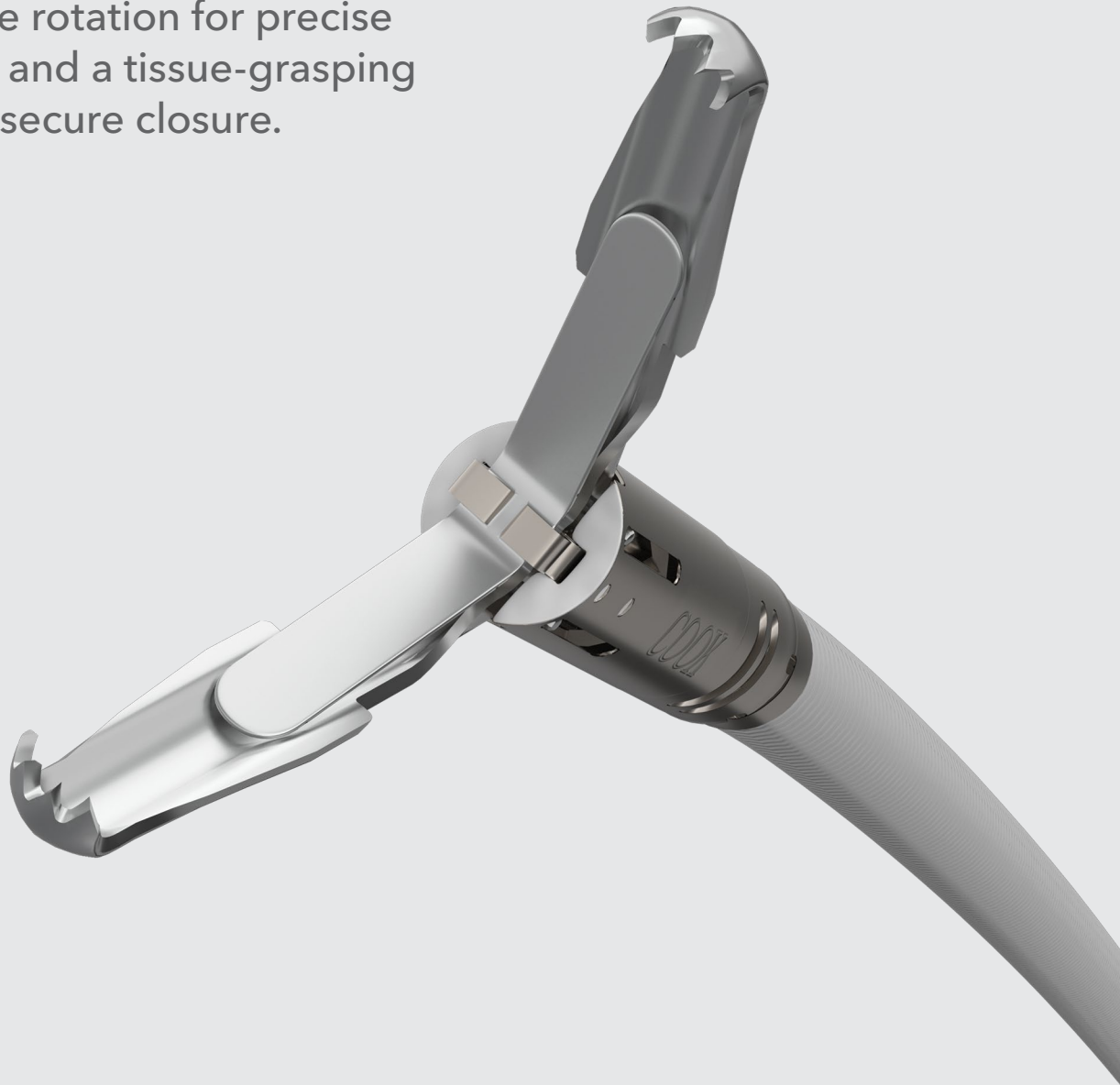


Get closure.

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



Instinct Plus[™]
ENDOSCOPIC CLIPPING DEVICE

Instinct Plus™

ENDOSCOPIC CLIPPING DEVICE

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
- 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



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

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

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 20mm 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.

AB_191002_REV1

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AI, ESC, IR, OHNS, PI, RH, SUR-A4