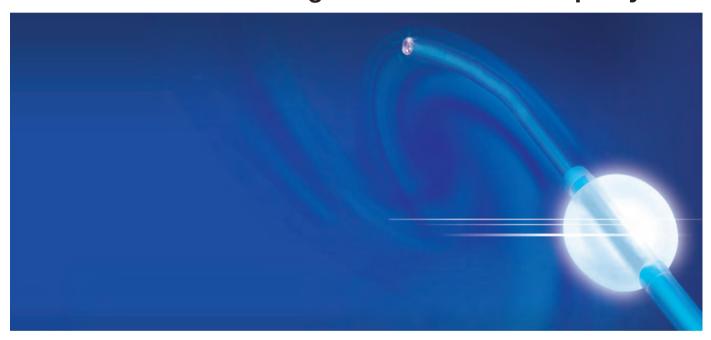




Single Balloon Enteroscope System



The "Next" Evolution in Enteroscopy: The Single Balloon Enteroscope System from OLYMPUS.

Despite the rapid technological advances of the 21st century, enteroscopy continues to prove more difficult than upper gastrointestinal endoscopy or colonoscopy. Now, thanks to our groundbreaking Single Balloon Enteroscope System, OLYMPUS has created a simple yet efficient system that radically redefines the nature of enteroscopy. The new Single Balloon Enteroscope maintains OLYMPUS' signature high quality image, while offering breakthrough capabilities in terms of operability and functionality that shed a new light on a region once considered the "Last Frontier" of the human body.

- Simple operation at every step of the way from setup to observation and treatment
- Efficient hand or foot controls and automatic pressure control. eliminate complex operations and reduce procedure time

Effective high quality image and improved treatment performance achieved through the use of





Ease of Use

Setting up the Single Balloon Enteroscope System is a snap so getting ready for an examination is never a bother. All you have to do is moisten the lining of the splinting tube with sterile water, connect it to the balloon control unit and pass the scope through.

Clinical Efficiency

Since the Single Balloon Enteroscope System has only a single balloon, complex operation is reduced. Just press a single button on the compact remote control as required to manipulate the inflation and deflation of the balloon.

Hypoallergenic, latex-free design

To achieve a patient-friendly, latex-free design, all components that comprise the splinting tube of the Single Balloon Enteroscope System — from the tube shaft to the balloon and tube tip — are made of silicone. In addition, a hydrophilic lubricant coating has been applied to the lining of the splinting tube. This provides excellent lubrication between the scope and splinting tube, effectively supporting insertion into the deep small intestine.

Advanced Imaging and Connectivity

Supports Narrow Band Imaging (NBI) observation, which enables more detailed observation of mucosal morphology, and compatible with a wide range of systems, from the EVIS 240 to the EVIS LUCERA to the EVIS LUCERA SPECTRUM.

Simple Setup, Clinical Efficiency, and Effective Operability

High-performance EVIS LUCERA Small Intestinal Videoscope High-resolution image, remarkable maneuverability

EVIS LUCERA



Outstanding imaging performance delivered by a high-resolution CCD

A high-resolution CCD chip incorporated in the distal end of the SIF-Q260 provides high quality images of finer details. Moreover, combining this scope with the EVIS LUCERA SPECTRUM system puts the power of Narrow Band Imaging (NBI) observation at your fingertips, making it possible to explore in the small intestine.





Wide 2.8 mm diameter channel in a 9.2 mm scope

To improve maneuverability of insertion, the SIF-Q260 features a distal end diameter of just 9.2 mm while maintaining high-resolution image quality. In addition, an instrument channel diameter of 2.8 mm has been reserved to meet a wide range of treatment options.



Optimized distal end and bending section for smooth insertion

By optimizing both the distal end length and bending section radius, the SIF-Q260 extensive angulation capability allows acute turns in the small intestine, supporting a smoother insertion.



Simple cleaning disinfection and sterilization

The Single Balloon Enteroscope System incorporates a balloon on the splinting tube only. This means there is no need for an extra step in the cleaning process for a dedicated balloon/air channel in the scope. The SIF-Q260 can be cleaned the same way as conventional scopes.

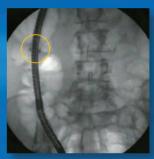
Single Use Splinting Tube, reliable smooth insertion

100% Latex-free Silicone construction

The ST-SB1's smooth-glide, hydrophilic-coated Silicone Splinting Tube allows for outstanding insertion and therapeutic access to the deep small intestine and eliminates the risks associated with latex allergies.

Radiopaque materials enable effective position confirmation under fluoroscopy

Radiopaque material is used in the distal end of the ST-SB1 to allow confirmation of the splinting tube's tip under fluoroscopy, further enhancing insertion performance into the deep small intestine.





Simple Control Unit for easy setup and operability

Automatic pressure control function for maximum reliability

The OBCU is equipped with an automatic pressure control function. This safety function operates to suppress the balloon pressure and maintain it within a prescribed range.



Simple configuration facilitates all steps from setup to operation

All you have to do to set up the OBCU is connect the splinting tube. Operation is equally simple. Just press the button on the compact remote control repeatedly to inflate or deflate the balloon.







- 1 Install the reservoir tank and connect the tube to the reservoir tank connector. 2 Connect one end of the air flow tube to the side connector on the reservoir tank.
- 3 Connect the other end of the air flow tube to the balloon air flow connector of the splinting tube.

OBCU

ST-SB1



Several options to control

Besides the front panel controls, you can operate either the compact ergonomic remote control or the foot switch.

*Please note that it cannot be used in combination with the remote control.

*The foot switch is available as an option



4

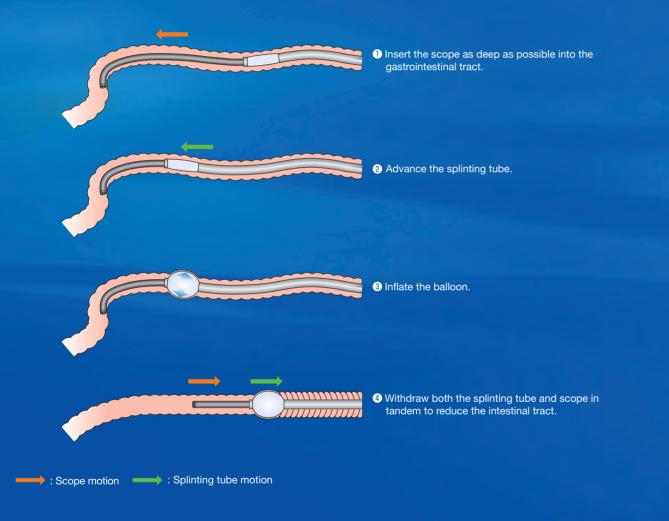
Groundbreaking mechanism to plicate the intestinal tract

Principles of insertion

The single balloon scope can be inserted into the deep small intestine by manipulating the balloon on the distal end of the splinting tube and the angulation mechanism of the scope. First, insert the scope deeply into the gastrointestinal tract. Second, advance the splinting tube and inflate the balloon.

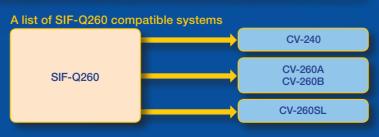
Next, withdraw both the scope and splinting tube to plicate the intestinal tract.

By repeating these steps, you can pleat and reduce the small intestine for deep small bowel intubation.



NBI observation is possible when the SIF-Q260 is combined with the EVIS LUCERA SPECTRUM system

The SIF-Q260's wide connectivity means that it is compatible with the EVIS 240 to the EVIS LUCERA systems you already use. When it is combined with the EVIS LUCERA SPECTRUM system, NBI observation is possible, facilitating more advanced observation of mucosal morphology.



Clinical Case Images

Antegrade approach

Jejunum







Antegrade approach under fluoroscopy

Retrograde approach

lleum







Retrograde approach under fluoroscopy

NBI observation



White light



NBI

 $\mathbf{6}$

EVIS LUCERA

BALLOON CONTROL UNIT OBCU



Optical Systems	Field of view	140°
	Depth of field	5 to 100 mm
	Direction of view	Forward viewing
Distal End	Outer diameter	9.2 mm
Insertion Tube	Outer diameter	9.2 mm
Bending Section	Angulation range	Up 180°, Down 180°
		Right 160°, Left 160°
Working Length		2000 mm
Total Length		2345 mm
Instrument Channel	Inner diameter	2.8 mm
	Minimum visible distance	3 mm from the distal end
	Endotherapy accessory	
	entrance/exit position	
	in field of view	



Power	100-240 V AC 50/60 Hz	
Consumption Electric Power	150 VA	
Set Pressure of Balloon	5.4 kPa +2.6 kPa -0.0 kPa	
Size (W×H×D)	374 × 151 × 486 mm	
Weight	11 kg (Balloon Control Unit) 0.4 kg (OBCU Remote Controller)	

SINGLE USE SPLINTING TUBE ST-SB1





OBCU Remote Contro**ll**er Cover

Insertion Tube	Outer diameter	13.2 mm
Insertion rube	Inner diameter	11 mm
Working Length		1320 mm
Total Length	1400 mm	
Material of the Tube	Silicone rubber	
Material of the Balloon	Silicone rubber	
Hydrophilic Lubrication Coating		yes

FOOT SWITCH MAJ-1805



Size (W x H x D)	220 × 74 × 130 mm
Power Cord Length	4 m
Weight	1.6 kg

^{*}Please note that it cannot be used in combination with the remote control.

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



For a complete listing of sales and distribution locations visit: www.olympus.com

^{*}The foot switch is available as an option.