

Tailored to perfection in endoscopy

Testimonial

"Use of the microprocessor-controlled Erbe electrosurgical generator for endoscopic sphincterectomy was associated with a significantly lower frequency of endoscopically observed bleeding."²

Rafael F. Perini, MD



FEATURES AND BENEFITS

- ✔ Automatic power adjustment
- ✔ New and enhanced CUT and COAG functions, monopolar and bipolar
- ✔ Simple, interactive and safe operation
- ✔ The VIO S models – the master control units for other modules in the VIO workstation, for example argon plasma coagulation, the endoscopy irrigation pump, and other components

NESSY RETURN ELECTRODE SAFETY SYSTEM

- ✔ With the NESSY safety concept and the Erbe return electrode NESSY Ω , VIO sets new standards with regard to the safety of monopolar electrosurgery.

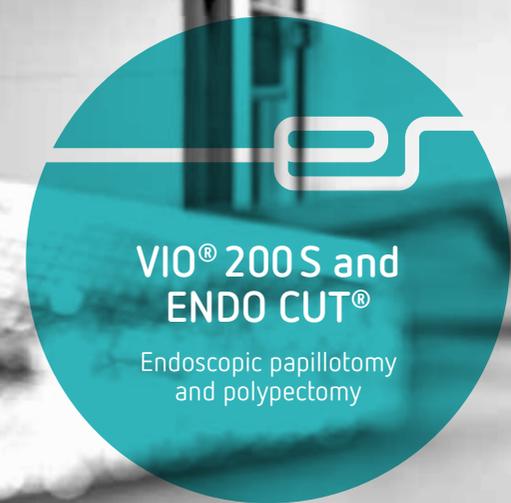
Referenzen:

- 1 Akiho H, Sumida Y, Akahoshi K, Murata A, Ouchi J, Motomura Y, Toyomasu T, Kimura M, Kubokawa M, Matsumoto M, Endo S, Nakamura K. Safety advantage of endocut mode over endoscopic sphincterotomy for choledocholithiasis. *World J Gastroenterol.* 2006 Apr 7;12(13):2086-8
- 2 Rafael F. Perini, MD; Rafal Sadurski, MD Peter B. Cotton, MD; Rig S. Patel, MD Robert H. Hawes, MD; John T. Cunningham, MD F AA Gastrointest. *Endosc.* 2005; 61: 53-7. "Post-sphincterotomy Bleeding After the Introduction of Microprocessorcontrolled Electrosurgery: Does the New Technology Make the Difference?"

For additional information on devices and instruments see our product catalog, the leaflet on VIO S, the brochure for ENDO CUT I and ENDO CUT Q or visit our website.

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**VIO® 200 S and
ENDO CUT®**

Endoscopic papillotomy
and polypectomy

VIO® 200 S

Optimized for endoscopic applications
in gastroenterology



Electrosurgical unit
VIO 200 S
No. 10140-400

01 ENDO CUT® I

Fractionated cutting mode for papillectomy or other
needle / wire applications in endoscopy.

02 ENDO CUT® Q

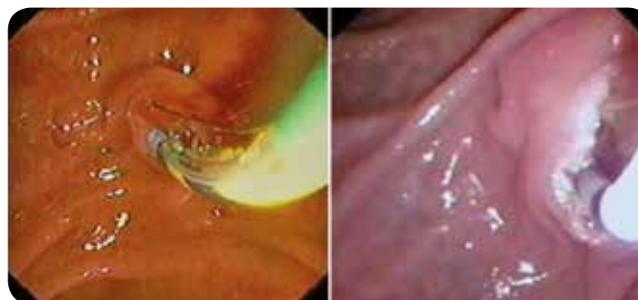
For endoscopic polypectomy with a snare. Fractionated
cutting and coagulation cycles.

03 APC UPGRADE

The FORCED APC mode is available if the system is
extended with the APC 2 argon plasma coagulation module.

Endoscopic papillectomy

with ENDO CUT® I



Papillectomy procedure with a standard papillectomy:
a) inserted papillectomy, b) opening up the papilla.

The fractionated cutting mode ENDO CUT I is characterized by alternating cutting and coagulation cycles. This makes it possible to carry out controlled cutting with sufficient hemostasis during the entire cutting process, which supports the work of the operating physician.

In the more than 10 years in which ENDO CUT has been used in endoscopic procedures, experience has shown that voltage regulation and arcing recognition are the core features determining the quality and reproducibility of the cuts.

ENDO CUT I is a further development to ensure that papillectomy procedures are effective. The safety switching device allows the papilla to be incised safely, irrespective of the electrical resistance of the tissue. This reduces the danger of a delayed incision with its concomitant risk of unintended thermal injury in the area of the papilla. An abrupt, uncontrolled incision, the so-called "zipper effect", can possibly be avoided by using suitable settings.

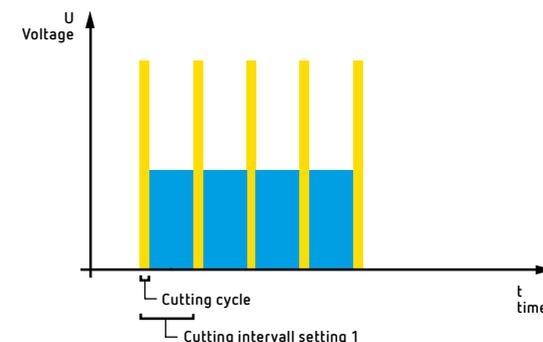
ENDO CUT I is a monopolar electrosurgical procedure, which consists of a two-stage cutting cycle followed by a coagulation cycle.

EFFECT SETTINGS

Depending on the medical indications it will be necessary to use different coagulation effects to ensure that the papillectomy procedure is carried out with minimal blood loss and the least amount of collateral thermal damage.

The intensity of the coagulation can be adjusted with the help of the parameter "Effect", using four different Effect settings.

- ☑ With Setting 1 no coagulation is carried out between individual cutting cycles. The current applied with this setting is a purely cutting current.
- ☑ With Setting 2 a very slight coagulation occurs between the individual cutting cycles.
- ☑ With Setting 3 the degree of coagulation between the individual cutting cycles is increased.*
- ☑ With Setting 4 the coagulation between the individual cutting cycles is maximized compared to Setting 3. This setting is particularly suitable for applications which require extensive coagulation.*



CUTTING AND COAGULATION

- ☑ When cutting with a papillectomy, small arcs are created between the cutting wire of the papillectomy and the tissue.
- ☑ Coagulation during cutting. A coagulated area is created in the vicinity of the cutting and also depends of the diameter of the wire.

* Effect settings 3 and 4 are not recommended for papillectomy