

BioVac® direct suction device

BioVac® Case Report Series • Report 1



“The procedure would have been aborted and patient referred for angiography as the patient was bleeding significantly, but because the BioVac® [device] was used coagulated blood was easily suctioned. The BioVac® [device] facilitated safe and quick advancement of the endoscope.”

Daniel S. Mishkin, MD,CM, FRCP(C)
Boston University Medical Center
Granite Medical Group

Procedure

- Colonoscopy with injection therapy and coagulation

Indications

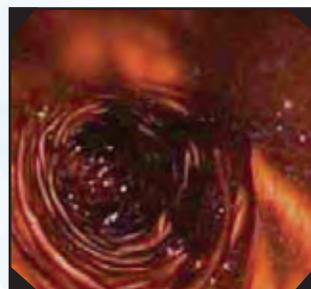
- Rectal bleeding

Findings

- Excessive red and maroon blood in the entire colon
- Red and maroon blood in the entire stomach

Direct endoscopic suction

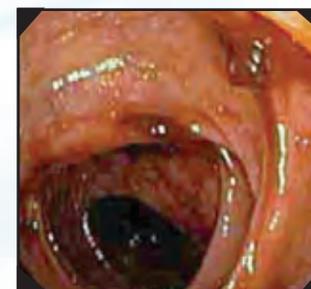
Upon endoscope insertion, an excessive amount of red blood immediately obscured the field of view. In order to identify the source of the bleeding, the BioVac® direct suction device was utilized for quick evacuation, resulting in the removal of 250cc of maroon/red coagulated blood from the colon. The BioVac® device's remote irrigation line facilitated easy, intraprocedural water lavage. With the majority of blood removed, the endoscope was safely and quickly advanced to identify an actively bleeding, nipple-like projection in the ascending colon. The site, the result of a recent polypectomy, was easily identified due to the sharp transition of blood at its location; it was actively oozing. The post polypectomy bleed was injected and then cauterized with a bipolar probe. There was no active bleeding noted at the completion of the procedure.



1. Excessive amount of blood in the colon.



2. Colon after evacuation with the BioVac® device.



3. Active bleeding site.



4. Bleed site after injection and cauterization.



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BioVac® direct suction device

BioVac® Case Report Series • Report 2



“The BioVac® [device] easily suctioned the retained blood inside the stomach, expediting the procedure and time to make a diagnosis. Without this device, the procedure would have most likely been aborted, and the patient would have continued to bleed.”

Daniel S. Mishkin, MD,CM, FRCP(C)
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Procedure

- Upper GI endoscopy

Findings

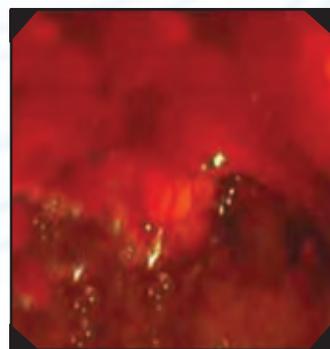
- Mallory-Weiss tear
- Red and maroon blood in the entire stomach

Indications

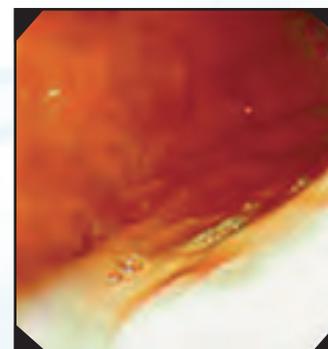
- Hematemesis

BioVac® Direct Suction

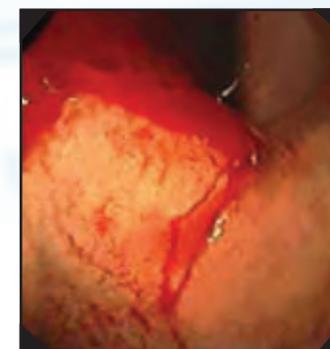
An upper endoscopy was performed for significant upper GI bleeding. Upon scope intubation, there was obvious red blood in the distal esophagus and a large volume of blood in the stomach. No source of bleeding was immediately identified. The BioVac® direct suction device was utilized to evacuate the retained blood from the gastric fundus. Approximately 200cc of blood was efficiently removed. An actively oozing Mallory-Weiss tear with stigmata of recent bleeding was identified. The tear extended from the GE junction to approximately 3cm down the greater curvature. A combination of injection therapy and electrocautery was successful. The stomach and duodenum were examined. After thorough lavage, no ulcers or other bleeding lesions were found; the stomach and duodenum were normal.



1. Large volume of blood in the stomach.



2. Stomach after evacuation with the BioVac® device.



3. Actively oozing Mallory-Weiss tear.

“When blood is evacuated with the BioVac® [device] it flows in a string-like manner, continually suctioning blood in a line so little movement of the scope is necessary.”



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