

Your Olympus partner

OLYMPUS

Your Vision, Our Future

Biliary and Pancreatic Procedures

ERCP



V-System – changing the way ERCPs are performed



OLYMPUS
EndoTherapy
BEYOND THE SCOPE

A total system for complex procedures

The number and importance of biliary and pancreatic procedures is on the rise. To reflect this tendency, Olympus has developed the innovative V-System to improve ERCP in the following three areas:

Guidewire manoeuvrability, guidewire positioning and exchange and control of Endo-Therapy devices during the procedure. A system comprising of the new V-Scope, the new V-Holder™ and a full range of Endo-Therapy instruments, V-System is not simply a new tool for ERCP but a whole new approach to performing ERCP.



A system with intelligent features – and convincing benefits



One-touch-locking of guidewire

V-System allows to lock and hold the guidewire safely into place and ensures smooth and secure device exchange. A guidewire sliding out of the papilla should now be a thing of the past!



New V-Holder™ for improved control and faster exchange of devices

The dedicated handle allows the endoscopist to control, on his own, the guidewire and an ERCP device at the same time. This makes the whole procedure faster and more comfortable for the patient and the endoscopist.



Wide range of Endo-Therapy instruments

Newly designed high-quality Endo-Therapy devices complete the V-System. Select from a wide range to meet any clinical situation.

Improving ERCP from start to finish



"V-System covers all areas of biliary and pancreatic procedures. The ability to lock the guidewire safely into place and to control devices with the new V-Holder™ make ERCP faster and let everyone involved proceed with more confidence."

Exchanging devices with the V-Holder™ is easy and efficient.

It enables the endoscopist to exchange ERCP devices, while the guidewire remains in place.



The V-Holder is mounted on the EXERA V-Scope in one easy step.



The physician can manipulate the guidewire with the device attached to the V-Holder.



When exchanging the device, first rotate the device so that it faces the instrument channel port.



The guidewire will stay in place even when not locked in the V-Groove. Just hold the guidewire and the catheter together during insertion or extraction of the ET-device.



When the V-Marking is completely visible above instrument channel valve, raise the V-Groove forceps elevator.



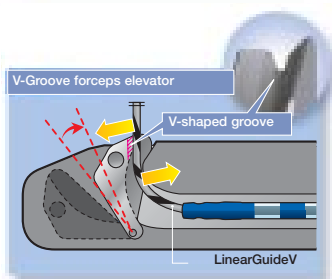
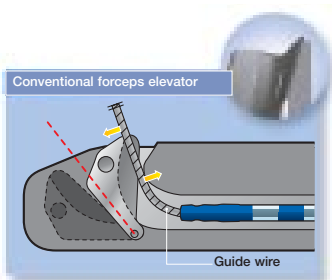
The device can be withdrawn with a single motion.

Small “V” with great impact – the new V-Scope

The new V-Scope is based on classic duodenoscopes, like those employed up to now for ERCP procedures. What makes it different is a V-shaped groove at the tip of the forceps elevator – the V-Groove.

The dedicated guidewire LinearGuideV™ fits precisely into this groove and improves device manipulation to and

from the bile and pancreatic ducts. The guidewire runs along the V-shaped groove, and – once positioned in the desired location – can be fixed and locked in place at a touch of the elevator lever. This way, Endo-Therapy devices can now be exchanged without the wire moving out of position and sliding out of the papilla.



Due to the V-Groove and extended elevator angle, the guidewire can be easily locked.

- Easy guidewire locking with new forceps elevator – V-Groove
- Extended manoeuvrability through increased elevator angle
- Enhanced V-System benefits with newly designed V-ET products
- All other functions equal to predecessor TJF-160R



TJF-160VR

Optional System	Field of view	100°
	Direction of view	5° Backward-oblique
	Depth of field	5 to 60 mm
Distal End	Outer diameter	13.5 mm
	Insertion Tube	Outer diameter
Bending Section	Range of distal end bending	Up 120°, Down 90°, Right 110°, Left 90°
Working Length		1.240 mm
Total Length		1.550 mm
Instrument Channel	Inner diameter	4.2 mm
	Minimum visible distance	10 mm

"Once the guidewire is safely locked into place, I have my hands free and that allows me to prepare the next step of the procedure. Very time saving!"



The core innovation for clever control



“With the V-Holder I am able to withdraw the catheter quickly and easily while the guidewire stays in place.”



The V-System has been specifically designed to make ERCP easier and more reliable. The V-Holder™ plays an integral role for the overall system.

The V-Holder™ is mounted on the V-Scope and assists the operator in a very efficient way to control the guidewire and to exchange ERCP devices. The V-Holder™ allows the endoscopist to perform some parts of the procedure on his own, while the assistant gains time to prepare the next steps.

The V-Holder™ provides the opportunity to attach selected ET devices onto the V-Holder™ drum. This supports the ERCP procedure and makes it possible for the physician to move the guidewire and the catheter at the same time in opposite directions. As a result the catheter can be removed and the guidewire holds its position.



V-Holder™

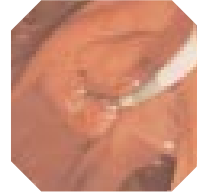
Article No.	Model	Compatible Olympus scopes	Compatible Olympus ET instruments	Sterilization
N1812630	H-V100	JF, TJF	KD-V400/200 serie PR-V400/200 series B-V200 series	Autoclavable

Guiding the procedure to success

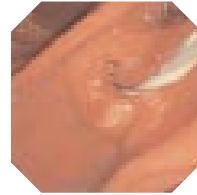


The dedicated guidewire Linear GuideV™ has been specially designed for the V-Scope to ensure that the guidewire fits precisely into the new V-Groove.

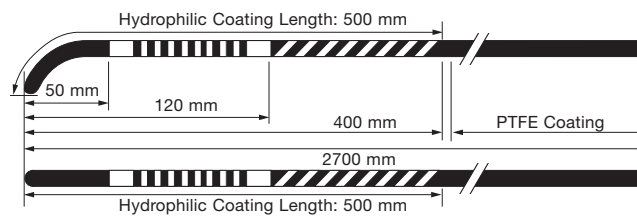
- Securely locked in place with the new V-Scope
- Two-step visible markers ensure visibility in the endoscopic field of view
- Two distal tip configurations – straight and angulated
- Hydrophilic coating on distal portion – for easy exchange
- PTFE coating on proximal portion



Ring-marker section
Ring-markers are visible from 50mm to 120mm from the distal end to help determine duct penetration.



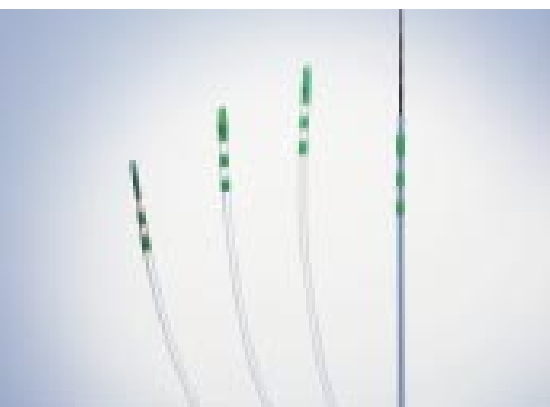
Spiral-marker section
Endoscopic visibility of the spiral-markers indicates that Linear GuideV™ may be locked in the V-Groove.



Linear GuideV™ Guidewire

Article No.	Model	Outer diameter	Working length	Shape of distal portion	Hydrophilic coating length
N1812730	G-V210-3527S	0.89 mm (0.035")	2700 mm	Straight	500 mm
N1812830	G-V210-3527A	0.89 mm (0.035")	2700 mm	Angulated	500 mm

Reliable cannulation with ready-to-use cannulae



A key instrument to perform biliary and pancreatic procedures is the right catheter. The single use StarTipV™ and X-PressV™ cannulae make ERCP cannulation smoother and even more efficient.

• C-Hook

Can be attached to the V-Holder™. Endoscopist can manipulate guidewire, inject contrast media and control the handle on his own.

• V-Marking

This marking on the proximal sheath indicates when the guidewire can be securely locked.

- New shaft design
- Excellent visibility under fluoroscopy
- Wide selection of cannulae
- Single-use design for more convenience and reliability
- Fluoro Tip



StarTipV™ Cannula

Article No.	Model	Shape of the distal end	Distal tip diameter	Portion diameter	Working length	Compatible Guidewire
N1088130	PR-V414Q	Short taper	4.5 Fr	1.95 mm	1950 mm	0.89 mm (0.035")
N1088230	PR-V416Q	Standard	4.0 Fr			0.89 mm (0.035")
N1088330	PR-V418Q	Short taper	3.5 Fr			0.64 mm (0.025")
N1088430	PR-V420Q	Long taper	3.5 Fr			0.64 mm (0.025")
N1088530	PR-V427Q	slit	2.5 Fr	2 mm	1950 mm	0.89 mm (0.035")
N1088630	PR-V434Q	Taper	4.5 Fr			0.89 mm (0.035")
N1088730	PR-V435Q	Taper	3.5 Fr			0.64 mm (0.025")
N1088030	PR-V223Q	Ball tip	3.0 Fr			0.89 mm (0.035")

Gain access with accuracy

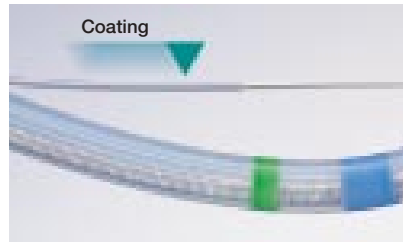


Safe and reliable sphincterotomes that are comfortable to use are essential to gain access to the bile duct. These innovative two and three lumen knives provide exceptional cutting performance and a high level of safety.



- **CleverCut™ coating enhances safety**

The patented safety coating on the proximal end of the cutting wire minimises damage to surrounding tissue and reduces the risk of electrical contact between the wire and the endoscope.



- **Pre-curved distal ends for improved cannulation and positioning**

The distal ends are pre-curved to achieve stable cannulation and to facilitate positioning inside of the papilla.

- **Excellent orientation and smooth injection**

- **Stable orientation of cutting wire direction**

- **Monofilament cutting wires**

- **V-Marking**

This marking on the proximal sheath indicates when the guidewire can be securely locked.

- **Device control by endoscopist or assistant**

- **Excellent X-ray visibility**

The radiopaque tip marking provides outstanding visibility under fluoroscopy.

- **C-Hook**

Can be attached to the V-Holder™. Endoscopist can manipulate guidewire, inject contrast media and control the handle on his own.



“The C-Hook provides great flexibility and control. I can manoeuvre the guidewire, inject contrast media and control the handle on my own”

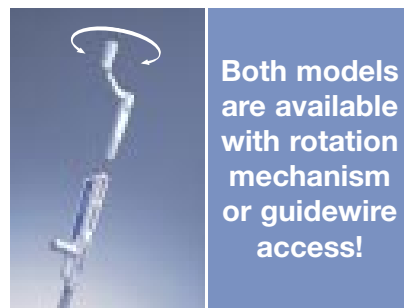
CleverCut2V and CleverCut3V Sphincterotomes

Article No.	Model	Lumen	Distal tip diameter	Maximum insertion portion diameter	Working length	Compatible Guidewire	Tip length	Knife length			
N1089430	KD-V411m-0320	3-lumen	4.5 Fr	2.5 mm	1700 mm	0.89 mm (0.035")	3 mm	20 mm			
N1089530	KD-V411m-0330						3 mm	30 mm			
N1089630	KD-V411m-0720						7 mm	20 mm			
N1089730	KD-V411m-0725						7 mm	25 mm			
N1089830	KD-V411m-0730						7 mm	30 mm			
N1089930	KD-V411m-1520		15 mm	20 mm							
N1090030	KD-V411m-1530		15 mm	30 mm							
N1090330	KD-V411m-3030		30 mm	30 mm							
N1090430	KD-V431m-0720		4.0 Fr				0.64 mm (0.025")	7 mm	20 mm		
N1090530	KD-V431m-0730							7 mm	30 mm		
N1088830	KD-V211m-0720	2-lumen			4.5 Fr			2.1 mm	0.89 mm (0.035")	7 mm	20 mm
N1088930	KD-V211m-0725									7 mm	25 mm
N1089030	KD-V211m-0730									7 mm	30 mm
N1089130	KD-V211m-1520		15 mm	20 mm							
N1089230	KD-V211m-1530		15 mm	30 mm							
N1089330	KD-V211m-3030	30 mm	30 mm								

Catch stones with confidence



The innovative eight-wire construction functions as a basket within the basket and the removal of small stones and sludge is facilitated. Moreover, this basket design makes it easier to release stones if necessary.



Both models are available with rotation mechanism or guidewire access!

FlowerBasketV™ and TetraCatchV™ single use retrieval baskets offer excellent stone management capabilities. Retrieval of small, floating stones or stones located in the lower bile duct above the papilla can now be achieved with a new rotation mechanism. In addition, these baskets have the same expansion capability as conventional models such as the established standard FG-22Q.



The established construction of TetraCatchV™ provides excellent capabilities, for meeting most stone retrieval requirements in the bile and pancreatic ducts.

- Easier catching of stones (rotatable basket)
- Allows for easy passage beyond the stone (wire-guided basket)

Flower Basket V - Tetra Catch V - Retrieval Basket

Article No.	Model	Wire type	Rotatable/ Guidewire type	Working length	Opening width	Min. channel diameter	Compatible Guidewire
N1086530	FG-V401QR	8 wires	Rotable	1950 mm	20 mm	2.8 mm	-
N1086630	FG-V402QR	4 wires	Rotable	1950 mm	22 mm	2.8 mm	-
N1086730	FG-V411Q	8 wires	Guidewire	1950 mm	20 mm	3.7 mm	0.89 mm (0.035")
N1086830	FG-V412Q	4 wires	Guidewire	1950 mm	22 mm	3.7 mm	0.89 mm (0.035")

The multi talent for multiple sizes of stones



• C-Hook

Can be attached to the V-Holder™. Endoscopist can manipulate guidewire, inject contrast media and control the handle on his own.

• V-Marking

This marking on the proximal sheath indicates when the guidewire can be securely locked.

• Multiple balloon sizing

Three balloon sizes – 8.5, 11.5, and 15mm – available with one balloon.

• Triple lumen design allows for easy passage of the guidewire

• Pre-measured syringes for reliable inflation

Multi3V™ balloons come with three clearly marked syringes to guarantee precise inflation of each balloon to the desired size.

• Excellent X-ray visibility with dual radiopaque bands

• High durability with high quality latex



Balloon catheters are effective stone management devices. The Multi3V™ single use extraction balloons provide precise balloon inflation for even more efficient extraction.

Multi3V Stone Extraction Balloon

Article No.	Model	Injection port	Balloon diameter	Sheath	Working length	Min. channel diameter	Compatible Guidewire	Syringes in the package
N1086330	B-V231P-A	Above	8.5 mm 11.5 mm 15.0 mm	Distal end 5.5 FR/ Prox. end 7 FR	1900 mm	2.8 mm	0.89 mm (0.035")	3 pcs. in different sizes
N1086430	B-V231P-B	Below	8.5 mm 11.5 mm 15.0 mm	Distal end 5.5 FR/ Prox. end 7 FR	1900 mm	2.8 mm	0.89 mm (0.035")	3 pcs. in different sizes

High speed for biliary drainage



These stents offer the perfect combination of flexibility and stiffness. The tapered design of the distal end facilitates insertion into the bile duct. The flaps and side holes are designed to increase reliability by helping to prevent the stents from moving or dislodging in the duodenum. Stents are available in diameters of 7, 8.5, and 10 French.

The inner layer uses a specially processed fluorinated material making the inner surface five times smoother than conventional plastic stents. The outer layer is a more rigid material to ensure smooth insertion. Additionally, flap or side holes have been eliminated to reduce bile accumulation in the stent lumen.

Polyethylene Stents – Pre loaded

Article No.	Model	Stent diameter	Configuration	Stent length	Min channel size	Compatible GW
N1090630	PBD-V600R-0703	7 Fr.	straight	30 mm	2.8 mm	0.89 mm (0.035")
N1090730	PBD-V600R-0705			50 mm		
N1090830	PBD-V600R-0707			70 mm		
N1090930	PBD-V600R-0709			90 mm		
N1091030	PBD-V600R-0712			120 mm		
N1091130	PBD-V600R-0715		150 mm	Proximal bend		
N1092430	PBD-V601R-0705		50 mm			
N1092530	PBD-V601R-0707		70 mm			
N1092630	PBD-V601R-0709		90 mm			
N1092730	PBD-V601R-0712		120 mm			
N1092830	PBD-V601R-0715		150 mm	Center bend		
N1093930	PBD-V602R-0705		50 mm			
N1094030	PBD-V602R-0707		70 mm			
N1094130	PBD-V602R-0709		90 mm			
N1094230	PBD-V602R-0712		120 mm			
N1094330	PBD-V602R-0715	150 mm	8.5 Fr.	3.2 mm		
N1091230	PBD-V600R-0803	30 mm			straight	
N1091330	PBD-V600R-0805	50 mm				
N1091430	PBD-V600R-0807	70 mm				
N1091530	PBD-V600R-0809	90 mm				
N1091630	PBD-V600R-0812	120 mm				
N1091730	PBD-V600R-0815	150 mm			Proximal bend	
N1092930	PBD-V601R-0805	50 mm				
N1093030	PBD-V601R-0807	70 mm				
N1093130	PBD-V601R-0809	90 mm				
N1093230	PBD-V601R-0812	120 mm				
N1093330	PBD-V601R-0815	150 mm			Center bend	
N1094430	PBD-V602R-0805	50 mm				
N1094530	PBD-V602R-0807	70 mm				
N1094630	PBD-V602R-0809	90 mm				
N1094730	PBD-V602R-0812	120 mm				
N1094830	PBD-V602R-0815	150 mm	10 Fr.	3.7 mm		
N1091830	PBD-V600R-0903	30 mm			straight	
N1091930	PBD-V600R-0905	50 mm				
N1092030	PBD-V600R-0907	70 mm				
N1092130	PBD-V600R-0909	90 mm				
N1092230	PBD-V600R-0912	120 mm				
N1092330	PBD-V600R-0915	150 mm			Proximal bend	
N1093430	PBD-V601R-0905	50 mm				
N1093530	PBD-V601R-0907	70 mm				
N1093630	PBD-V601R-0909	90 mm				
N1093730	PBD-V601R-0912	120 mm				
N1093830	PBD-V601R-0915	150 mm			Center bend	
N1094930	PBD-V602R-0905	50 mm				
N1095030	PBD-V602R-0907	70 mm				
N1095130	PBD-V602R-0909	90 mm				
N1095230	PBD-V602R-0912	120 mm				
N1095330	PBD-V602R-0915	150 mm				

Double Layer Stents – Pre loaded

N1095430	PBD-V621R-1005	10 Fr.	Proximal bend	50 mm	3.7 mm	0.89 mm (0.035")
N1095530	PBD-V621R-1007			70 mm		
N1095630	PBD-V621R-1009			90 mm		
N1095730	PBD-V621R-1012			120 mm		
N1095830	PBD-V621R-1015			150 mm		
N1095930	PBD-V622R-1005		50 mm	Center bend		
N1096030	PBD-V622R-1007		70 mm			
N1096130	PBD-V622R-1009		90 mm			
N1096230	PBD-V622R-1012		120 mm			
N1096330	PBD-V622R-1015		150 mm			