



The Ambu® aScope™ Gastro Large

A WORLD OF DIFFERENCE WITH 4.2

The Ambu® aScope™ Gastro Large endoscopy solution gives you the power of a single-use therapeutic gastroscop, combined with the manoeuvrability and precision of a standard one.

Ambu

POWERFUL SUCTION PERFORMANCE, A PLATFORM FOR NEW AND INNOVATIVE TOOLS

aScope Gastro Large, the first gastroscop with a 4.2 mm working channel, delivers significantly greater suction flow, with or without tools, compared to the newest 3.7 mm gastroscop*. At the same time, it is designed to support access to difficult-to-reach areas requiring 210° retroflexion, like the cardia and the fundus.

A broader range of tools

Can be used with a broad range of instruments, such as clips, snares, needles, APC probes, TTS stents, and new tools as they emerge.

A new scope for every procedure

No deterioration, so you can count on the same high-quality feel and performance every time.

Single-use efficiency and convenience

No waiting when therapeutic endoscopes are being used, reprocessed, in quarantine, out for repair, or when reprocessing equipment is broken.

A compelling offering for your organisation

The initial capital investment of the single-use setup is marginal compared to a reusable setup, and costs and resources related to cleaning and repairs are reduced.

Paving the way in sustainability for single-use endoscopy

The world's first gastroscop with a bioplastic handle, a material with a significantly lower carbon footprint, sends a message aimed at driving positive change.

* Suction data based on bench-top test with 10 Fr bipolar probe.

FOUR PROCEDURES WHERE A LARGE WORKING CHANNEL MAY OFFER ADVANTAGES

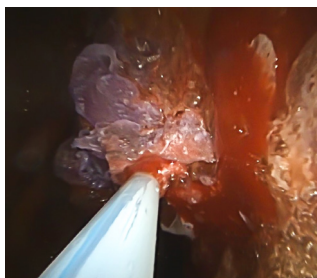
Large-channel therapeutic gastroscopes, with a working channel of 3.7 mm or greater, are traditionally used in the following therapeutic endoscopic procedures:



1

ACUTE UPPER GASTROINTESTINAL BLEEDING (UGIB)

One of the most common gastrointestinal emergencies for which flexible endoscopy has become an indispensable tool.



Advantages of a large working channel

- Provides increased aspiration
- Efficient removal of blood, clots and debris
- Allows use of a broad range of therapeutic instruments for efficient hemostasis

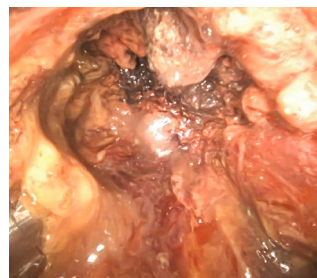
Jung K, Moon W. Role of endoscopy in acute gastrointestinal bleeding in real clinical practice: An evidence-based review. *World J Gastrointest Endosc.* 2019 Feb 16;11(2):68-83.

Kim J, Gong EJ, Seo M, Park JK, Lee SJ, Han KH, Kim YD, Jeong WJ, Cheon GJ, Seo HI. Timing of endoscopy in patients with upper gastrointestinal bleeding. *Sci Rep.* 2022 Apr 27;12(1):6833.

2

DIRECT ENDOSCOPIC NECROSECTOMY (DEN)

Can be employed, along with endoscopic drainage, to treat walled-off pancreatic necrosis (WOPN) after acute pancreatitis.



Advantages of a large working channel

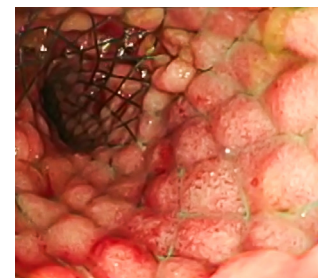
- Facilitates increased aspiration for removal of necrotic material
- Allows for use of large-calibre instruments for debridement and TTS stents

Sergio Pinto, Saverio Bellizzi, Roberta Badas, Maria Laura Canfora, Erica Loddo, Simone Spada, Kareem Khalaf, Alessandro Fugazza and Silvio Bergamini. Direct Endoscopic Necrosectomy: Timing and Technique. *Medicina* 2021, 57(12), 1305

3

STRICTURE MANAGEMENT

Involves endoscopic dilation and stenting to treat upper gastrointestinal luminal obstruction.



Advantages of a large working channel

- Enables direct visualization and deployment of through-the-scope stents
- May help minimise reliance on fluoroscopy

Jin-Seok Park, Seok Jeong, and Don Haeng Lee. Recent Advances in Gastrointestinal Stent Development. *Clin Endosc.* 2015 May; 48(3): 209-215

4

REMOVAL OF FOREIGN BODIES AND FOOD IMPACTION

Endoscopy plays an essential role in the management of foreign body ingestion and food impaction.



Advantages of a large working channel

- Allows for use of a wide variety of retrieval tools
- Provides increased aspiration power for application of endoscopic suction technique

Hin Hin Ko, et al. Review of food bolus management. *Can J Gastroenterol.* 2008 Oct; 22(10): 805-80