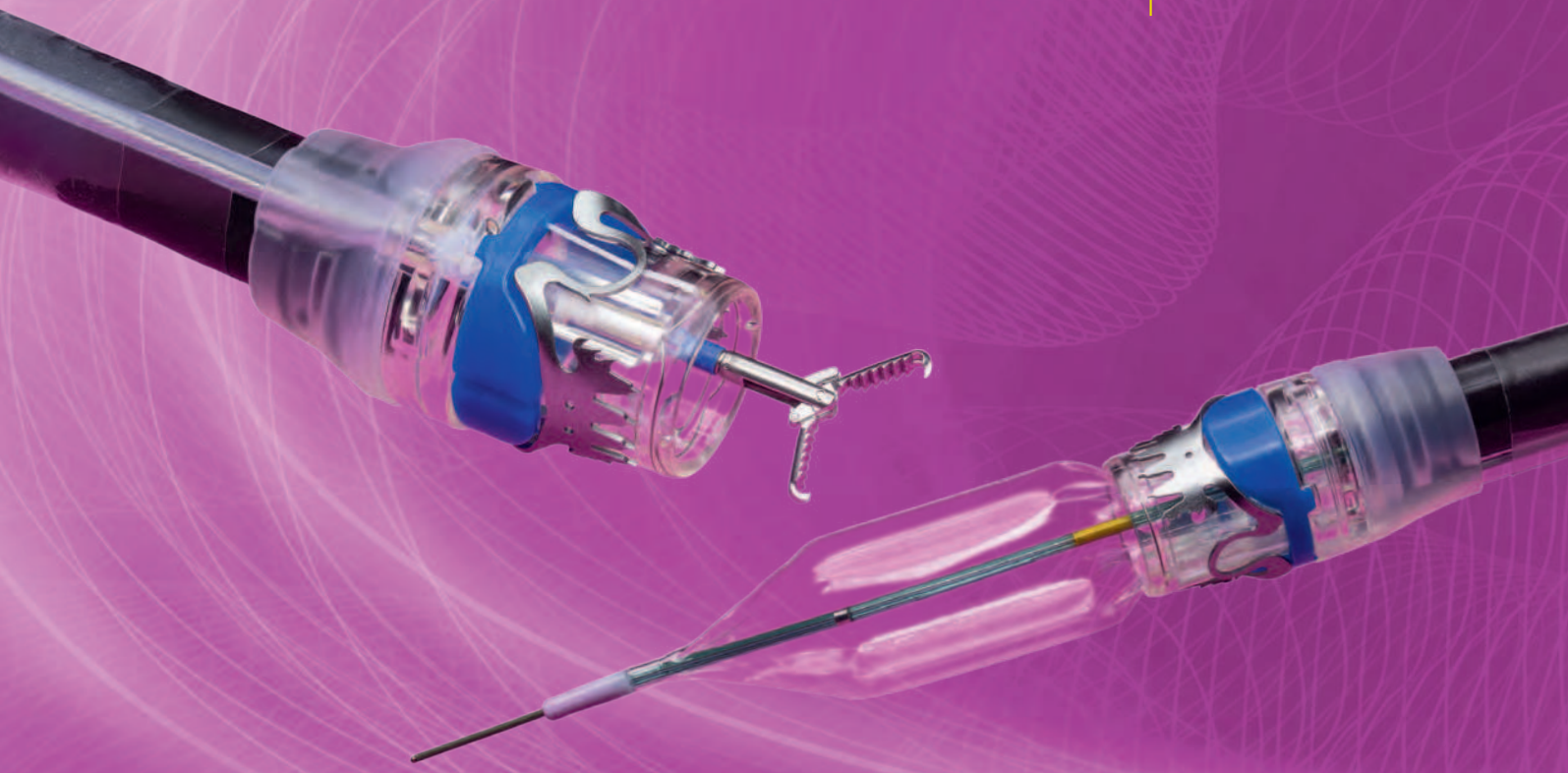
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NEW

FTRD® neo System

The next generation of endoscopic full-thickness resection

- EFTR in the colon, rectum, stomach, and duodenum
- Secure wall closure prior to resection
- Even more reliable clip application
- Enhanced endoscope compatibility and optimized handling



FTRD®neo System

The FTRD®neo System enables endoscopic full-thickness resection (EFTR) of lesions as well as diagnostic tissue sampling in the colon and rectum (colonic/diagnostic FTRD®neo) and in the stomach and duodenum (gastroduodenal FTRD®neo). It offers:

- Transluminal, minimally invasive procedure
- Expanding the range of endoscopic resection procedures[1]
- Improving histological diagnosis[2]
- Complete set of instruments for endoscopic full-thickness resection

The FTRD®neo System is based on the OTSC®neo System and allows for the removal of suitable lesions by incorporating all layers of the organ wall, down to the serosa. The design ensures that the organ wall is not transected until it has been securely closed at the target site. The organ lumen is therefore not opened during the procedure.

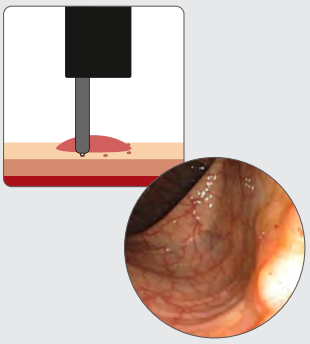
The FTRD®neo application cap is mounted on the endoscope tip, with the snare running alongside the endoscope. Turning the handwheel tensions the thread and releases the clip; the tissue above the clip is then cut using the integrated HF snare.

FTRD®neo is the next generation of the proven FTRD® System and incorporates the design innovations of OTSC®neo. The improvements include even more reliable clip application, more intuitive assembly and handling, and expanded endoscope compatibility.

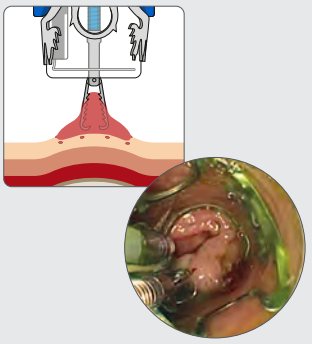
Applications

Endoscopic full-thickness resection

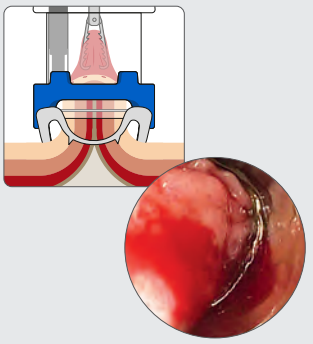
Scan here and watch the application video!



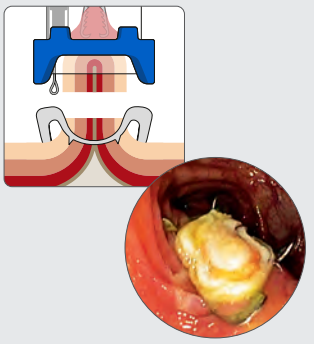
Mark the lesion using the FTRD® Marking Probe.



Grasp and pull in the lesion with the FTRD® Grasper.



Ensure that the lesion is fully inside the FTRD®neo application cap. Release the clip using the handwheel.



Close the snare and resect the tissue, retrieve the resected specimen, and examine the resection site.

Broad-based recurrent adenoma (non-lifting) in the descending colon, source: Prof. K. Caca, Klinikum Ludwigsburg, Germany

1 Schmidt A, Beyna T, Schumacher B, Meining A, Richter-Schrag HJ, Messmann H, et al. **Colonoscopic full-thickness resection using an over-the-scope device: a prospective multicentre study in various indications.** Gut 2018 Jul;67(7):1280-1289.

2 Meier B, Stritzke B, Kuellmer A, et al. **Efficacy and safety of endoscopic full-thickness resection in the colorectum: Results from the German colonic FTRD® registry.** Am J Gastroenterol 2020; 115(12):1998-2006.

gastroduodenal FTRD®neo

The gastroduodenal FTRD®neo is a more compact version of the FTRD®neo System designed for endoscopic full-thickness or deep partial-thickness resection (particularly in the stomach) as well as diagnostic tissue sampling in the stomach and duodenum.

To facilitate safe and easy insertion of the system into the upper gastrointestinal tract (esophagus/pylorus), the gastroduodenal FTRD®neo Set includes an insertion balloon and a guidewire. The clip of the gastroduodenal FTRD®neo has been specially modified for use in the duodenum and stomach.

The gastroduodenal FTRD®neo can be used for:

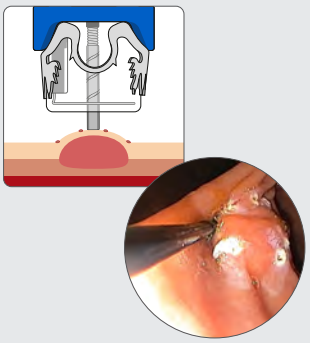
- Non-lifting (recurrent) adenomas
- Small subepithelial tumors
- Post-resection of malignant polyps
- Submucosal tumors (SMT)
- Early-stage cancers
- Gastroparesis (via full-thickness biopsy)

In cases of submucosal lesions (particularly for GIST indications), using the anchor instead of the grasper can be a good alternative.

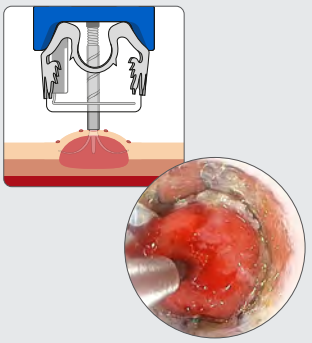


Scan here and watch the application video!

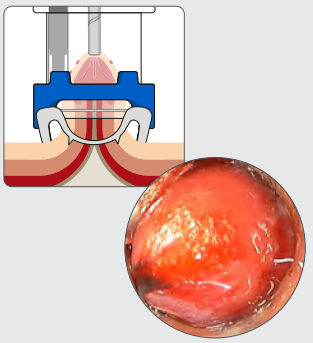
Endoscopic full-thickness resection in the stomach



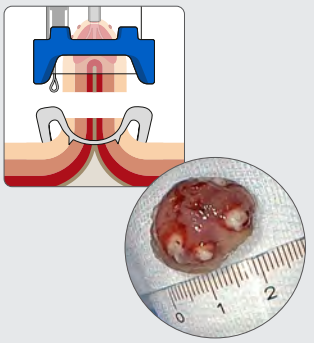
Marking and positioning the lesion with the FTRD®neo.



Grasp and pull in the lesion with the anchor.



Clip application.



Close the snare and resect the tissue. Retrieve the resected tissue.

GIST in the stomach, source: Prof. A. Schmidt, Universitätsklinikum Freiburg, Germany

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diagnostic FTRD®neo

The diagnostic FTRD®neo is a more compact FTRD®neo System designed for full-thickness biopsies of the colon and rectum, for example, in diagnostic situations.

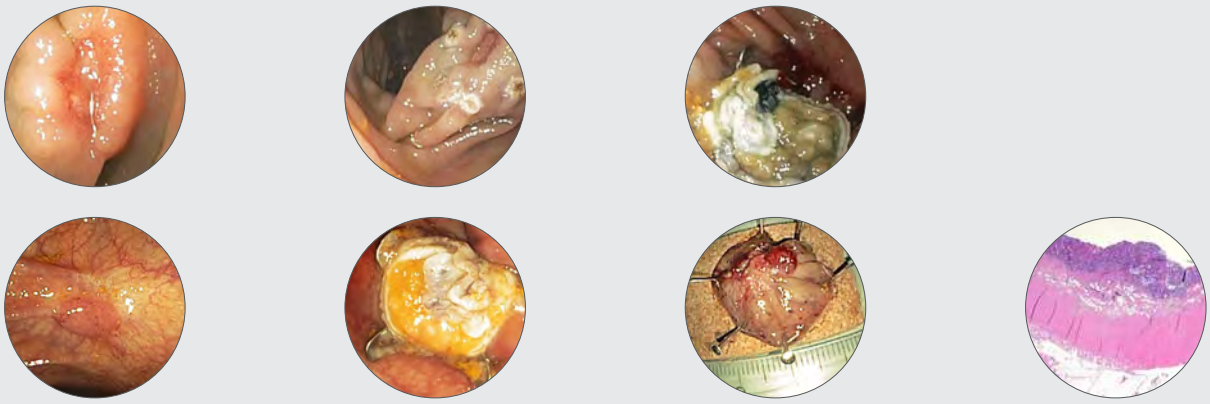
It is suitable for histological examination in cases of functional disorders of the colon and rectal wall, such as in the context of neurogastroenterological investigations. Full-thickness biopsies allow for precise histological visualization of the enteric nerve plexuses and can provide important insights for the diagnosis of motility disorders.

Full-thickness biopsies are used, among other things, for:

- Hypo- and aganglionosis (e.g., Hirschsprung's disease)
- Enteric ganglionitis
- Visceral neuropathies and myopathies (e.g., in chronic constipation)
- Gastrointestinal amyloidosis
- Enteral manifestations of neurological disorders (e.g., Parkinson's disease)



Diagnostic full-thickness biopsy in the colon



Top row: Diagnostic EFTR to rule out a primary neurodegenerative motility disorder.[3]
Bottom row: EFTR for the diagnosis of Hirschsprung's disease.[4]

3 Source: Prof. P. Bauerfeind, Stadtspital Triemli, Zürich, Switzerland
4 Source: Dr. A. Martínez-Alcalá, Centro de Innovaciones Digestivas Martínez-Alcalá, Sevilla, Spain

colonic FTRD®neo

The colonic FTRD®neo is a device for flexible endoscopy designed for full-thickness resection and for obtaining diagnostic tissue samples through the resection of suitable lesions in the colon and rectum.

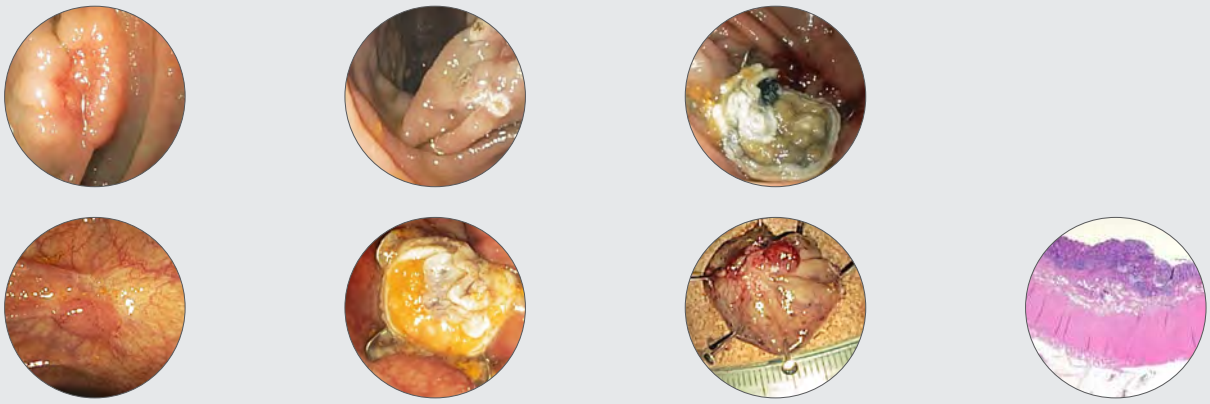
The colonic FTRD®neo can be used for:

- Non-lifting (recurrent) adenomas
- Adenomas in difficult-to-reach locations (on or within diverticula, at the base of the appendix)
- Small subepithelial tumors
- Post-resection of malignant polyps
- Submucosal tumors (SMT)
- Early-stage cancers



Scan here and watch the application video!

Endoscopic full-thickness resection in the colon



Top row: Resection following an incomplete polypectomy in the descending colon (early-stage carcinoma).
Bottom row: Resection of a recurrent adenoma (HGIEN) in the descending colon with a non-lifting sign.

Source: Prof. K. Caca, Klinikum Ludwigsburg, Germany

FTRD®neo System

Details and components

The FTRD®neo System is available in three application-specific versions: colonic, diagnostic, and gastroduodenal FTRD®neo. Each version is supplied as a complete procedure kit and includes the following dimensions and specifications:



	Compatible endoscope diameter [mm]	Min. working channel diameter [mm]	Max. outer diameter (cap) [mm]	Inner diameter (cap) [mm]	Cap depth [mm]	Ref. no.
FTRD® neo COLONIC	Including FTRD® Marking Probe and FTRD® Grasper					
colonic FTRD®neo Set	11.5 – 14.0	3.2	21.0	13.0	23.0	**200.70n**
FTRD® neo DIAGNOSTIC	Including FTRD® Marking Probe and FTRD® Grasper					
diagnostic FTRD®neo Set	10.5 – 12.0	3.2	19.5	12.1	23.0	**200.76n**
FTRD® neo GASTRODUODENAL	Including FTRD® Marking Probe, FTRD® Grasper, insertion balloon, and guide wire					
gastroduodenal FTRD®neo Set	10.5 – 12.0	3.7	19.5	12.1	23.0	**200.72n**

Application aids

Included in the set

FTRD® MARKING PROBE	Min. working channel diameter [mm]	Max. probe diameter [mm]	Working length [mm]	Packaging unit [pcs.]	Ref. no.
FTRD® Marking Probe	2.8	2.2	2200	1	*

RF coagulation probe for placing marking points on the target lesion prior to using the FTRD®neo System.
Marking the lesion makes it easier to locate and allows for better verification of the completeness of the resection.

Included in the set and available separately

FTRD® GRASPER	Min. working channel diameter [mm]	Max. instrument diameter [mm]	Max. opening angle	Working length [mm]	Packaging unit [pcs.]	Ref. no.
FTRD® Grasper®	3.2	2.3	130°	130°	1	*
FTRD® Grasper®	3.2	2.3	130°	130°	5	**200.73**

Instrument for grasping the target tissue and pulling it into the FTRD®neo application cap.

Not included in the set

FTRD® prOVE CAP	Compatible endoscope diameter [mm]	Max. outer diameter (cap) [mm]	Inner diameter (cap) [mm]	Cap depth [mm]	Compatible with	Packaging unit [pcs.]	Ref. no.
colonic FTRD® prOVE Cap	11.5 – 14.0	21.0	13.0	23.0	200.70n	2	**200.71**
gastroduodenal FTRD® prOVE Cap	10.5 – 12.0	19.5	12.1	23.0	200.72n 200.76n	2	**200.77**

The FTRD® prOVE Cap is a cap with the same dimensions as the corresponding FTRD®neo Set cap, designed to allow users to test the compatibility of the FTRD®neo Set in advance.

OTSC® ANCHOR	Min. working channel diameter [mm]	Max. instrument diameter [mm]	Needle width [mm]	Penetration depth [mm]	Working length [mm]	Packaging unit [pcs.]	Ref. no.
OTSC® Anchor 220tt	2.8	2.4	9.0	2.0 – 2.5	2200	1	**200.11**

The OTSC® Anchor 220tt can serve as an alternative for better tissue mobilization in cases of submucosal lesions (particularly in the stomach).

* part of 200.70n, 200.76n und 200.72n

For more information and product details, please refer to the instruction for use.

FTRD®neo System_BR_EN_Rev1_2026-07-13_800098

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