Medtronic

Endoflip™ 300 system

Take endoscopy further.

Shorten the timeline to diagnosis* and minimize patient discomfort.1**



^{*} For patients with inconclusive EGD's.

^{**} For patients able to defer manometry.

Detect motility disorders.

Endoflip™ 300 transforms the way you evaluate motility disorders and helps you minimize patient discomfort.^{1,2†}

This advanced imaging technology provides an internal view of the esophagus and gastroesophageal (GE) junction during endoscopic and surgical procedures.³ Endoflip™ 300 is complementary to high-resolution manometry (HRM) and other diagnostic methods.⁴

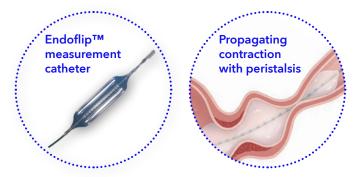
The evaluation of the esophageal response to distension with Endoflip™ 300 enhances the evaluation of esophageal function, including esophageal motility. Endoflip™ 300 may effectively detect abnormal motility at the time of sedated endoscopy, and thus offers a convenient and welltolerated method to evaluate esophageal motility.¹

New features available in Endoflip™ 300

- Pre-procedure guided set-up with text and images for each stage of catheter preparation
- Standard procedure protocols with automated fill to pre-determined volumes
- Large format, HD graphical display of key parameters for improved visibility

Catheters	Part number
Endoflip™ nasal tip catheter 16cm, 5/bx	EF-322N
Endoflip™ nasal tip catheter 8cm, 5/bx	EF-325N

System Hardware	Part number
Endoflip™ 300 pump system	EF-301
Endoflip™ 300 display system	EF-302
Endoflip™ 300 cart	EF-303



How it works³

The Endoflip™ 300 impedance planimetry system uses a technique called impedance planimetry to characterize the geometry of the measurement area. The multi-electrode balloon catheter acts as a functional lumen imaging probe (FLIP®) that shows dynamic changes in the geometry of the measurement area in a real-time image. Pressure in the balloon is also measured and displayed when using a catheter containing a pressure sensor.

The EndoflipTM 300 impedance planimetry system is indicated for use in a clinical setting to measure pressure and dimensions in the esophagus, pylorus, and anal sphincters in adults and to measure pressure and dimensions in the esophagus, in patients from 5 years of age. It is intended to be used as an adjunct to other diagnostic methods as part of a comprehensive evaluation of patients with symptoms consistent with gastrointestinal motility disorders.

References

- 1. Carlson, Dustin A., et al. "Evaluation of esophageal motility utilizing the functional lumen imaging probe (FLIP)." The American journal of gastroenterology 111.12 (2016): 1726.
- Hirano, Ikuo, John E. Pandolfino, and Guy E. Boeckxstaens. "Functional lumen imaging probe for the management of esophageal disorders: expert review from the clinical practice updates committee of the AGA institute." Clinical Gastroenterology and Hepatology 15.3 (2017): 325-334.
- 3. Endoflip™ 300 Operator's Manual, 2023 (PT00136604)
- 4. Carlson, Dustin A., et al. "Classifying esophageal motility by FLIP Panometry: A Study of 722 subjects with manometry." The American Journal of Gastroenterology 116.12 (2021): 2357-2366.

Risk Information: Similar to most procedures, the products featured here have inherent procedure risks associated. Please refer to the individual product user manuals for detailed information.

Indications: The EndoflipTM 300 system is indicated for use in a clinical setting to measure pressure and dimensions in the pylorus, esophagus, and anal sphincters in adults, and to measure pressure and dimensions in the esophagus in patients from 5 years of age. It is intended to be used as an adjunct to other diagnostic methods as part of a comprehensive evaluation of patients with symptoms consistent with gastrointestinal motility disorders.

Contraindications: The Endoflip™ 300 system is contraindicated:

- Where endoscopy is contraindicated.
- In patients with actively bleeding varices in the esophagus.
- Endoflip™ catheters have additional contraindications. Refer to individual product IFU's for details.

Complications may include but are not limited to bleeding, pain, perforation, aspiration, cardio-respiratory complications and anaphylaxis.

www.medtronic.ca/endoflip300





[†] For patients able to defer manometry.