Powering Endoscopy
Interscope®

The EndoRotor® System
for intraluminal management of benign GI-tract mucosal disease

3.1mm OD catheter showing steerable aperture and recessed inner rotating blade

Automated non-thermal resection and revision of diseased GI luminal scarred mucosa, and margin cleanup following EMR and ESD.
400+ UGI and LGI mucosectomy procedures performed worldwide.

Advantages

- Automates resection, aspiration and collection in a single instrument to manage challenging resections such as previously manipulated lesions[1-5]
- Non-thermal technique preserves histology; specimen size is comparable to that produced by biopsy forceps[1,3]
- Variable speed and vacuum settings deliver performance and control required for the management of fibrotic and/or recurrent disease[1,3]
- Intuitive handling and short learning curve[6]
- Validated utility as a therapeutic option to surgery salvage for scarred colorectal adenoma[1,3]

EndoRotor® Cutter Closeup

Esophagus

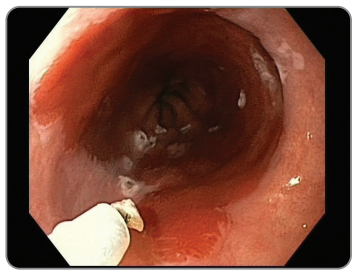

Figure 1. Day 0, *Before*
Refractory Barrett's after delineation of non-lifting area with HGD and inflammation despite high dose PPI.

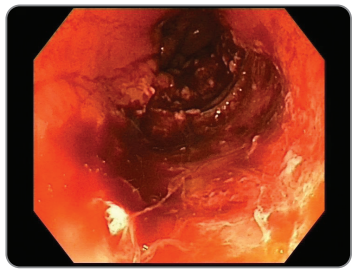

Figure 2. Day 0, *After*
Capillary oozing resolved without intervention.

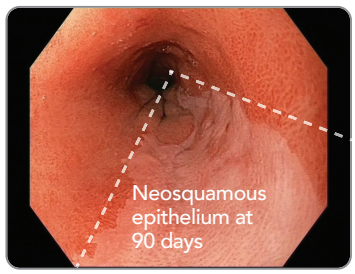

Figure 3. Day 90

Colon

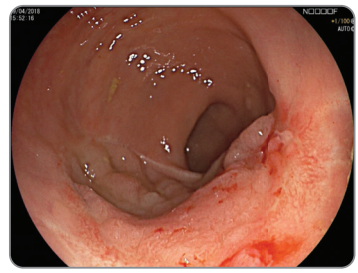

Figure 4. Day 0, *Before*
Serial failed ESD and EMR; extensive fibrosis. Two EndoRotor sessions, Apr. & Jul. 2018.

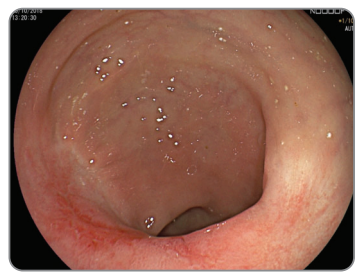

Figure 5. Day 90, *After*
90-day follow up: unremarkable optical presentation, biopsy confirmed disease-free after two sessions. "This was a very challenging and difficult lesion … and it's completely gone!" (Mate Knabe, MD)

Figure 1-3
Images courtesy of: Dr. A.D. Koch, Department of Gastroenterology, Erasmus Medical Center, Netherlands

Figure 4-5
Images courtesy of: Dr. Mate Knabe, Interventional Endoscopy, Sana Clinic Offenbach, Germany

1. Kandiah K, Bhandari et al. A novel non-thermal resection tool in endoscopic management of scarred polyps. Endoscopy International Open 2019; 07: E974–E978 © Georg Thieme Verlag KG Stuttgart · New York eISSN 2196-9736 https://doi.org/10.1055/a-0838-5424.
2. Knabe M, May, A et al. Non-thermal ablation of non-neoplastic Barrett's esophagus with the novel EndoRotor resection device. United European Gastroenterology Journal 0(0) 1–6 2018 DOI: 10.1177/2050640618758214 journals.sagepub.com/home/ueg.
3. Ayub K, Kaul V et al. SAFETY & EFFICACY OF THE NOVEL ENDOROTOR® MUCOSAL RESECTION SYSTEM: FIRST MULTICENTER USA EXPERIENCE. American College of Gastroenterology 2020.
4. Surkunalingam, N. Sachdev, M et al. Sigmoid colon polyp EMR with novel endoscopic morcellator. Volume 3, No. 6 : 2018 VIDEOGIE 191.
5. Tillinger W, Reckendorfer H. The EndoRotor® a novel endoscopic device for mucosal resection. Case report. J GASTRO HEPATOL ERKR 2017; 15.
6. Van der Wiel, S, Koch A.D. et al. Preliminary report on the safety and utility of a novel automated mechanical endoscopic tissue resection tool for endoscopic necrosectomy: a case series. I Endoscopy 2020; 08: E274–E280 Georg Thieme https://doi.org/10.1055/a-1079-501

Read what Gastroenterologists have to say

"The EndoRotor® is an exciting invention that would be easier and safer than hot biopsy or snare for flat polyp removal when piecemeal removal is necessary. This may be useful for clean up after piecemeal polypectomy or in replacement for cold snare polypectomy."

- Norio Fukami, MD
  Associate Professor Mayo Clinic, Arizona

"The EndoRotor provides a unique platform to remove unwanted tissues from the foregut, midgut and hindgut. By essentially debriding, premalignant, non-lifting lesions invading as deep as the sub-mucosa that may be completely removed while capturing the fragmented tissues. The process is safe, efficient and without a steep learning curve, offering an alternative to other methods such as endoscopic submucosal dissection."

- Stuart Amateu, MD
  Interventional and Therapeutic Endoscopy, Associate Professor, University of Minnesota

"EndoRotor is a great adjunct in the treatment of residual/recurrent tissue at prior polypectomy sites that can be difficult to remove with standard techniques. We have had great success with use of this device in this setting."

- Rebecca Burbridge, MD
  Division of Gastroenterology, Director of Advanced Endoscopy Duke University Medical Center, Durham, North Carolina

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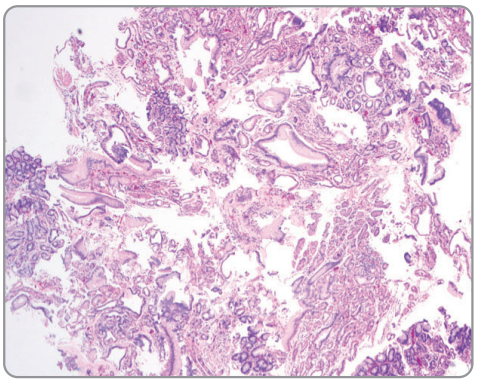
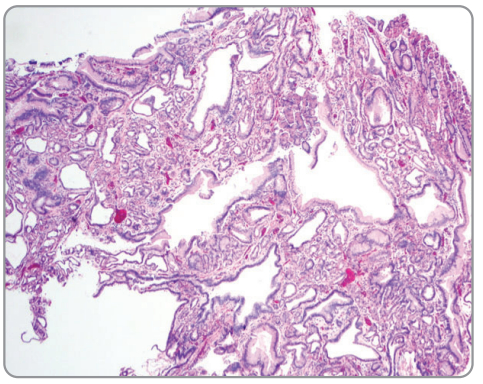
Pathology Reports

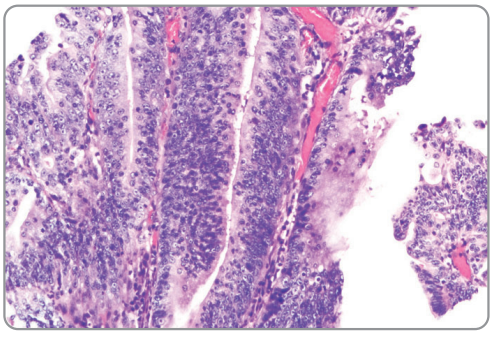


EndoRotor®

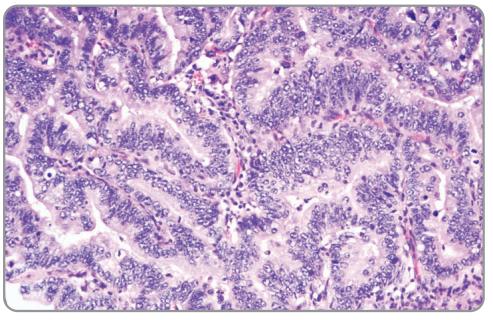


Standard biopsy

Figure 7 & 8. Morphological findings and quality in EndoRotor obtained fundic gland polyp (left) is comparable to standard biopsy (right) in this example.



EndoRotor®



Standard biopsy

Figure 9 & 10. Morphological findings in EndoRotor obtained fundic gland giant polyp with high-grade dysplasia (left) shows the characteristics and nuclear features (nuclear stratification, round nuclei, prominent nucleoli) needed for diagnosis and is comparable to standard biopsy forceps (right).

Ordering Information

Order Number	Description
ERC SYS-KIT-2	EndoRotor System Kit (SK; contains ERC 20-01, ERC 20-04, ERC 20-06)
ERC 20-01	EndoRotor Console
ERC 20-04	Rollstand
ERC 20-06	Dominant Flex Vacuum Pump
ERC 20-06-03	Suction Bag with Lid (Box of 40 ea.)
ER 30-01	Filter Trap (box of 50 ea.)
ER 50-01	Catheter Lock
ER 10-01-OP	Catheter, 3.2 mm x 1890 mm (Olympus/Pentax long colonoscope)
ER 10-02-O	Catheter, 3.2 mm x 1540 mm (Olympus standard colonscope)
ER 10-03-OP	Catheter, 3.2 mm 1240 mm (Olympus/Pentax gastroscope)
ER 10-03-F	Catheter, 3.2 mm 1270 mm (Fuji gastroscope)

Manufactured for:
Interscope, Inc.
100 Main St.
Suite 108
Whitinsville, MA 01588
USA
TEL: +1-800-461-4289
0031 (0) 73-3032541
www.interscopemed.com

EC REP
HealthLink Europe BV
DE Tweeling 20-2
5215 MC 's-Hertogenbosch
The Netherlands
TEL: +31-13-547-9300
www.healthlinkeurope.com

CE 2797

For more information visit www.interscopemed.com or contact Customer Service:

Europe
Tel: +31 (0)73 03 25 41
Email: interscopemed@healthlinkeurope.com

Freecalls*
Germany: 0800 000 09 72
Switzerland: 0800 000 298
UK: 0800 358 07 47
* from within the respective country

USA
Tel: 800-461-4289 (toll-free in U.S.)
Email: info@interscopemed.com

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