



Endoscopy

Catalogue



ENDOSCOPY

Mermaid Medical offers a range of devices used during endoscopy procedures. We can provide a number of exclusive products to make a difference in the endoscopy practice. From the live saving Danis stent for stopping oesophageal bleedings to the first dedicated instrument for pancreatic necrosectomy.

Mermaid Medical Group is a Nordic, privately owned company established in 2007 and headquartered in Copenhagen, Denmark. We develop, manufacture, and distribute medical devices to hospitals and end users across Europe, the U.S., and Asia. We primarily work within solutions to diseases in the vascular system as well as other devices used in interventional radiology. We strive to be the preferred partner for manufacturers as well as hospitals and healthcare professionals.

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The EndoRotor® is a next generation interventional resection device designed to address the challenges of pancreatic necrosectomy procedures, sessile lesions and incomplete resections.

The EndoRotor® is indicated for endoscopic removal of necrotic pancreas tissue and resection of tissue from within the GI tract.

The tool resects and aspirates tissue simultaneously through a catheter inserted into the working channel of an endoscope.

This interventional tool replaces multiple instruments and the time necessary for instrument exchange.



Features:

- This interventional tool replaces multiple instruments and reduces the time necessary for instrument exchange.
- The necrosectomy tool can overcome the challenge of removing the varied types of necrotic tissue with just on device and without leaving the pancreatic cavity.
- The mucosectomy tool is designed to address the challenge of tissue bridges as well as tissue around the lateral margin. It is designed to address sessile/flat lesions by suctioning and cutting in one motion



Simultaneously resects and removes necrotic tissue and fluid from a pancreatic cyst through a catheter inserted into the working channel of an endoscope.



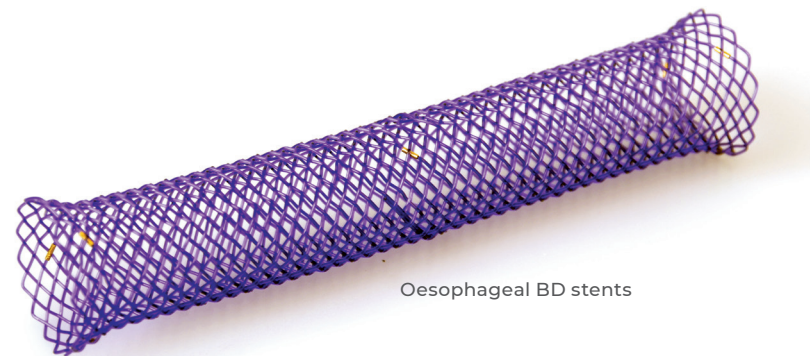
Simultaneously resects and removes mucosal tissue through a catheter inserted into the working channel of an endoscope.

BD Stents

The BD Stents are unique, self-expandable biodegradable stent that degrades in the human body. Therefore, it is an ideal solution for temporary use in benign indications, as it is not necessary to extract it from the body.

The stents are made of polydioxanone, an absorbable material (polymer) used in medicine as a surgical suture for more than 30 years. Stent integrity and radial force are maintained for 6 to 8 weeks after implantation.

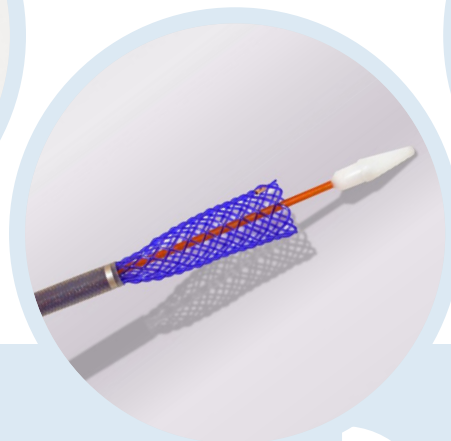
Subsequently, the radial force gradually decreases until the degradation of the material after 3 to 4 months. The stents are MRI compatible with 1.5 Tesla and 3 Tesla static magnetic field. In specific cases, custom-made production is possible.



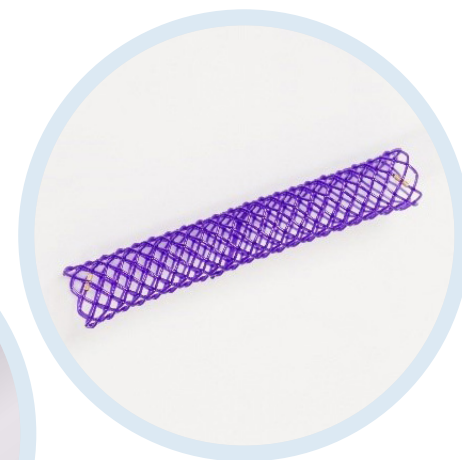
Oesophageal BD stents



Pulmonary BD stents



Biliary BD stents



Biliary BD stents

Oesophageal BD stents

Oesophageal BD stents are intended for patients aged 18 and older and indicated for management of refractory benign oesophageal stenoses (peptic, caustic, or anastomotic) in which the standard therapy with repeated dilation failed.

- The pH value affects the stent degradation process. At higher pH, stent degradation is slower, at lower pH, stent degradation is faster.
- Low migration is achieved by uncovered stent design.
- Polydioxanone is not visible under X-ray, so the stent is equipped with gold markers - 3 pieces at both ends and 1 piece at the midpoint of the stent.

Pulmonary BD stents

Pulmonary BD Stents are intended for patients aged 18 and older and are indicated for the treatment of benign pulmonary stenoses unless primary surgery is indicated.

Product is available as custom-made device, both for tracheal and bronchial applications. (CE mark pending)

Biliary BD stents

The Biliary BD stents are intended for patients aged 18 and older and are indicated for the treatment of benign biliary stenoses. Product is available as custom-made device, both for percutaneous and endoscopic placement. (CE mark pending)

The delivery system with braided sheath is kink-resistant. The atraumatic olive and the radiopaque ring at the end of the delivery system allow easy insertion. The delivery system also has the option of retracting the partially released stent during implantation, up to 60% of the stent length.



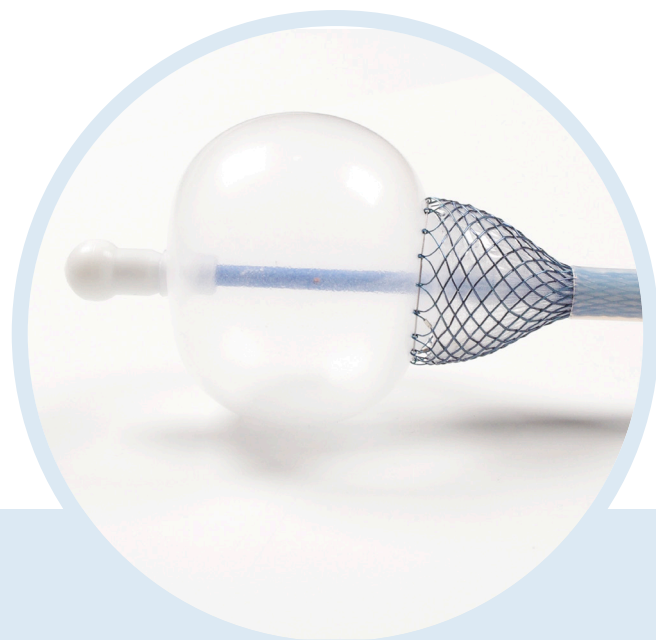
ELLA Danis Stent

The Danis Stent is a worldwide unique self-expandable covered oesophageal stent. It is the only officially indicated stent to stop bleeding of oesophageal varices.

The delivery system has been developed to allow the stent to be implanted in an acute situation without endoscopic and X-ray control.

Features:

- The open lumen of the oesophagus allows the physician to perform other endoscopic procedures and allows the patient to eat.
- Clinical and technical efficacy of the stent is in the range of 95 to 100%.
- Patient stabilization and hemostasis for 7 days after implantation.
- Compatibility with the ELLA Extractor ensures atraumatic stent removal, which significantly reduces recurrence of bleeding.



Extractor for ELLA Stents

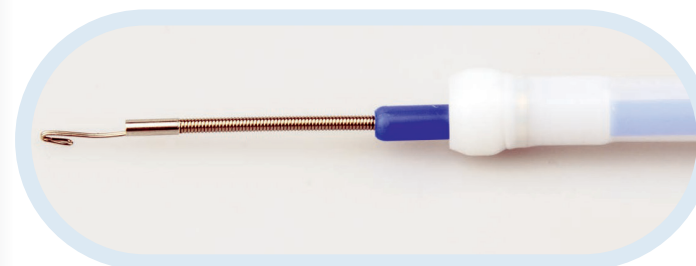
A unique device for extracting ELLA nitinol oesophageal stents. It is designed for reliable and atraumatic removal of implanted stents or those that have migrated into the stomach.

Indication for removal of:

- ELLA HV Plus Oesophageal Stents
- ELLA Danis Stents
- ELLA Danis Seal Stents

Features:

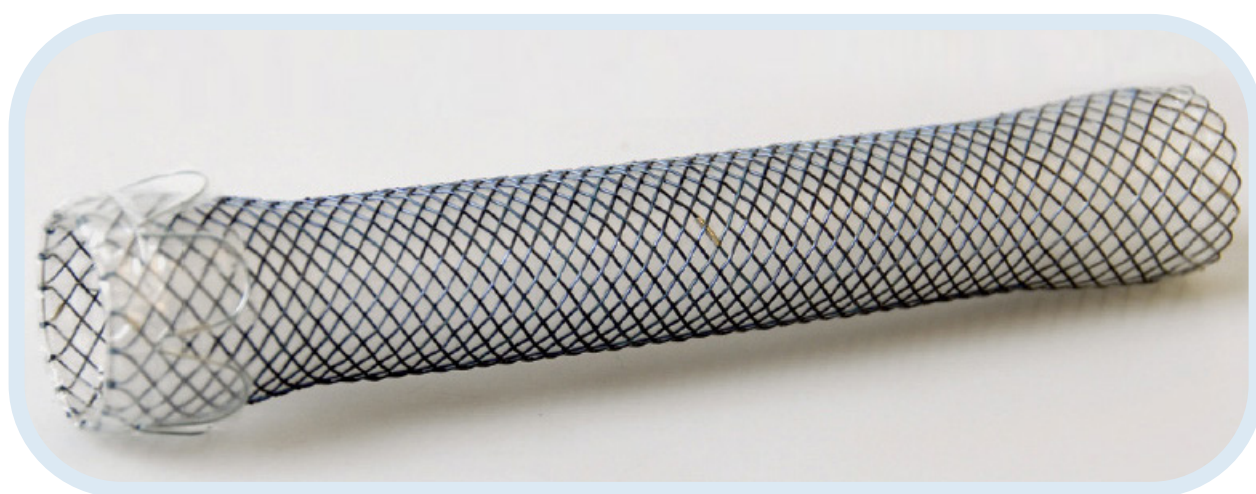
- Allows for atraumatic stent removal, which significantly reduces bleeding recurrence.
- The principle of simple retraction of the stent into the overtube ensures its safe extraction.
- High visibility under X-ray.



ELLA HV-Plus Stent

The HV Stent Plus is a fully covered, self-expandable oesophageal stent with a unique anti-migration design. It combines the benefits of partially covered and fully covered oesophageal stents.

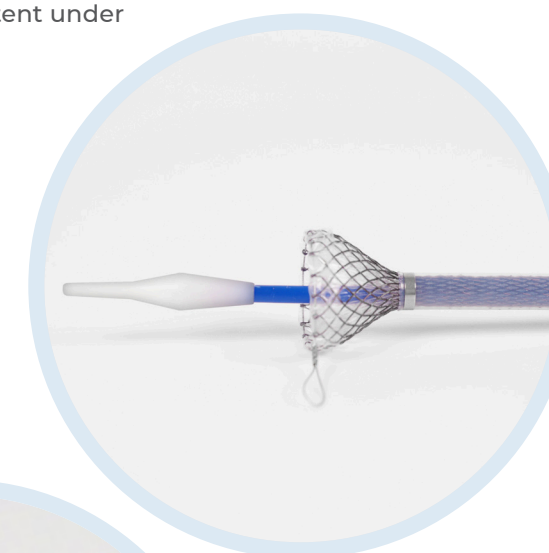
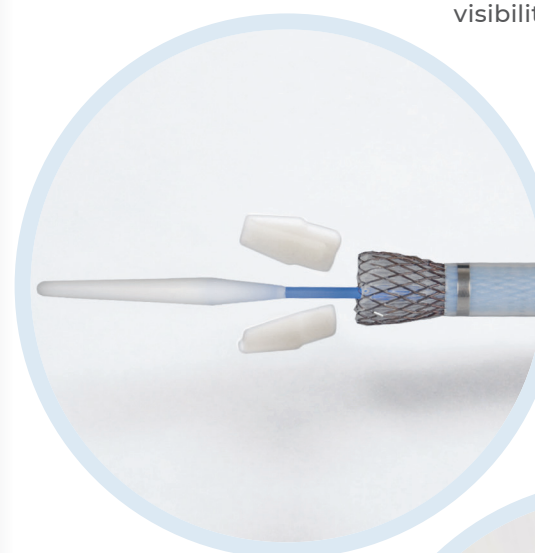
The low migration rate and prevention of tissue ingrowth is complemented by safe and reliable extractability.



Features:

- The stent has a minimal migration rate due to its anti-migration design, which is secured by a unique collar at the proximal stent end.
- There are metallic retrieval loops with high strength and resistance to acidic environment at both stent ends.
- The retrieval loops in combination with centripetally tapering flares allow safe and ergonomic removal of the stent from the oesophagus.
- The HV Stent Plus is fully covered by durable silicone, which prevents tumor ingrowth into the stent and allows easy extraction. At the same time, the covering protects the nitinol mesh from contact with stomach acids and potential corrosion.

Platinum-iridium markers located at both ends, in the middle of the stent and on the anti-migration collar ensure visibility of the stent under X-ray.



Atraumatic, fully covered flares reduce oesophageal wall irritation and tissue response.



Danis Seal

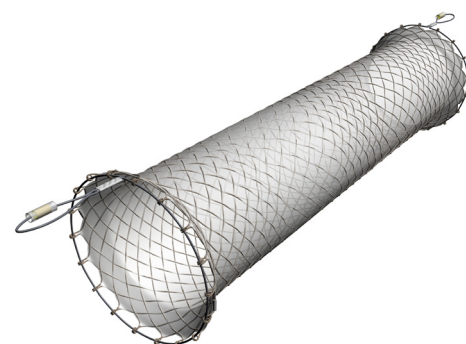
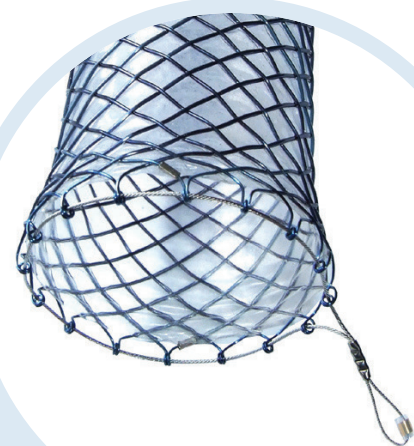
The Danis Seal is a fully covered self-expandable nitinol oesophageal stent for the treatment of oesophageal leaks and ruptures. The large diameter with optimal length and expansion force, durable silicone coating and special anti-migration design make this stent the ideal solution in appropriate situations.

Indicated for:

- Anastomotic wound dehiscence fe. after oesophagectomy or gastric bypass
- Oesophageal ruptures/perforations such as spontaneous rupture - Boerhaave's syndrome; iatrogenic rupture/perforation occurring during oesophageal dilations, endoscopic manipulations or traumatic oesophageal ruptures due to blunt thoracic trauma.

Features:

- There are metallic retrieval loops with high strength and resistance to acidic environment at both stent ends
- The Danis Seal is fully covered with durable silicone, which allows easy extraction and at the same time the cover protects the nitinol wires from contact with stomach acids and potential corrosion.
- Platinum-iridium radiopaque markers located at both ends and in the centre of the stent allow good visibility and accurate stent placement.



Nitinella Plus

The Nitinella Plus is a self-expandable nitinol biliary stent that can be implanted endoscopically or transhepatically and is available as uncovered, partially covered or fully covered with silicone.

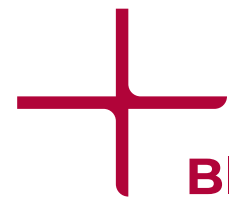
Due to the significant radiopaque markers, the product is perfectly visible during implantation and during subsequent X-ray examinations.

The Nitinella Plus stents are indicated for the palliative treatment of biliary strictures caused by malignant neoplasms.

Features:

- The high flexibility of the stent keeps the lumen open even if placed in anatomical curves. The atraumatic stent ends do not irritate the bile duct wall.
- The durable silicone covering covers the outer and inner surfaces of the stent and prevents tissue ingrowth.
- The delivery system with braided sheath is kink-resistant. Its design allows the stent to be retracted back up to 50% of the stent length.
- MRI compatible with 1.5 Tesla and 3 Tesla static magnetic field.





Black Eye™ Endoscopic Marker

Black Eye™ is a sterile, non-pyrogenic solution designed to be used as an endoscopic marker for marking polyps and lesions in the gastrointestinal tract.

Features:

- Supplied in syringes, each containing 5ml of the marker solution.
- The solution is sterilized and aseptically packed in the syringe.
- No need for “shaking”



Blue Eye™ Endoscopic Lifting Agent

Blue EYE™ is an injectable fluid for lifting polyps, adenomas, and other gastrointestinal mucosal lesions prior to removal. It contains methylene blue for visualizing the lesion.

Features:

- Ready to use and easy to connect to the injection needle, which shortens the procedure time and minimizes the risk of cross-contamination.
- Has a mucosal elevation time which is twice as long as a saline solution.
- Contains hyaluronic acid, a biopolymer that occurs naturally in human skin and connective tissue.
- Supplied in syringes, each containing 5ml of the marker solution.





Endoscopic Needle

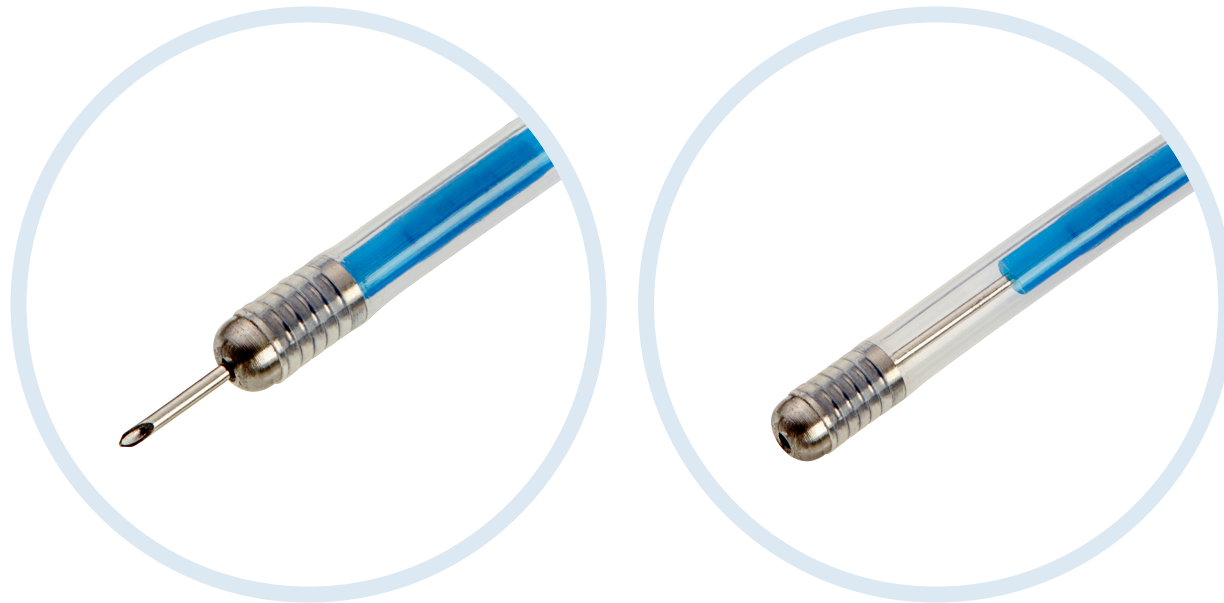
For use with Endoscopic Marker.

The success of an endoscopic tattoo highly depends on the application of the endoscopic marker at the correct depth.

This needle is designed for safe injection of the endoscopic marker at the correct depth.

Features:

- Highly lubricant PTFE outertube for easy passage through the working channel.
- Strong outertube facilitates easy advancement through complicated anatomic structures.
- Very sharp needle tip specifically designed for safe and easy submucosal penetration.
- Shielded tip prevents the needle from damaging the outertube or the working channel.



Padlock Clip™

The Padlock Clip™ defect closure system is an endoscopic hemostatic clip that facilitates full circumferential tissue closure. This over-the-scope clip features a hemostatic clip designed to encircle, lift, close, and heal tissue defects.

Features:

- Easy to apply as it attaches to the outside of the endoscope.
- Provides an open and free instrument channel which allows for optimal endoscopic suction and utilization of through-the-scope device.
- Lays flat against the tissue once deployed.
- Labelled MR conditional – a patient can safely be scanned in an MR system with static magnetic field of 1.5. and 3 Tesla



Ordering and Specifications

EndoRotor® Resection Device

Ref. no.	Description	Box
3.2-EPR-COL-OP	EndoRotor® Catheter Colon mucosectomy for Olympus & Pentax	1
3.2-EPR-EGD-F	EndoRotor® Catheter Gastro mucosectomy for FujiFilm	1
3.2-EPR-EGD-OP	EndoRotor® Catheter Gastro mucosectomy for Olympus & Pentax	1
3.2-PED-EGD-F	EndoRotor® Catheter Necrosectomy for FujiFilm	1
3.2-PED-EGD-OP	EndoRotor® Catheter Necrosectomy for Olympus & Pentax	1
6.0-PED-EGD	EndoRotor-6.0mm Catheter Necrosectomy for Olympus	1
CATHGUIDE	EndoRotor Catheter Guide for 6.0-PED-EGD	1
PED-PURGE	Necrosectomy purge kit	10
EPR-TRAP	EndoRotor® Specimen Trap	10
ESS- CONSOLE	EndoRotor® Console	1
ESS-KIT	EndoRotor® Console, roll stand and vacuum pump	1

BD stent oesophageal

Length	Trunk Ø 18 mm	Trunk Ø 20 mm	Trunk Ø 23 mm	Trunk Ø 25 mm	Qty/box
60 mm	019-10A-23/18/23-060	019-10A-25/20/25-060	019-10A-28/23/28-060	019-10A-31/25/31-060	1
80 mm	019-10A-23/18/23-080	019-10A-25/20/25-080	019-10A-28/23/28-080	019-10A-31/25/31-080	1
100 mm	019-10A-23/18/23-100	019-10A-25/20/25-100	019-10A-28/23/28-100	019-10A-31/25/31-100	1
135 mm				019-10A-31/25/31-135	1

Danis stents en extractor

Item nr.	Description	Qty/box
019-08S-25-135-B	Danis stent 25 mm x 135 mm with basic procedure kit	1
015-01-28-1000	Extractor for ELLA Esophageal stents	1
019-11-25-135	Danis Seal stent 25 mm x 135 mm	1

HV stent Plus

Length	Trunk Ø 18 mm	Trunk Ø 20 mm	Qty/box
85 mm	019-09S-18-085	019-09S-20-085	1
100 mm	019-09S-18-110	019-09S-20-110	1
135 mm	019-09S-18-135	019-09S-20-135	1
150 mm	019-09S-18-150	019-09S-20-150	1

Nitinella

Size	Fully covered, endoscopic	Fully covered, percutaneous	Partly covered	Uncovered, endoscopic	Uncovered, percutaneous	Qty/box
8 x 40 mm	019-01D-08-040	019-01D-08-040-T	019-01C-080-40	019-01B-80-040	019-01B-80-040-T	1
8 x 60 mm	019-01D-08-060	019-01D-08-060-T	019-01C-080-60	019-01B-80-060	019-01B-80-060-T	1
8 x 80 mm	019-01D-08-080	019-01D-08-080-T	019-01C-080-80	019-01B-80-080	019-01B-80-080-T	1
8 x 100 mm	019-01D-08-100	019-01D-08-100-T	019-01C-080-100	019-01B-80-100	019-01B-80-100-T	1
10 x 40 mm	019-01D-10-040	019-01D-10-040-T	019-01C-010-40	019-01B-10-040	019-01B-10-040-T	1
10 x 60 mm	019-01D-10-060	019-01D-10-060-T	019-01C-010-60	019-01B-10-060	019-01B-10-060-T	1
10 x 80 mm	019-01D-10-080	019-01D-10-080-T	019-01C-010-80	019-01B-10-080	019-01B-10-080-T	1
10 x 100 mm	019-01D-10-100	019-01D-10-100-T	019-01C-010-100	019-01B-10-100	019-01B-10-100-T	1

BLACK EYE™ • BLUE EYE™ • Endoscopic needle • Padlock Clip™

Item nr.	Description	Qty/box
TS-205	Black Eye™ endoscopic marker	10
TS-905	Blue Eye™ submucosal injection agent	10
EMN2504	Endoscopic Marker Injection Needle	10
C910001	Padlock Clip™ 12 voor tip diameter 9,5-11mm	1
C913131	Padlock Clip™ 12 voor tip diameter 11,1-14,2mm	1



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