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 lesions1-6
- Non-thermal technique preserves histology; specimen size is comparable to that produced by biopsy forceps1
- Variable speed and vacuum settings deliver performance and control required for the management of fibrotic and/or recurrent disease1,3
- Intuitive handling and short learning curve6
- Validated utility as a therapeutic option to surgery salvage for scarred colorectal adenoma1,3

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

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

References


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
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ERC SY5-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 50-01-01 | Catheter Lock
ER 50-01-02 | Catheter, 3.2 mm x 1890 mm (Olympus/Pentax long colonoscope)
ER 50-01-03 | Catheter, 3.2 mm x 1340 mm (Olympus standard colonoscope)
ER 10-03-0P | Catheter, 3.2 mm 1240 mm (Olympus/Pentax gastroscope)
ER 10-03-F | Catheter, 3.2 mm 1270 mm (Fuji gastroscope)

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

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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 tissue. 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 in post 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