Post Polypectomy Bleeds

"In univariate analysis, polyp size was a strong risk factor for post-polypectomy hemorrhage (OR 1.13 (1.06 – 1.20)), indicating an increase in risk of 13% per millimeter increase in size."

"Location in the right hemi-colon was also associated with delayed hemorrhage (OR 4.32, 95% CI 2.00 – 9.35, P < 0.001)."

"…[P]olypectomies in the right hemi-colon constituted only 31.6% of all polypectomies (controls), while they were responsible for 66.7% of all delayed type hemorrhage (cases)."

Rebleeding in Ulcers

"From recent studies of patients whose ulcer hemorrhage started as an outpatient before hospitalization, approximately 80% of ulcer rebleeds occurred within 72 hours, but 20% rebled between 4 and 30 days."

"For patients with inpatient ulcer hemorrhage (eg, develops after a patient is hospitalized for a nonbleeding medical or surgical diagnosis), the pattern of ulcer rebleeding after hemostasis is quite different. At least 50% of ulcer rebleeding episodes in such inpatients occur 1 week or more after initial endoscopic hemostasis."

Clinical Evidence: Prophylactic Clipping


† See detailed information in the "Instructions for Use" supplied with the product.

‡ Results from case studies are not predictive of results in other cases. Results in other cases may vary.


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CAUTION: Federal (USA) law restricts this device to sale by or on the order of a physician.
The Resolution Clip is engineered to enable opening and closing up to five times prior to deployment, aiding in repositioning of the clip. **

The Resolution Clip is 510(k) cleared for prophylactic clipping to reduce the risk of delayed bleeding post lesion resection.

**Re-opening and closing capability may be limited by clinical circumstances and patient anatomy, among other factors.

Post Polypectomy Bleeds

“In a retrospective study, clipping polypectomy sites closed after endoscopic resection of large sessile and flat colorectal lesions was associated with a reduced incidence of delayed postpolypectomy bleeding.”

“The delayed hemorrhage rate was 9.7% in the not clipped group versus 1.8% in the fully clipped group.”

“Polyps that were not clipped were 4.4 times more likely to have any complications (1.8, 10.9; P = .001) compared with polyps that were completely clipped.”

“Avoidance of unnecessary surgical resection of endoscopically removable polyps is another potential cost-savings associated with prophylactic clip closure of large polyp sites, if the availability of clip closure increases rates of endoscopic resection because of decreased fear of complications.”

The Resolution Clip is intended to be used for:

- Hemostasis
- Prophylactic clipping
- Endoscopic marking
- Closure
- Anchoring jejunal feeding tubes

(see detailed information in the “Instructions for Use” supplied with the product)

Pre-loaded

The Resolution Clip is designed to be ready-to-use, which is essential for emergency bleeding situations.

11mm-wide Jaw Span

Intended to grasp a sizeable amount of tissue.

User-friendly Handle

Designed to deliver a familiar actuation for opening and closing the jaws. Provides tactile feedback upon closing of jaws, indicating that the clip is about to be deployed.

MR Conditional per ASTM F2503

The Resolution Clip

The procedure isn't a success if the clip fails.

The Resolution Clip has impacted more than 2.5 million patient lives

June 29, 2004: First Resolution Clip sold

2009: More than 1,000,000 Resolution Clips sold

December 2012: MR Conditional 510(k) clearance

December 2014: Prophylactic clipping 510(k) clearance

2014: More than 5,000,000 Resolution Clips placed over 10 years

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Clinical Evidence: Prophylactic Clipping

The Resolution Clip is not a success if the clip fails.
**Clinical Evidence: Prophylactic Clipping‡**

**Post Polypectomy Bleeds**

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**Resolution Clip**

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