

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 retention^{2,3}
- 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 hemostasis as well as affixing jejunal feeding tubes and esophageal self-expanding metal stents (see complete indications for use for details)



1. Data on file. Force and throw at handle to approximate tissue and to open clip (with tissue) for Instinct generation 2. Test report 800008-35-R. September 13, 2019.
2. 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.
3. Data on file. Deployed tip tissue dislodgement force post procedure (force of clip retention at tissue) and force of clip compression at tissue for Instinct generation 2. Test report 800008-10-R. August 8, 2019.

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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 special 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

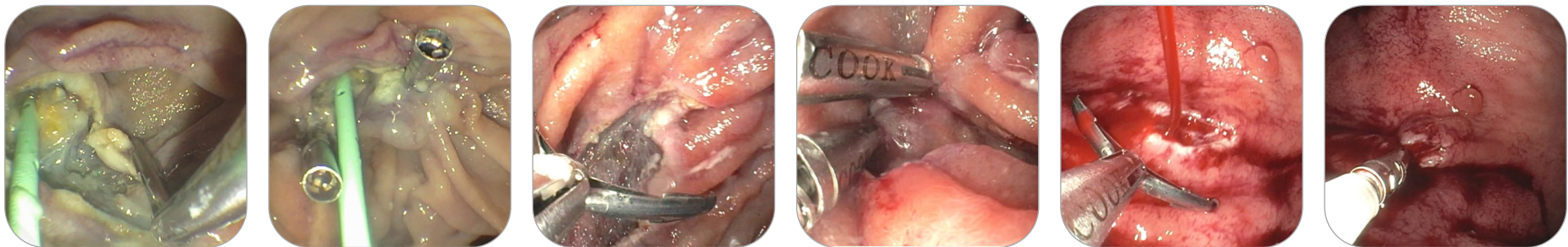
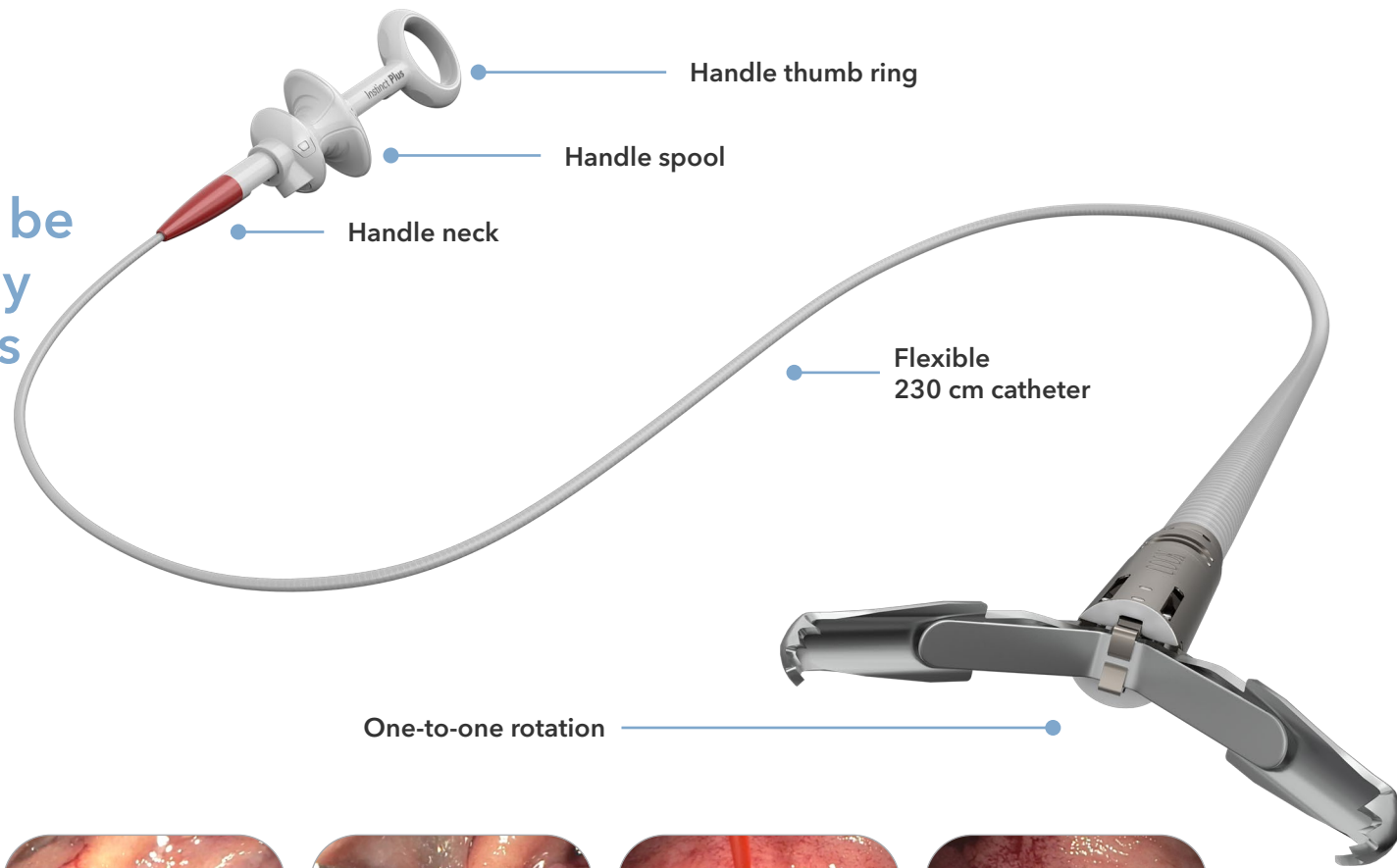


Image credit: Dr. Shou Jiang Tang, the University of Mississippi Medical Center, Jackson, MS

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, and
- › 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/sub-mucosal 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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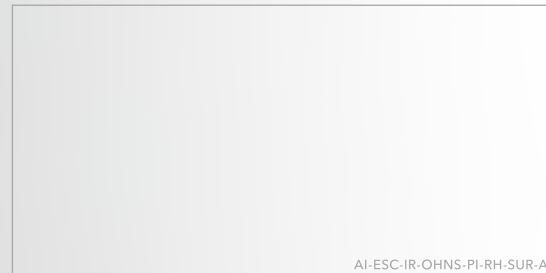
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