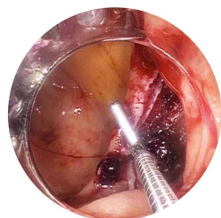


OTSC[®] neo System

The best-studied closure device

The OTSC[®] technology and its products stand as highly researched and effective tools for the closure of acute lesions, fistulas, and leakages, as well as a preventative closing measure in gastrointestinal resection procedures. Since its introduction, OTSC[®] has been the subject of over 200 extensive clinical studies on closure techniques, consistently demonstrating its efficacy and reliability in various applications. The data also applies to the OTSC[®]neo System as the clinically relevant features remain unchanged.



Closure of perforations

OTSC[®], especially in combination with the OTSC[®] Twin Grasper[®] consistently shows high clinical success rates with its serosa-to-serosa closure approach.

- » Technical success of 95.5% (447/468)¹
- » Clinical success between 85.3%¹ (399/468) and 89% (32/36); in the latter prospective cases, the OTSC[®] Twin Grasper[®] was used to approximate the perforation edges²
- » Before OTSC[®] was used, 62.5% (15/24) of cases required surgery. Since its implementation, the rate has fallen to 12.5% (2/16; p=0.002)³



Closure of leakages

OTSC[®] offers a good solution for leakage treatments, especially in combination with therapies such as endoscopic vacuum therapy (EVT).

- » Clinical success rate between 72.6%¹ (284/391) and, in combination with other techniques, 86.3%⁴ (63/73). With EVT clinical success can even reach up to 100% (n=42)⁵
- » Significantly shorter therapy duration when EVT and OTSC[®] are combined compared to EVT alone (33 vs. 46 days, p=0.004), with patients being able to be discharged earlier on sufficient oral nutrition (98% vs. 60%; p<0.001)⁵



Closure of fistulas, also after LAMS

OTSC[®] is likewise effective for fistula closure (also e.g. following LAMS explantation). The success rate increases significantly when the epithelial tissue is removed prior to clip placement, e.g. with a wire brush.

- » In a systematic review, for the heterogenous retrospective cohort, clinical success rates were 55.8% (347/622). Success rates rise up to 70.3% (71/101) for prospective cases¹
- » Clinical success rate can significantly increase to 94% (29/31) when tissue preparation is utilized, here e.g. with a wire brush⁶
- » OTSC[®] also is a promising solution of the closure after LAMS⁷ with a high clinical success rate of up to 100 % (n = 5/5)⁸



Preventive clipping

OTSC[®] can also be used as a preventative measure after endoscopic procedures to reduce the risk of bleeding or perforations.

- » Clinical success rates are between 98.2% (54/55)⁹ and 98.7% (72/73)¹⁰
- » Delayed bleedings were between 1.4% (1/73)¹⁰ and 3.6% (2/55)⁹
- » In both studies, delayed perforation was 0%^{9,10}



Summary

OTSC[®]neo shows high clinical success for the closure of a variety of defects, from acute perforations to leakages and fistulas, as well as a preventative measure to reduce the risk of bleeding or perforation after procedures. This high clinical success, as well as its ease of use make it an optimal and well-studied instrument for endoscopic closure.

Perforation Closure



Fistula Closure



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More information
on the
OTSC[®]neo System

