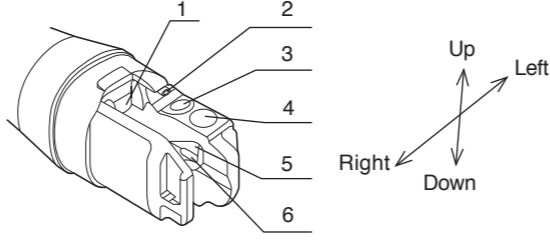



Product Specifications		
<b>Optical System</b>	Field of view	100°
	Direction of view	Backward side viewing 15°
	Depth of field	5 to 60 mm
<b>Insertion Section</b>	Distal end enlarged 1. Instrument channel outlet 2. Air/water nozzle 3. Objective lens 4. Light guide lens 5. Forceps elevator 6. Guidewire-locking groove	
	Insertion tube outer diameter	11.3 mm
	Distal end outer diameter	13.5 mm
	Working length	1240 mm
	<b>Instrument Channel</b>	Channel inner diameter
<b>Instrument Channel</b>	Minimum visible distance	10 mm
	Direction from which EndoTherapy accessories enter and exit the endoscopic image	
<b>Bending Section</b>	Angulation range	Up 120° Down 90° Right 110° Left 90°
<b>Total Length</b>		1560 mm
<b>Compatible EVIS LUCERA ELITE System</b>		EVIS LUCERA ELITE VIDEO SYSTEM CENTER OLYMPUS CV-290 EVIS LUCERA ELITE XENON LIGHT SOURCE OLYMPUS CLV-290 EVIS LUCERA ELITE XENON LIGHT SOURCE OLYMPUS CLV-290SL

**Ordering Information**

Order Number	Description	Units	Quantity
TJF-Q290V	290-series Duodenovideoscope	EA	1 PC
MAJ-2315	Single Use Distal Cover	CAS	20 PC
MAJ-2319	Distal-end Flushing Adapter	EA	1 PC
MAJ-2358	Connecting Tube for OER-AW	EA	1 PC

Specifications, design and accessories are subject to change without any notice or obligation on the part of the manufacturer.

EVIS LUCERA ELITE Duodenovideoscope

**TJF-Q290V**

Supporting Your Standard of Care.



# TJF-Q290V Duodenovideoscope

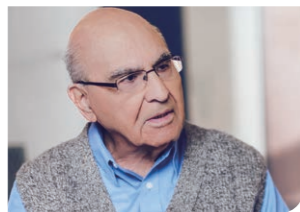
Supporting Your Standard of Care



## ERCP Solutions That Allow You to Focus on **Your Patient**

Endoscopic retrograde cholangiopancreatography (ERCP) procedures are highly challenging for all parties involved: **gastroenterologists, nurse managers, reprocessing technicians, and hospital administrators.** Most of all, it is a difficult time for your **patient**, both physically and mentally.

Leading up to the ERCP procedure, your patient and their family have already been through a long and taxing medical journey. There is a lot of uncertainty about what lies ahead, and they are counting on your team to help them through this process. The technical aspects of the procedure aren't necessarily top-of-mind for your patients in these moments. Rather, their questions are likely to be:



“Will this procedure be painful?”  
“Will I get the answers I am looking for?”  
“Will you be able to help me get better?”  
“What is my prognosis?”

The next generation of Olympus duodenovideoscope, combined with our unique guidewire and sphincterotome technologies, is designed to provide a comprehensive solution to nearly all ERCP access procedures.

## Helping **Gastroenterologists** Provide Quality Care

When performing an ERCP, you need tools and technologies that you can trust so you can focus on taking care of your patients. The Olympus TJF-Q290V duodenovideoscope has **maneuverability and imaging capabilities** to help you serve your patients and get the answers they need. With proven ERCP solutions, you can rest assured that you have the complete tool set you need to provide the care your patients deserve.

Our **high quality imaging** delivers sharp, clear images for easy viewing and observation during the procedure.

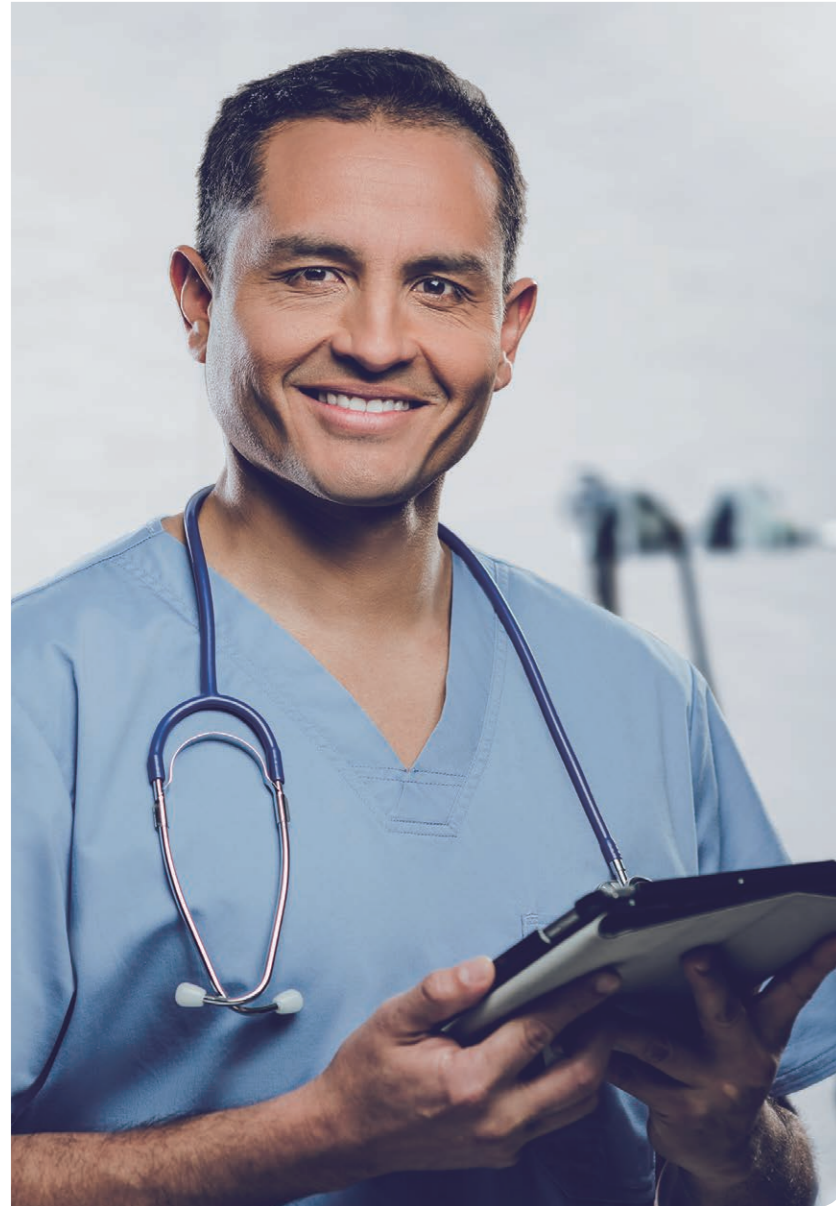
The new TJF-Q290V utilizes a **15° backward viewing**, allowing for enhanced cannulation efficiency.

You can rely on dual guidewire locking system at the distal end, enabling locking of 0.035 inch and 0.025 inch guidewires.



# TJF-Q290V Duodenovideoscope

Supporting Your Standard of Care



## Supporting **Nurse Managers** and Their Teams

Nurse managers are ultimately responsible for overseeing effective and thorough reprocessing of duodenoscopes, a critical component of patient safety before and after an ERCP procedure.

The **single-use distal** cover is transparent and is destroyed during removal, preventing unintended reuse.



## Providing **Hospital Administrators** Safe & Effective Tools

The Olympus TJF-Q290V duodenovideoscope provides the latest advancements in ERCP technology to satisfy your physicians, as well as a design meant to provide efficient reprocessing to meet the needs of your nurse managers.

You can rely on **Olympus field service and clinical support** to ensure that your team is well-prepared and has all of the tools they need for success.

# TJF-Q290V Duodenovideoscope

## Features and Benefits

### Our Newest Duodenovideoscope Offers the Following Features:

#### Guidewire Locking Capability

Dual locking mechanism enables locking of 0.035-inch and 0.025-inch guidewires.



#### Single-use Distal Cover

Distal cover can be attached with pushing the top of the cover straight and detached with tearing the top of the cover along the tear offline.



#### Distal-end Flushing Adaptor

Designed for directed flushing during manual cleaning.

#### Waterproof One-touch Connector

290-series scopes allow a one-step connection to the video system.

#### High Force Transmission (HFT)

HFT, the scope handling technology designed to improve scope responsiveness and ergonomics in 290-series colonoscopes, is now incorporated into the TJF-Q290V.

#### Narrow Band Imaging (NBI)

NBI with EVIS LUCERA ELITE system is significantly brighter than with EVIS LUCERA system.

#### Overall Image Quality

The EVIS LUCERA ELITE System and endoscopes provide superior image quality to EVIS LUCERA system and endoscopes.



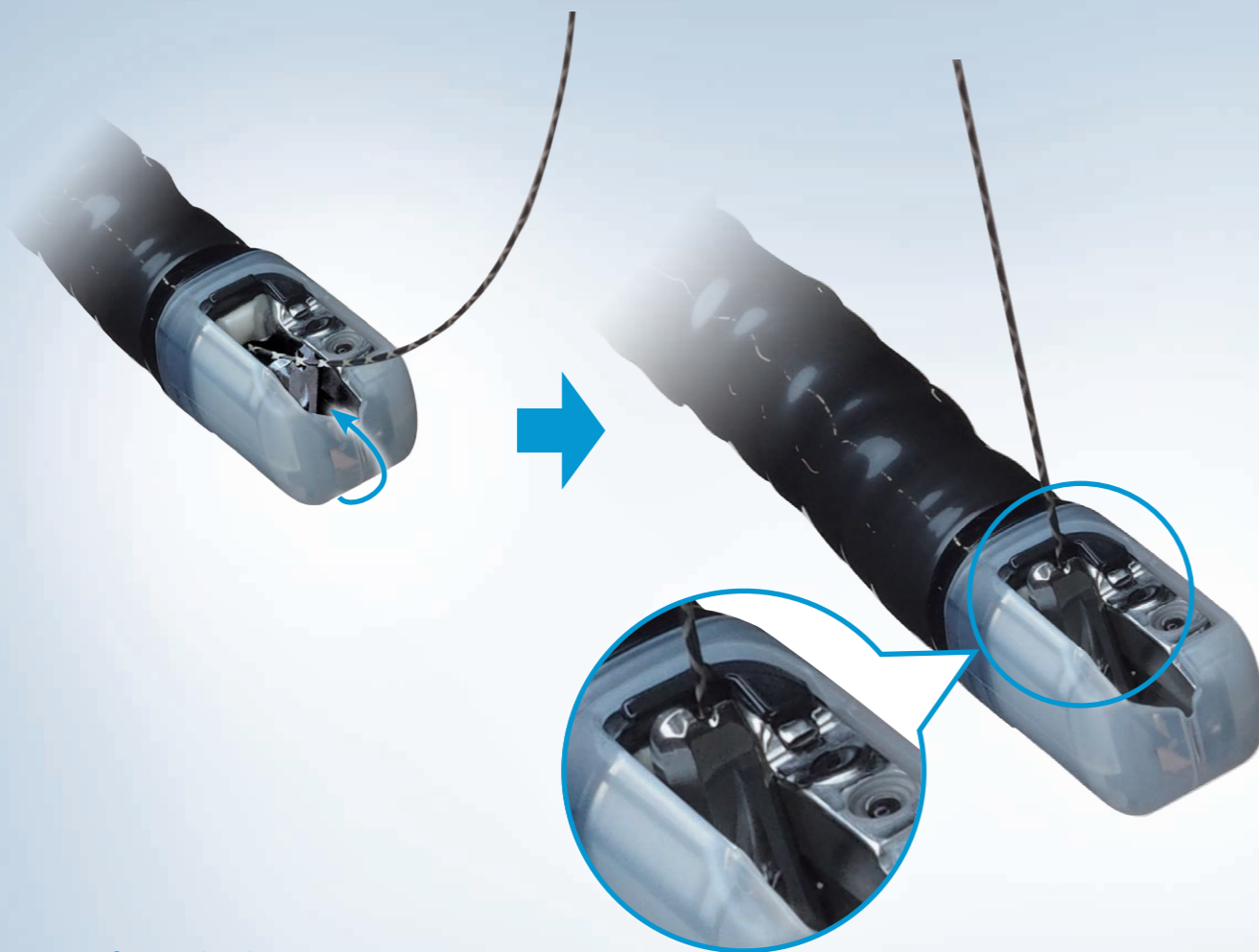
EVIS LUCERA ELITE DUODENOVideosCOPE OLYMPUS TJF-Q290V

# TJF-Q290V Duodenovideoscope

## Guidewire Locking Mechanism at the Distal End

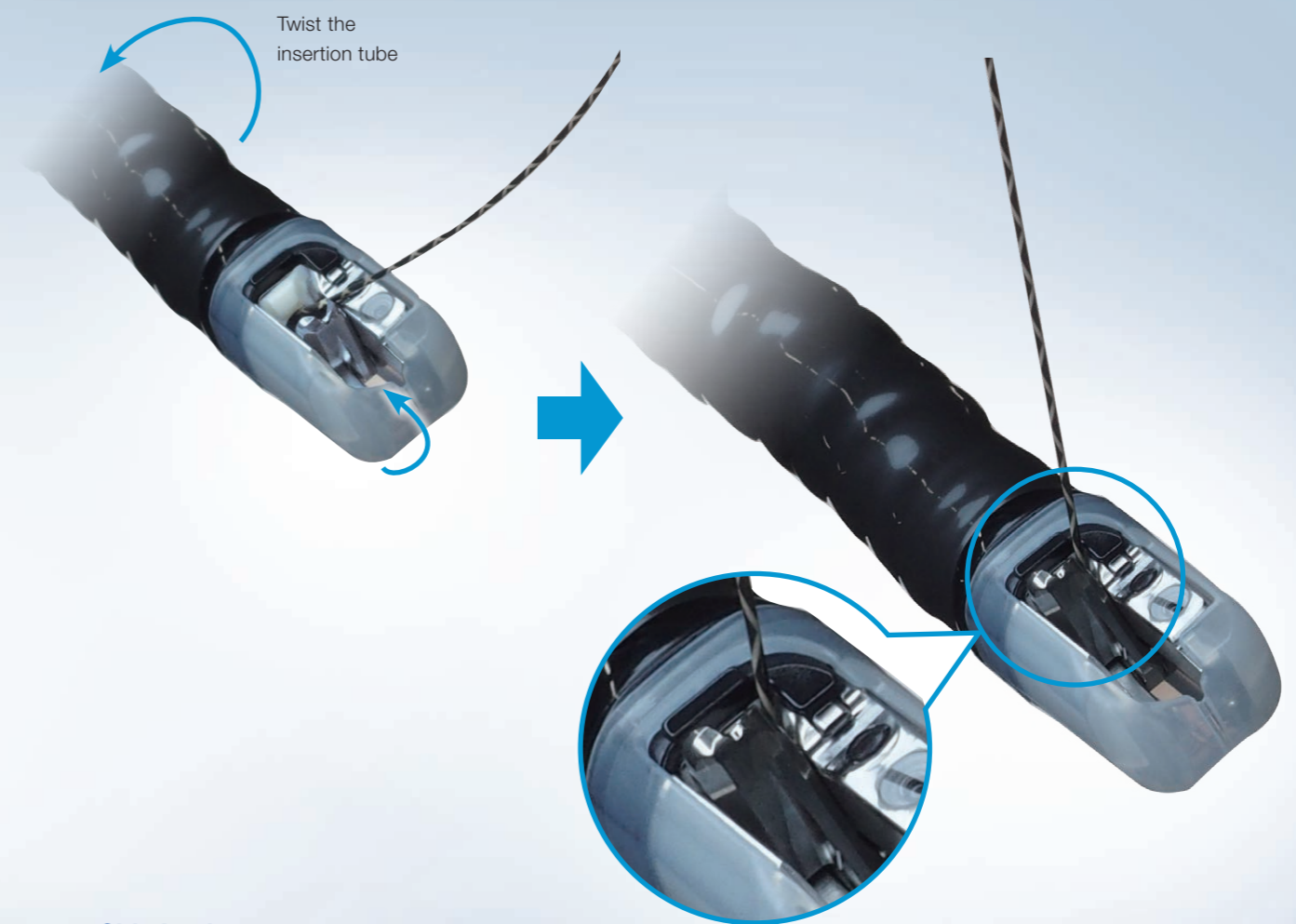
### Dual Locking Mechanism for Fast, Secure Guidewire Exchange, Flexibility and Reliability

Completely redesigned to ensure greater reliability and flexibility, the TJF-Q290V's dual locking mechanism is optimized to exploit the reactive force of the guidewire. The forceps elevator has been modified to broaden the range of scope positions in which the guidewire can be securely locked. Thanks to the firmer grip of the new dual locking mechanism, a 0.025-inch guidewire can now be locked in addition to a 0.035-inch guidewire in either a Center or Side Lock mechanism.



#### Center Lock

With its firmer grip and a design that takes advantage of the guidewire's reactive force, the Center Lock section, the V-Groove, on the forceps elevator has a reconfigured groove shape that locks the guidewire more securely than ever.



#### Side Lock

A new Side Lock section has been added to the side of the forceps elevator to increase guidewire locking flexibility. It physically fixes the guidewire even when it is positioned to the side of the forceps elevator.

\*Illustrations are colored for greater clarity. The monitor screen is not actually colored like these figures.

# TJF-Q290V Duodenovideoscope

## Supporting Your Standard of Care

Olympus takes our role in enhancing patient safety very seriously. We are continuously seeking to improve the next generation of our products, provide guidance on their safe and effective use and increase the ease and efficacy of endoscope reprocessing.

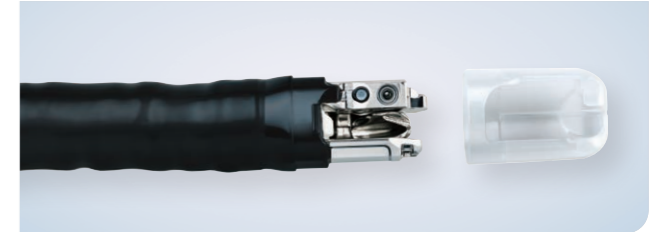
Our ultimate goal is not to control infections potentially associated with endoscopy but to prevent them.



## Providing **Technicians** with Access

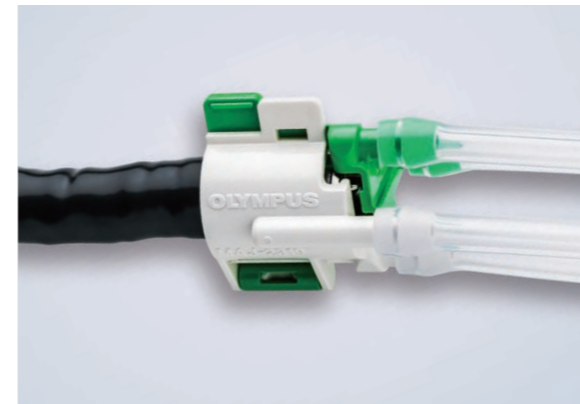
Reprocessing technicians are charged with a critical responsibility: reprocessing duodenoscopes for ERCP procedures. Patients face potential risks with any medical procedure, which may add to their stress. Technicians want to do what they can to reduce these concerns, including working to avoid potential infections associated with ERCP.

The Olympus TJF-Q290V has features that are **designed with Technicians in mind**.



### Single-use Distal Cover

Designed to provide access for brushing and flushing and prevent unintended reuse with destroyed during removal.



### Distal-end Flushing Adapter

Designed to direct flushing during manual cleaning.



## Cleaningless Elevator Wire Channel

The elevator wire channel port is now sealed so separate cleaning is no longer necessary.



Conventional elevator wire channel port

New sealed elevator wire channel port