The results from strength tests showed Instinct clips are significantly stronger than both competitive clips A & B. It takes more than 800 grams to open the closed/deployed Instinct clips to 3 mm between the clip arms. For Competitor A and B clips, the force needed is less than 400 grams."

"Of all these strength parameters measured, we believe the opening strength is most important....A clip’s therapeutic effects are achieved by mechanical compression."

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<th>Competitor A</th>
<th>Competitor B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closing Strength</td>
<td>400 grams</td>
<td>300 grams</td>
<td>150 grams</td>
</tr>
</tbody>
</table>

"The results of the closing strength testing showed that in terms of closing strength, the Instinct clips are the strongest, generating more than 400 grams “snapping” force during closure. The second is Competitor A (about 300 grams) and Competitor B are the weakest (150 grams)."

Reference
Product Specifications

Used for endoscopic clip placement within the gastrointestinal tract for the purpose of endoscopic marking, hemostasis for mucosal/submucosal defects less than 3 cm in the upper GI tract, bleeding ulcers, arteries less than 2 mm, and polyps less than 1.5 cm in diameter in the GI tract. This device is not intended for the repair of GI tract luminal perforations.

Supplied sterile and is disposable – intended for single use only.

<table>
<thead>
<tr>
<th>Order Number</th>
<th>Reference Part Number</th>
<th>Catheter Size Fr</th>
<th>Catheter Length cm</th>
<th>Box Quantity</th>
<th>Minimum Accessory Channel mm</th>
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<tbody>
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<td>G18343</td>
<td>INSC-7-230-S</td>
<td>7</td>
<td>230</td>
<td>10</td>
<td>2.8</td>
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<td>G18344</td>
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<td>7</td>
<td>230</td>
<td>20</td>
<td>2.8</td>
</tr>
</tbody>
</table>

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

Instinct™ Endoscopic Hemoclip

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

INTENDED USE: This 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 in the upper GI tract, bleeding ulcers, arteries less than 2 mm, and polyps less than 1.5 cm in diameter in the GI tract. This device is not intended for the repair of GI tract luminal perforations.

CONTRAINDICATIONS: These specific to primary endoscopic procedure to be performed in gaining access to desired site. - These specific to endoscopic hemostasis include, but are not limited to: unscooperative patient, coagulopathy, esophageal tear or esophageal narrowing or strictures, and tortuosity esophagus.

WARNING: Failure to deploy or improper deployment of a clip may require surgical intervention. Wire cutters may be used to cut wire and coil spring. - Electrosurgical devices used after clipping may cause patient injury.

PRECAUTIONS: Refer to package label for minimum channel size required for this device. - Endoscope must remain as straight as possible when inserting or withdrawing device. - Clip must remain closed during introduction into, advancement through and removal from endoscope. If clip is open, damage to clip and endoscope may occur. - Exercising handle while clip is closed may result in damage to clip. - Endoscopic hemostasis should be performed under direct endoscopic visualization. - Clipping hard or severely friable lesions to achieve hemostasis may be more difficult. - If clip deployment device is used with endoscope in a transped or retroflexed position, clip deployment difficulties can occur. Removing undeployed device through a nontethered scope can cause detachment of the clip. - Lesions located in esophagus and lesser curvature of stomach may be difficult to treat with a forward-viewing endoscope. - Treatment of esophageal varices may require clipping in combination with a sclerosing agent. - Use of clips in presence of bacterial contamination may potentiate or prolong infection.

POTENTIAL COMPLICATIONS: These 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, hemorrhage, transient dysphagia, aspiration pneumonia, wound dehiscence, minimal acute inflammatory tissue reaction, transient local irritation, migration of clip into the bile duct, and anatomy disruption.

See instructions for use for full product information.

David Carr-Locke, MD, John Saltzman, MD, Roy Seidtinho, MD, Shou Jiang Tang, MD were paid consultants of Cook Medical at the time of this publication.