

OLYMPUS[®]

Your Vision, Our Future

OLYMPUS
EndoTherapy
BEYOND THE SCOPE

Single Use Cannula V

StarTip
cannula

Single Use Cannula V

X-Press
cannula



The Innovative V-System Exchange Capability Makes Olympus' ERCP Cannulae Even More Efficient



The Innovative V-System Design Lets You Proceed with Confidence and Efficiency

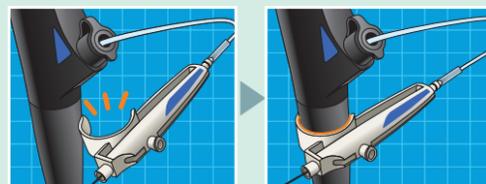
The V-System is a complete system that integrates Olympus endoscopes and EndoTherapy devices. The revolutionary V-System design offers the option of guidewire manipulation by the physician or the assistant, allows easier exchange of catheters, and enhances cannulation capability.



C-Hook

Now endoscopists have the option to manipulate guidewires and devices.

The convenient C-Hook allows the device handle to be attached to the endoscope's control section, putting it within easy reach of the endoscopist. With the device handle right at hand, the endoscopist can maneuver the guidewire, inject contrast media, and manipulate the handle — all while keeping a grip on the scope control section.



V-Marking

Indicates when to raise and lower the V-Groove forceps elevator.

The exclusive V-Marking is located on the proximal side of the sheath. When this marking reaches the channel port on the scope's control section, it indicates that the device tip has reached the distal end of the scope and the V-Groove forceps elevator may be lowered. When withdrawing the device from the scope, the same marking indicates when to raise the elevator to lock the guidewire.



Excellent visibility under fluoroscopy

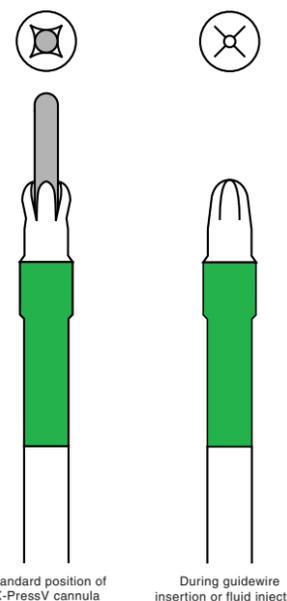
The platinum marking at the distal end ensures that the tip is clearly visible under fluoroscopy.

Wide selection of cannulae

A full line-up of 8 models of different tip designs and diameters is available to meet every clinical requirement.

Smooth cannulation of even minor or constricted papilla

The X-PressV's cross-cut round tip is not only ideally suited for smooth cannulation of the papilla of Vater, but is also equally effective for cannulation of the minor or constricted papilla.



Short taper (PR-V414Q)



Standard (PR-V416Q)



Short taper (PR-V418Q)



Long taper (PR-V420Q)



Taper (PR-V434Q)



Taper (PR-V435Q)



Slit (PR-V427Q)

Expanded guidewire compatibility

Compatible with guidewires of various sizes.

Comprehensive distal marking system

Cannulation depth is indicated by markings at 3mm intervals at the distal end.

Single-use design for convenience and reliability

All the cannulae in this line are designed for single use only.



Ball Tip (PR-V223Q)

Specifications

Model	Shape of the distal end	Distal tip diameter	Portion Diameter	Working length	Compatible guidewire
PR-V414Q	Short taper	4.5Fr	2.1mm	1950mm	0.89mm(0.035inch)
PR-V416Q	Standard	4.0Fr			0.89mm(0.035inch)
PR-V418Q	Short taper	3.5Fr			0.64mm(0.025inch)
PR-V420Q	Long taper	3.5Fr			0.64mm(0.025inch)
PR-V427Q	Slit	2.5Fr			0.89mm(0.035inch)
PR-V434Q	Taper	4.0Fr			0.89mm(0.035inch)
PR-V435Q	Taper	3.5Fr			0.64mm(0.025inch)
PR-V223Q	Ball Tip	6.0Fr	2.0mm		0.89mm(0.035inch)

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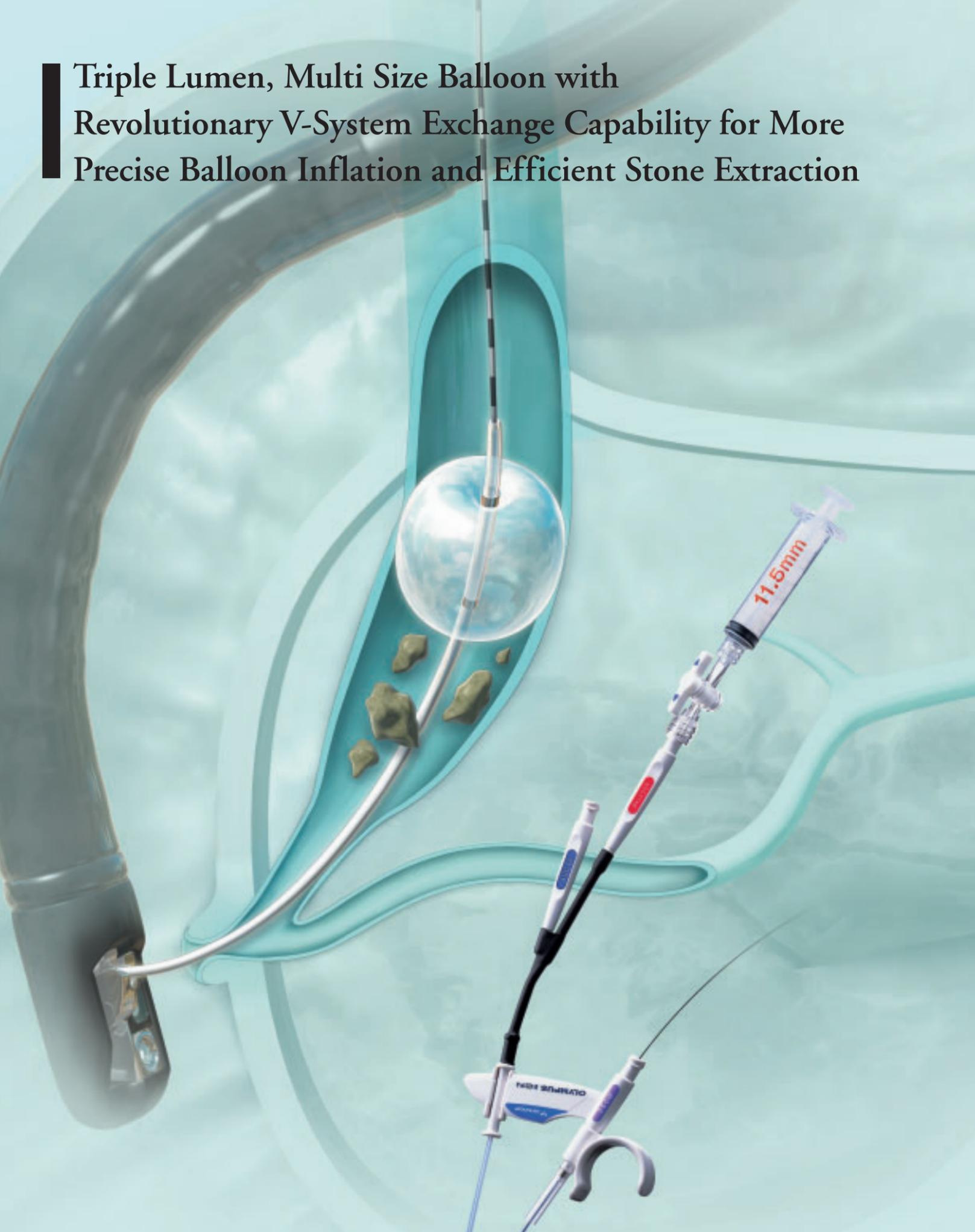
Endo**Therapy**
BEYOND THE SCOPE



Single Use 3-Lumen Extraction Balloon V

 **Multi-3V**
Extraction Balloon

Triple Lumen, Multi Size Balloon with Revolutionary V-System Exchange Capability for More Precise Balloon Inflation and Efficient Stone Extraction



The Innovative V-System Design Lets You Proceed with Confidence and Efficiency

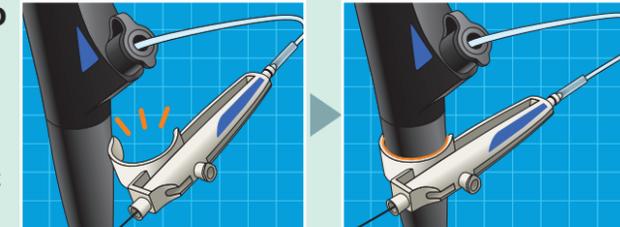
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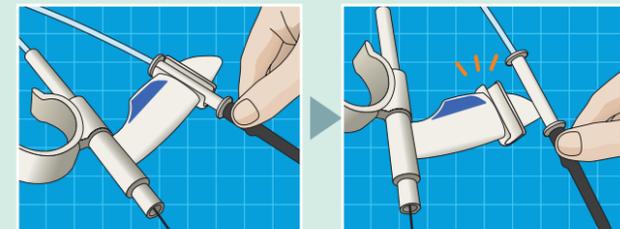
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V-Sheath

Device control by the endoscopist or the assistant.

The V-Sheath allows the endoscopist complete device control or, if preferred, device control may be given to the assistant. The unique device design allows the guidewire sheath and injection sheath/handle to be separated. This forked sheath design allows either the endoscopist or the assistant to control the device.



V-System device replacement procedure

Confirm the position of the V-Marking on the V-System EndoTherapy accessory.

When the V-Marking is completely visible above the instrument channel port, lift the forceps elevator to lock the guidewire.

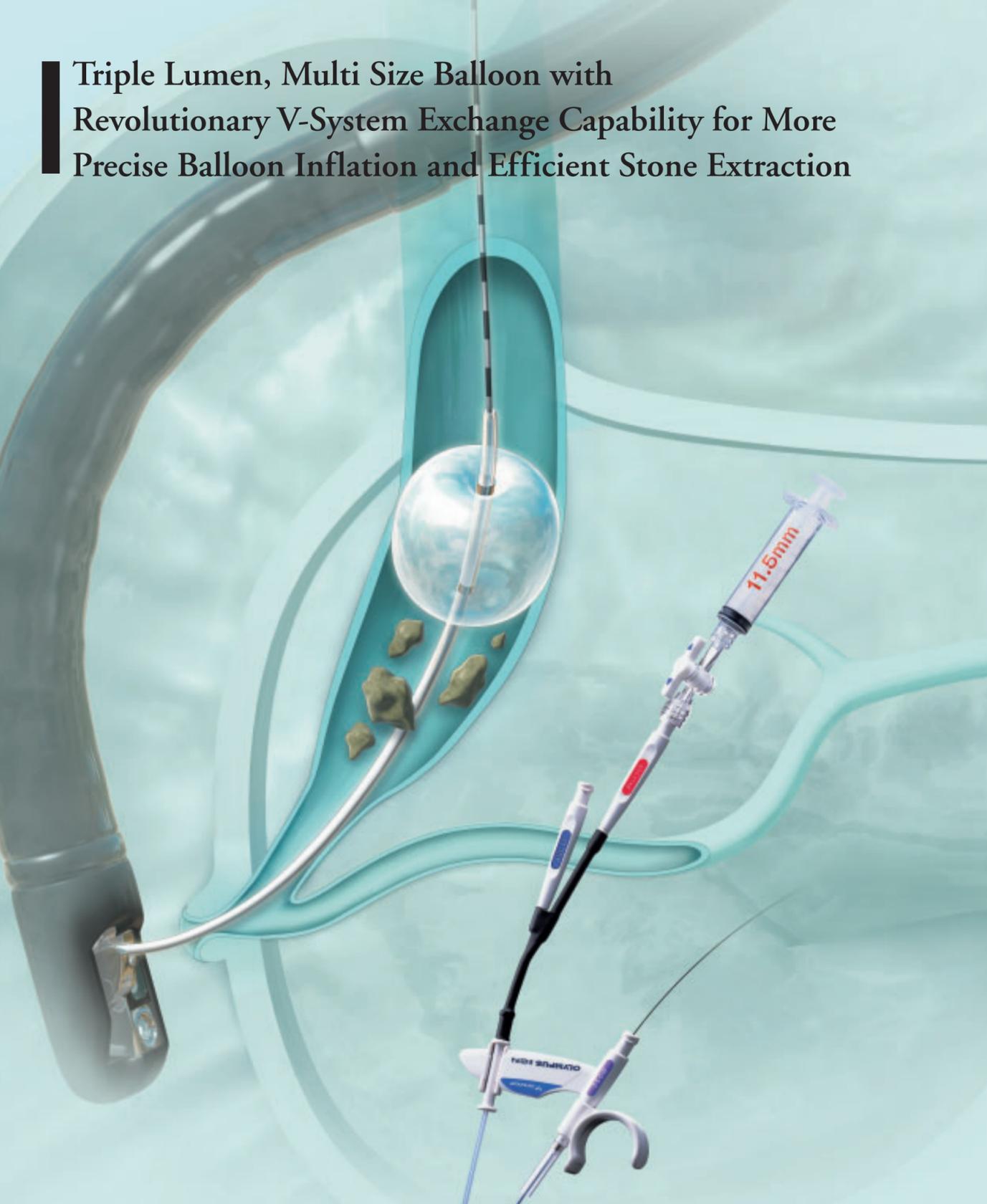
The guidewire is now locked into the V-Groove.

Completely remove the device.



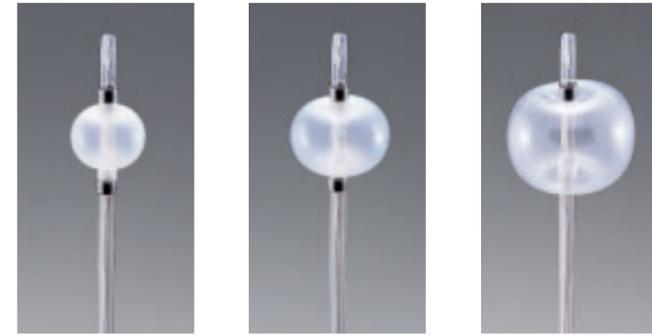
Triple Lumen, Multi Size Balloon with Revolutionary V-System Exchange Capability for More Precise Balloon Inflation and Efficient Stone Extraction

Reliable, Efficient Stone Extraction with the Multi-Size Balloon Design, Three Pre-Measured Syringes, and The Sheath is Manufactured from a Special Material That Allows for Easier Cannulation, Exchange and Injection of Contrast Media.



Multiple balloon sizing

The balloon can be inflated to one of three diameters— 8.5mm, 11.5mm, and 15mm. The balloon size can be easily adjusted to suit the requirements and conditions of each case so there is no need to change catheters during the procedure.



Three pre-measured syringes for reliable inflation

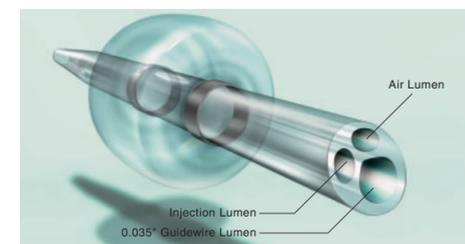
Three pre-measured, clearly marked syringes enable precise inflation of each balloon to the desired size. Much easier and much more reliable than using a single syringe with different markings, the pre-measured syringes allow inflation of the balloon quickly and accurately without having to visually check the markings on the syringe.

The 15mm syringe also has markings at 8.5mm and 11.5mm. This makes it possible to inflate to three balloon sizes using only one syringe. (This is not pre-measured)



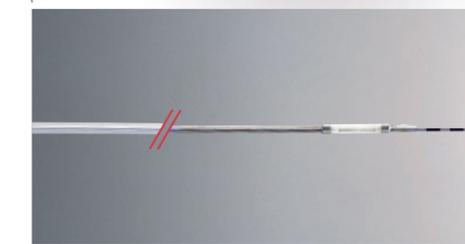
Triple-lumen design allows for easy passage of the guidewire

The guidewire and injection lumens are separated to ensure smoother passage of the guidewire. Additionally, contrast media can be injected without removing the guidewire. Two models are available — one with the injection port located above the balloon and the other with the injection port located below the balloon.



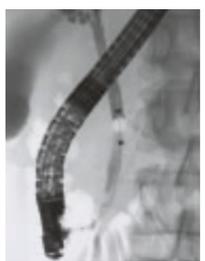
Easier cannulation and tapered sheath design

The balloon catheter sheath is manufactured from a special material that allows it for improved insertion into the papilla, ensuring smoother guidewire passage, and facilitating contrast injection. The tapered design — 7 Fr. catheter at the proximal end tapers to 5 Fr. at the distal end — enables an easy approach to the bile duct and accommodates a 0.035" guidewire.



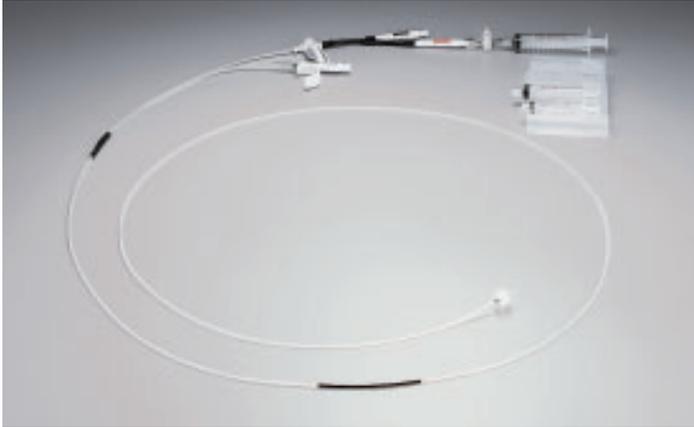
Dual radiopaque bands for position confirmation

For easy confirmation of balloon position during fluoroscopy, two radiopaque bands are incorporated — one at the distal end of the balloon and one at the proximal end.



Specifications

Model	B-V231P-A	B-V231P-B
Injection port	Above	Below
Balloon diameter	8.5mm/11.5mm/15.0mm	8.5mm/11.5mm/15.0mm
Sheath	Distal end 5.5Fr/Proximal end 7Fr	Distal end 5.5Fr/Proximal end 7Fr
Working length	1900mm	1900mm
Minimum channel size	2.8mm min	2.8mm min
Compatible guidewire	0.89mm(0.035inch)	0.89mm(0.035inch)
Radiopaque band	One band at the distal end and one band at the proximal end of balloon	One band at the distal end and one band at the proximal end of balloon
Syringes	Three(3)syringes in different sizes are contained in the balloon package	Three(3)syringes in different sizes are contained in the balloon package



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Single Use Retrieval Basket V



Single Use Retrieval Basket V



Revolutionary V-System Device Exchange is Now Combined with New Basket Designs, a Rotation Mechanism, and Wire Guided Access



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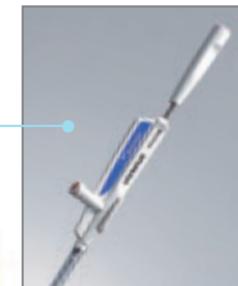
Unique Distal Eight-wire Basket is Ideal for Retrieval of Small Stones and with Four Proximal Wires to Facilitate Release of Captured Stones



Standard Four-wire Basket Meets Most Stone Retrieval Requirements in the Bile and Pancreatic Ducts

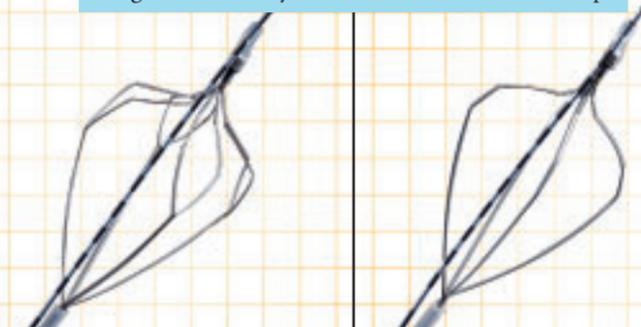
Wire guided ability for superior insertion capability

The FG-V411Q and FG-V412Q are designed to be wire guided with the wire passing only through the distal end of the basket. This makes it possible to insert the basket into a small incision on the papilla, and allows selective insertion into the intrahepatic bile duct. In addition, these baskets have the same expansion capability as our conventional models (FG-401Q/FG-22Q-1 etc) because the guidewire is only attached to the basket's distal tip.



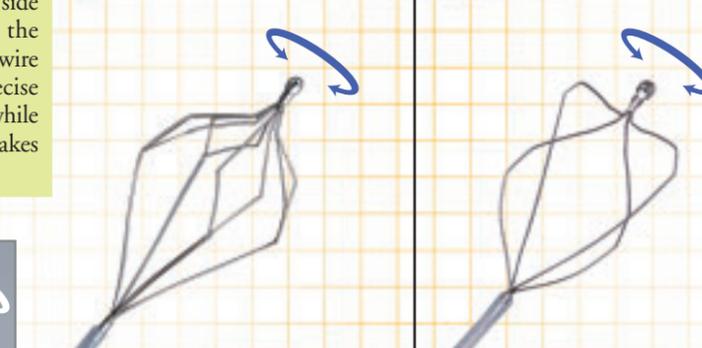
Eight-wire basket designed for the capture and removal of small stones.

The FlowerBasketV has eight wires on the distal side and four wires on the proximal side. The eight-wire section allows the precise retrieval of small stones while the four-wire section makes it easier to release them.



Four-wire basket design for versatile retrieval

For versatile retrieval of a wide range of stones, the TetraCatchV features a standard four-wire retrieval basket configuration.



Rotation mechanism and bullet-shaped tip

The rotatable basket (FG-V401QR/FG-V402QR) allows the retrieval of small stones, especially floating stones or stones located in the lower bile duct above the papilla. The bullet-shaped tip ensures smooth insertion into the bile duct.



- Injection port for contrast media facilitates fluoroscopic visualization.
- Sterile single-use design for convenience both before and after procedures.

Specifications

Model	Basket type	Rotatable/Guidewire type	Working length	Opening width	Minimum channel size	Compatible guidewire
FG-V401QR	8wire type	Rotatable type	1950mm	20mm	2.8mm	-
FG-V402QR	4wire type	Rotatable type	1950mm	22mm	2.8mm	-
FG-V411Q	8wire type	Guidewire type	1950mm	20mm	3.7mm	0.89mm(0.035inch)
FG-V412Q	4wire type	Guidewire type	1950mm	22mm	3.7mm	0.89mm(0.035inch)



BML-110A-1

An emergency device, this is only to be used in the unlikely event of basket impaction due to an extremely hard calculus.

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Single Use 2-Lumen Sphincterotome V

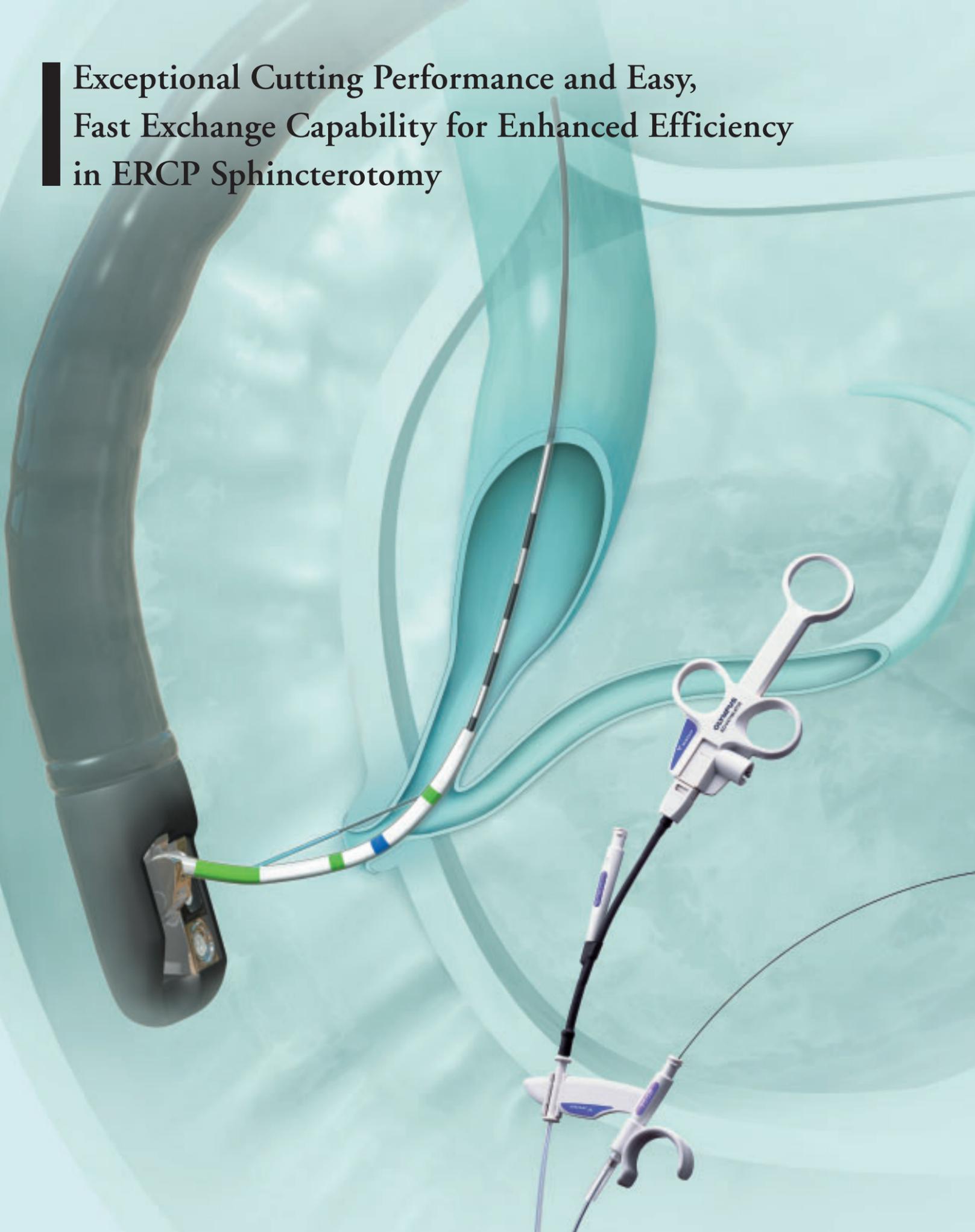
CleverCut^{2V}

Single Use 3-Lumen Sphincterotome V

CleverCut^{3V}



Exceptional Cutting Performance and Easy, Fast Exchange Capability for Enhanced Efficiency in ERCP Sphincterotomy



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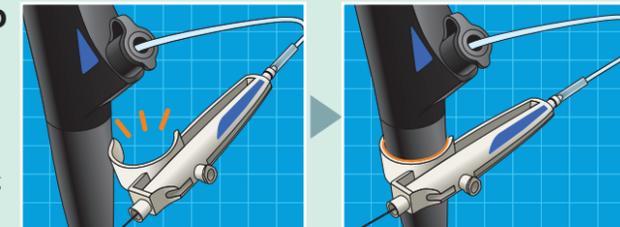
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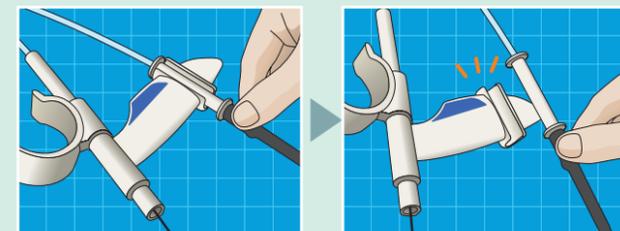
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V-System device replacement procedure

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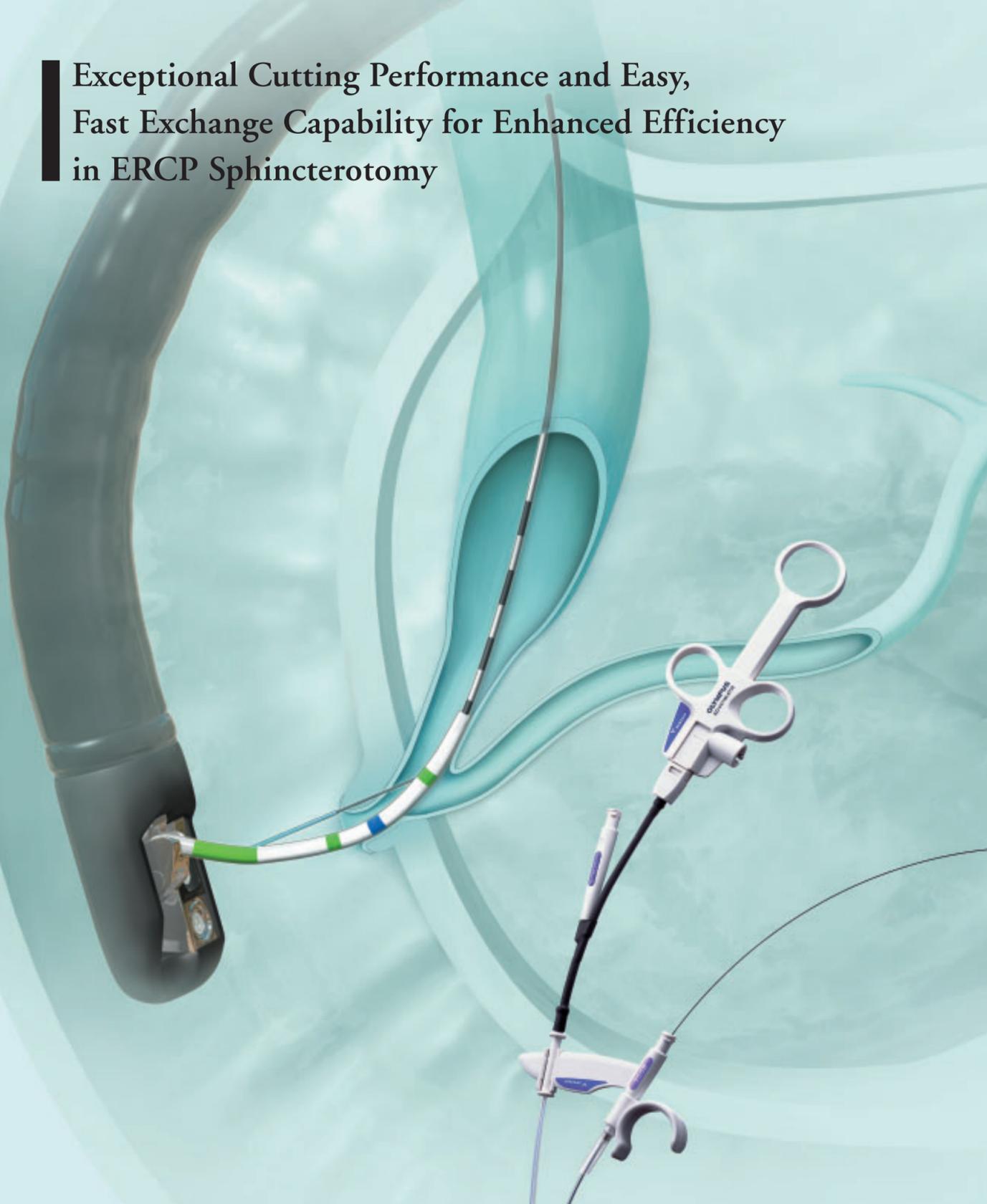
When the V-Marking is completely visible above the instrument channel port, lift the forceps elevator to lock the guidewire.

The guidewire is now locked into the V-Groove.

Completely remove the device.



Exceptional Cutting Performance and Easy, Fast Exchange Capability for Enhanced Efficiency in ERCP Sphincterotomy



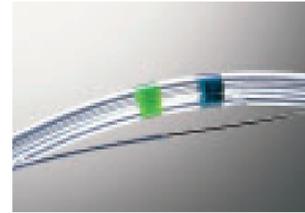
Unique Device Design and Attention to Every Detail of The CleverCut2V and CleverCut3V Sphincterotomes



Features that display the icon on the top are available with CleverCut2V double-lumen models. Those displaying the bottom icon are available with CleverCut3V triple-lumen models.

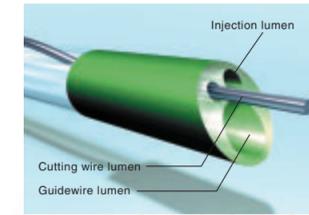
CleverCut coating enhances safety

Olympus's signature CleverCut coating on the proximal end of the cutting wire minimizes damage to the surrounding tissue. In addition, CleverCut Coating reduces the risk of electrical contact between the wire and the endoscope.



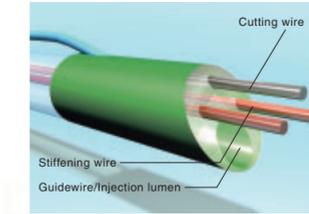
The CleverCut3V offers excellent orientation and smooth injection

The CleverCut3V wire, injection lumen and guidewire lumen are arranged to allow easier orientation of the cutting wire for effective sphincterotomy. Since the injection lumen and the guidewire lumen are completely separate, contrast media can be smoothly injected with a guidewire in place.



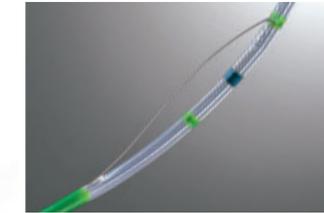
The CleverCut2V provides efficient cannulation capability

The CleverCut2V has two stiffening wires to provide stable cannulation and orientation.



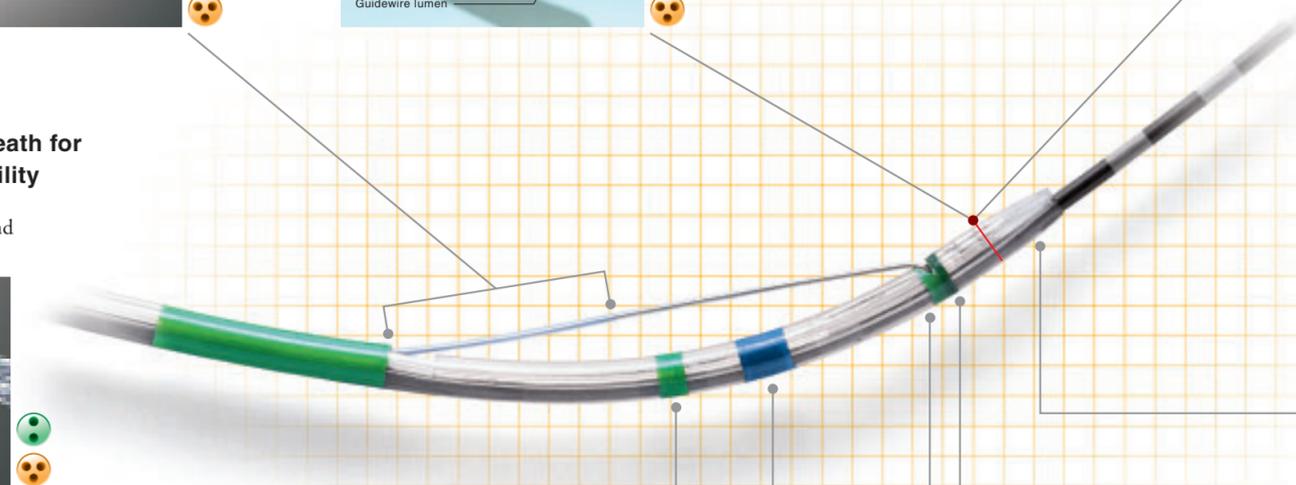
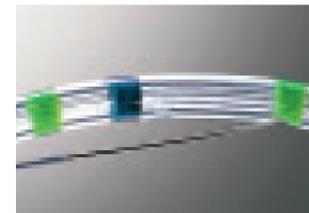
Pre-curved distal end for easier knife positioning

The distal ends of the CleverCut2V and CleverCut3V are pre-curved to achieve stable cannulation capability. This distal configuration also facilitates easy positioning of the knife into the papilla.



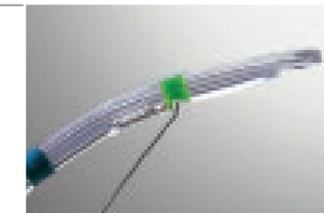
Distal marking on the sheath for improved view field visibility

The distal marking on the sheath clearly indicates both the center and cutting position of the knife.



Tapered tip design for smooth insertion into strictures and the minor papilla (KD-V431Q series only)

The tapered tip design is ideally suited for cases in which cannulation is difficult due to strictures or when insertion into the minor papilla is required. The tapered tip CleverCut3V is compatible with a 0.025" diameter guidewire.



Easy identification of ports

The guidewire port and the injection port are easily identified by symbols.



Sheath design for stable and reliable cannulation

Designed to optimize insertion into the scope, this sheath is narrower at the distal end and thicker at the proximal end. This improves handling and ensures smoother insertion, while also providing excellent cannulation capability into the papilla.



Radiopaque tip markings for optimal visibility under fluoroscopy

The radiopaque tips of the CleverCut2V and CleverCut3V provide excellent visibility under fluoroscopy.

Single-use design for use-and-dispose convenience

The CleverCut2V and CleverCut3V are designed for single use only.

Specifications

Model	Lumen type	Distal tip diameter	Maximum insertion portion diameter	Working length	Compatible guidewire	Tip length	Knife length				
KD-V411M-0320	3-Lumen type 	4.5Fr	2.5mm	1700mm	0.89mm(0.035inch)	3mm	20mm				
KD-V411M-0330						3mm	30mm				
KD-V411M-0720						7mm	20mm				
KD-V411M-0725						7mm	25mm				
KD-V411M-0730						7mm	30mm				
KD-V411M-1520						15mm	20mm				
KD-V411M-1530						15mm	30mm				
KD-V411M-3030						30mm	30mm				
KD-V431M-0720						4.0Fr			0.64mm(0.025inch)	7mm	20mm
KD-V431M-0730										7mm	30mm
KD-V211M-0720	2-Lumen type 	4.5Fr	2.1mm		0.89mm(0.035inch)	7mm	20mm				
KD-V211M-0725						7mm	25mm				
KD-V211M-0730						7mm	30mm				
KD-V211M-1520						15mm	20mm				
KD-V211M-1530						15mm	30mm				
KD-V211M-3030						30mm	30mm				

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Your Vision, Our Future

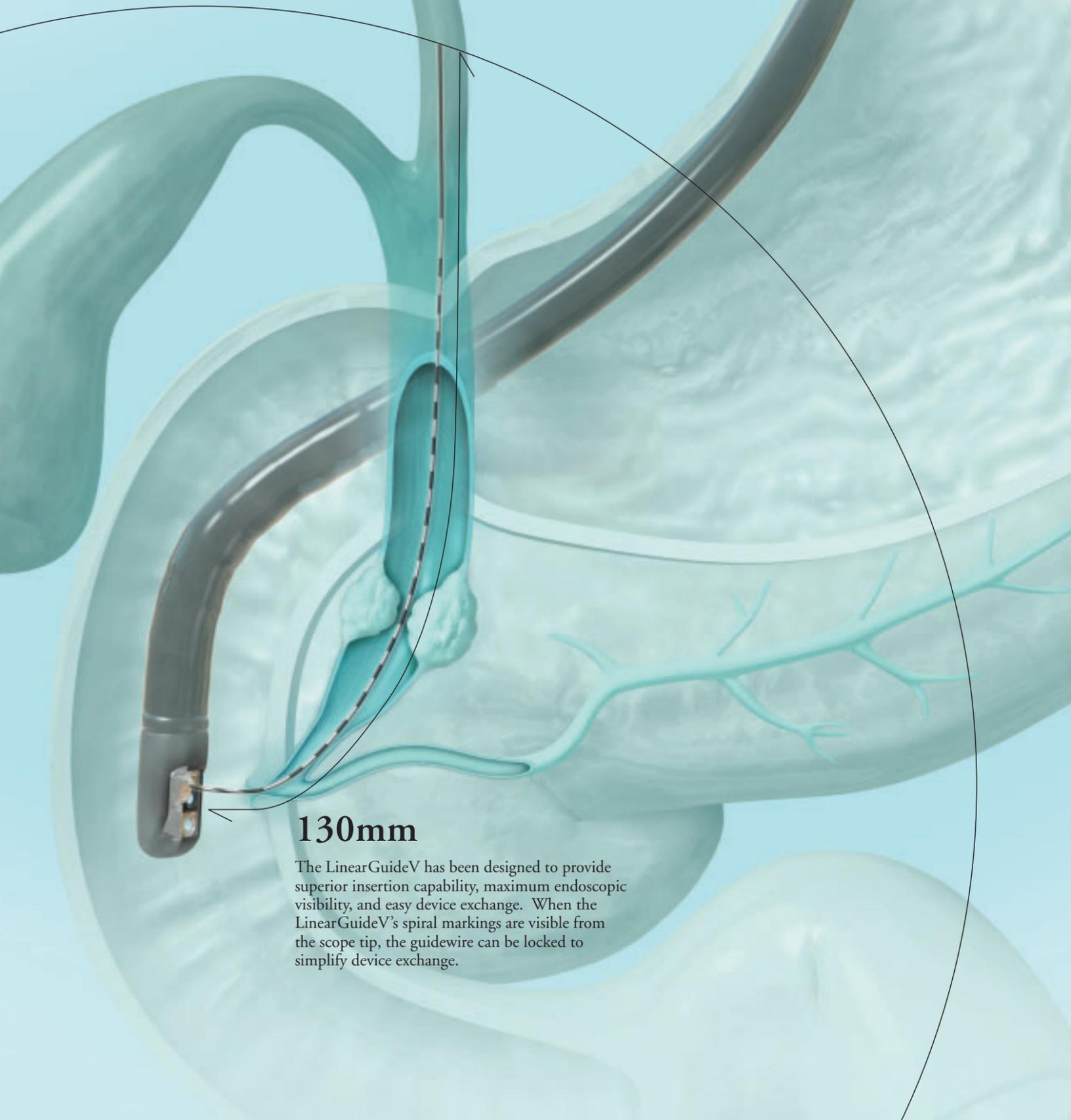
OLYMPUS
Endo**Therapy**
BEYOND THE SCOPE

DISPOSABLE GUIDEWIRE

LinearGuide^V



An Essential Tool to achieve a New Level of Efficiency in Biliary-Pancreatic Procedures. Designed to Enhance the Revolutionary Exchange Capability of the V-System.

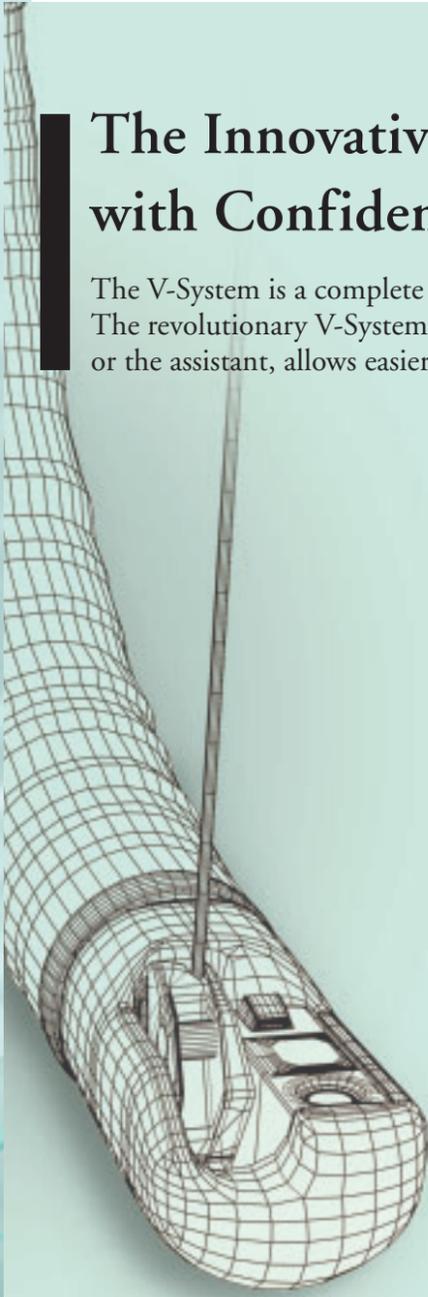


130mm

The LinearGuideV has been designed to provide superior insertion capability, maximum endoscopic visibility, and easy device exchange. When the LinearGuideV's spiral markings are visible from the scope tip, the guidewire can be locked to simplify device exchange.

The Innovative V-System Design Lets You Proceed with Confidence and Efficiency

The V-System is a complete system that integrates Olympus endoscopes and EndoTherapy devices. The revolutionary V-System design offers the option of guidewire manipulation by the physician or the assistant, allows easier exchange of catheters, and enhances cannulation capability.

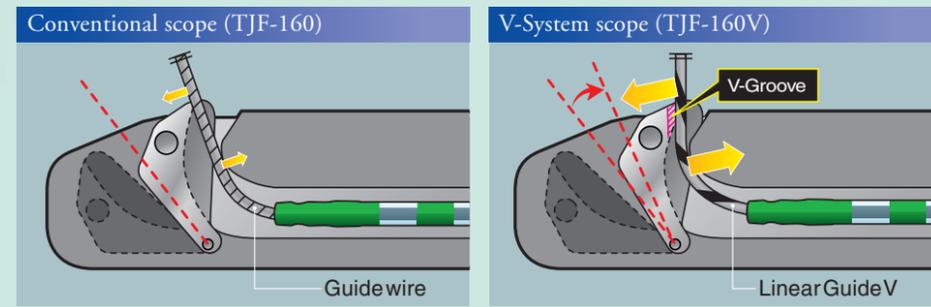


The V-Groove in the V-Scope forces elevator locks LinearGuideV in place

When a guidewire slips out of position, it can be extremely frustrating. With the new LinearGuideV, unwanted movement is a thing of the past. Olympus' V-System scopes feature a revolutionary V-Groove in the V-Scope forceps elevator that allows LinearGuideV to be securely locked in place without any special attachment when extended 130mm from the distal end of the scope. The approach to the bile or pancreatic ducts via the papilla can be accomplished quickly and easily without worrying about the guidewire slipping.



Schematic of the V-Groove locking mechanism

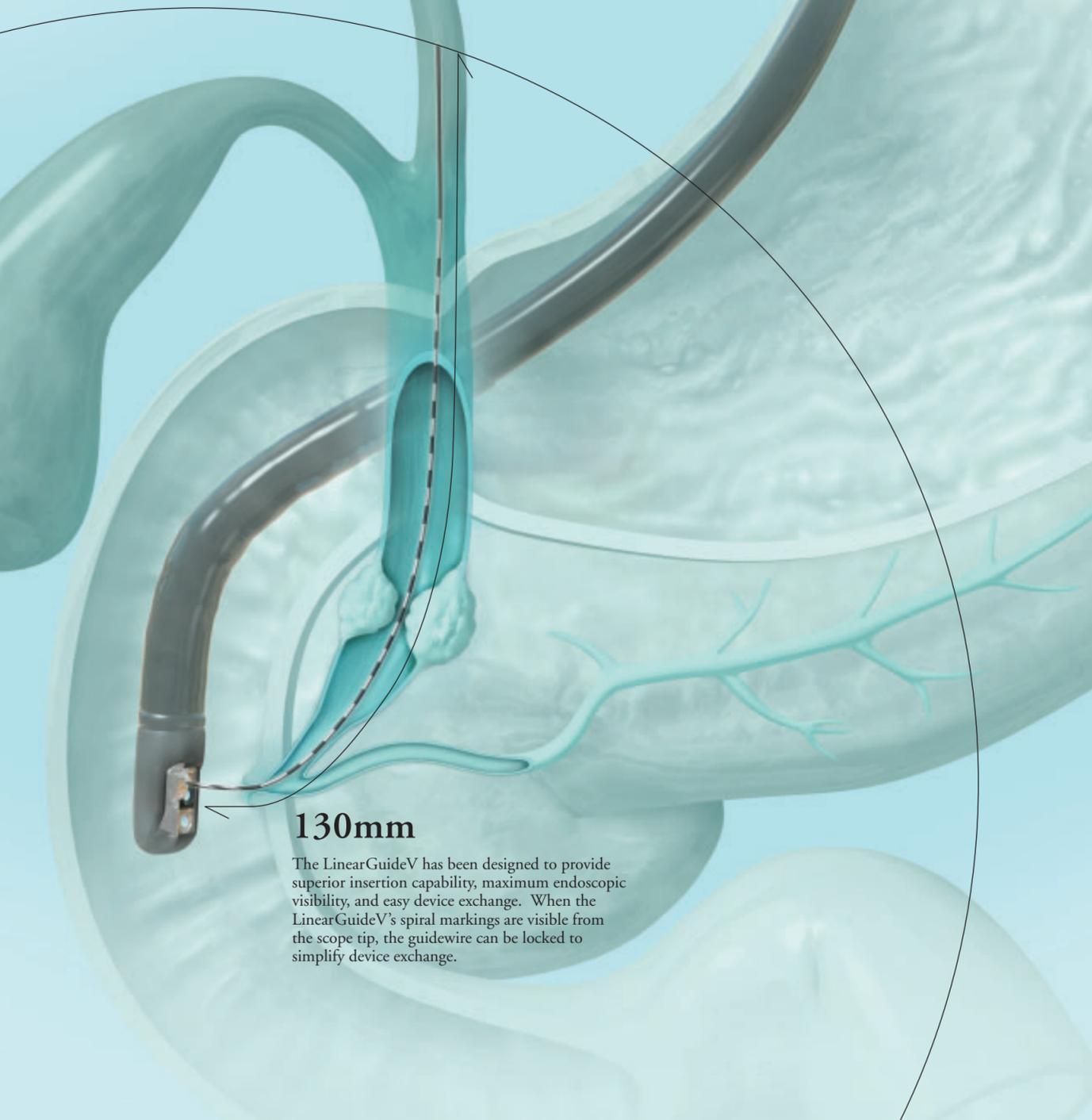


V-System device replacement procedure

Confirm the position of the V-Marking on the V-System EndoTherapy accessory. *When the V-Marking is completely visible above the instrument channel port, lift the forceps elevator to lock the guidewire.* *The guidewire is now locked into the V-Groove.* *Completely remove the device.*

An Essential Tool to achieve a New Level of Efficiency in Biliary-Pancreatic Procedures. Designed to Enhance the Revolutionary Exchange Capability of the V-System.

All Designs are Optimized to Assure Smooth, Efficient Guidance of Devices to the Bile And Pancreatic Ducts

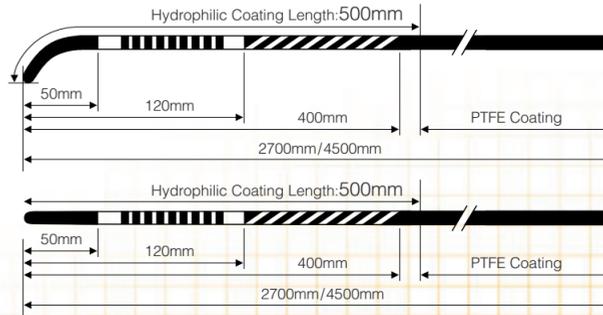


130mm

The LinearGuideV has been designed to provide superior insertion capability, maximum endoscopic visibility, and easy device exchange. When the LinearGuideV's spiral markings are visible from the scope tip, the guidewire can be locked to simplify device exchange.

Two-step markers ensure visibility in the endoscopic field of view

Two-step markers on the LinearGuideV make it easy to confirm the movement and position of the guidewire within the endoscopic field of view.

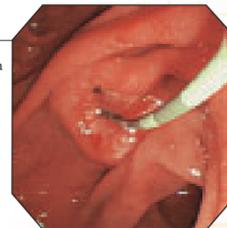


Two distal tip configurations to suit different techniques and preferences

The LinearGuideV comes in two tip configurations — straight and angulated. The straight tip can be used for a variety of purposes, while the angulated tip is best suited for passing a stricture and for selective insertion. Choose the tip that best suits your techniques and preferences.

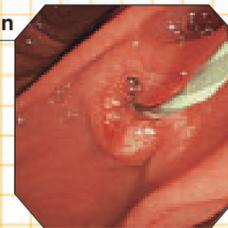
Ring-marker section

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 LinearGuideV may be locked in the V-Groove.



Specially coated to insure smooth wire manipulation

To ensure smooth passage through tight strictures in the bile duct, the distal 500mm from the tip is coated with a special hydrophilic coating that provides exceptional lubricity. The balance of the guidewire is coated with PTFE for smoother exchange. These coatings allow the guidewire to be manipulated easily

Note:
This instrument meets the recognized standard for high frequency electrosurgical leakage current - ANSI/AAMI HF-18(1993), 4.2.5.2 and 5.2.5.2 - when used with an Olympus sphincterotome. Removal of the guidewire is not necessary during sphincterotomy.

Specifications

Model	Outer diameter	Working length	Shape of distal portion	Hydrophilic coating length
G-V210-3527S	0.89mm(0.035")	2,700mm	Straight	500mm
G-V210-3527A			Angulated	
G-V210-3545S		4,500mm	Straight	
G-V210-3545A			Angulated	

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

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