

The Ambu® aScope™ Gastro Large

A WORLD OF DIFFERENCE WITH 4.2



Ambu

DISCOVER A WORLD OF DIFFERENCE

The world's first gastroscope with a 4.2 mm working channel gives you the power of a therapeutic gastroscope with the manoeuvrability and precision of a standard one.

In addition, because it is a single-use solution, it is always available, sterile and offers consistent performance. What's more, with the world's first bioplastic handle, aScope Gastro Large sets new standards for single-use sustainability.

The world's first gastroscope with a 4.2 mm working channel

Powerful suction performance, a platform for new and innovative tools.

Single-use convenience

Always available, always new, no significant upfront investments.

A significantly lower carbon footprint

The use of bioplastic reduces the environmental footprint of the raw material used for the production of our endoscope handles by 70%.



A CONVENIENT SYSTEM FOR A BROAD RANGE OF CLINICAL SETTINGS

6 ways the aScope Gastro Large solution increases convenience

1. **Always available:** No more waiting when reusable therapeutic gastroscopes are being used, reprocessed, in quarantine or out for repair.
2. **No rescheduling:** With single-use, you eliminate delays due to bottlenecks in the reprocessing workflow or broken-down reprocessing equipment.
3. **No significant upfront investments:** Marginal capital investment compared to a reusable set-up.
4. **Part of an integrated system:** Designed to work with the Ambu® aBox™ 2 endoscopy system, a displaying and processing unit with built-in touchscreen that offers excellent imaging.
5. **Plug and play:** Simply connect aScope Gastro Large to the compact aBox 2 endoscopy system, attach the ancillary equipment, and you're ready to go.
6. **Portable solution:** Our aCart Compact provides a portable workstation for convenient storage of aBox 2 and ancillary equipment without taking up a lot of space.





The 4.2 mm working channel of aScope Gastro Large delivers significantly higher suction performance, with or without tools, compared to the newest 3.7 mm gastroscopes*

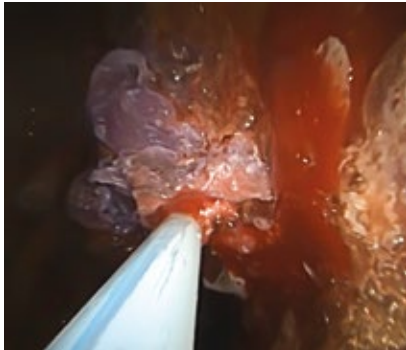
*Suction data based on benchtop test with 10 Fr bipolar probe.



Watch video:
Suction performance test

Scan the QR code to see the suction performance of aScope Gastro Large vs. the newest 3.7 mm gastroscopes.

ACUTE UPPER GASTROINTESTINAL BLEEDING



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

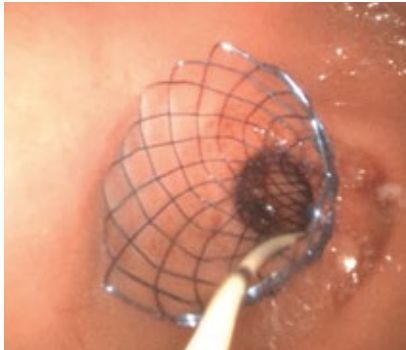
Advantages of a large working channel for UGIB procedures

- Provides increased aspiration for efficient removal of blood, clots and debris
- Allows for 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.

STRICTURE MANAGEMENT



Involves endoscopic dilation and stenting to treat upper gastrointestinal luminal obstruction

Advantages of a large working channel for stricture management

- Enables direct visualization and deployment of through-the-scope (TTS) self-expandable metal stents (SEMS)
- May help minimise reliance on fluoroscopy

DIRECT ENDOSCOPIC NECROSECTOMY



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

Advantages of a large working channel for DEN procedures

- Facilitates increased aspiration for removal of necrotic material
- Allows for use of large caliber instruments for debridement and placement of 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

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 for foreign body and food removal

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

Hin Hin Ko, et al. Review of food bolus management. *Can J Gastroenterol.* 2008 Oct; 22(10): 805-808. Libânio et al. Foreign body ingestion and food impaction in adults: better to scope than to wait. *United European Gastroenterology Journal* 2018, Vol. 6(7) 974-980

Specifications

aScope® Gastro™ Large	
Field of view (°)	140°
Depth of field (mm)	3 - 100 mm / 0.12 - 3.94"
Illumination method	Dual LEDs
Image enhancement	Yes (Advanced Red Contrast)
Distal tip outer diameter (mm)	11.5 mm / 0.45" / 34.5 Fr
Working length	103 cm / 40.6"
Angulation (Up/Down/Left/Right)	210°/120°/100°/100°
Working channel inner diameter (mm)	4.2 mm / 0.17" / 12.6 Fr
Auxiliary Water Jet Channel	Yes

Ordering specifications

Product name	Item no.	Quantity
Ambu® aScope Gastro™ Large	582001000	6
Ambu® aBox™ 2	505001000	1
Ambu® aCart™ Compact	KU.9713.800	1
Ambu® aCart™ Plus	KU.9740.800	1



Learn more about aScope Gastro Large

Scan the QR code to get details on Gastro Large features and benefits, order a demo or request a quote.