

Resolution™ Clip



Clips are used today for a number of indications, most of which are related to bleeding. They are designed for prompt hemostatic effect. Several studies have been published relating to the safety and effectiveness of endoscopic clip placement.

The Resolution™ Clip is indicated for:

➤ **Hemostasis**

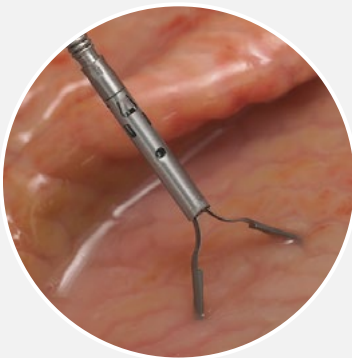
- Prophylactic clipping

➤ **Endoscopic marking**

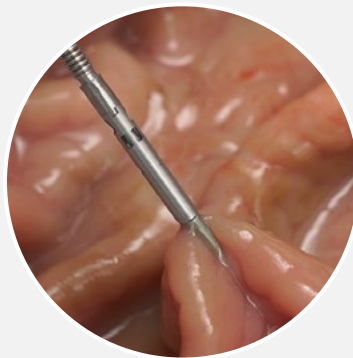
➤ **Closure**

➤ **Anchoring jejunal feeding tubes**

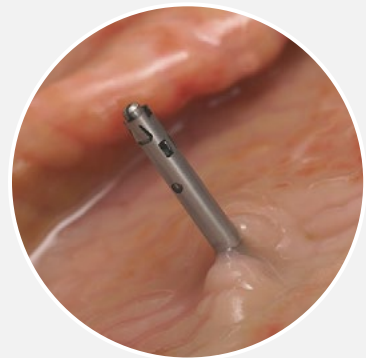
(see detailed information in the instructions for use supplied with the product)



The Resolution Clip is fully exposed and wide open, ready to span tissue.



The Resolution Clip is closed, spanning tissue, and is now ready to be deployed.



The Resolution Clip is deployed on tissue.

No sheath

The function of the outer sheath required additional steps to expose the Resolution Clip jaws. The elimination of the outer sheath in the Resolution Clip design, therefore, allows for fewer setup steps.

Reopening capability

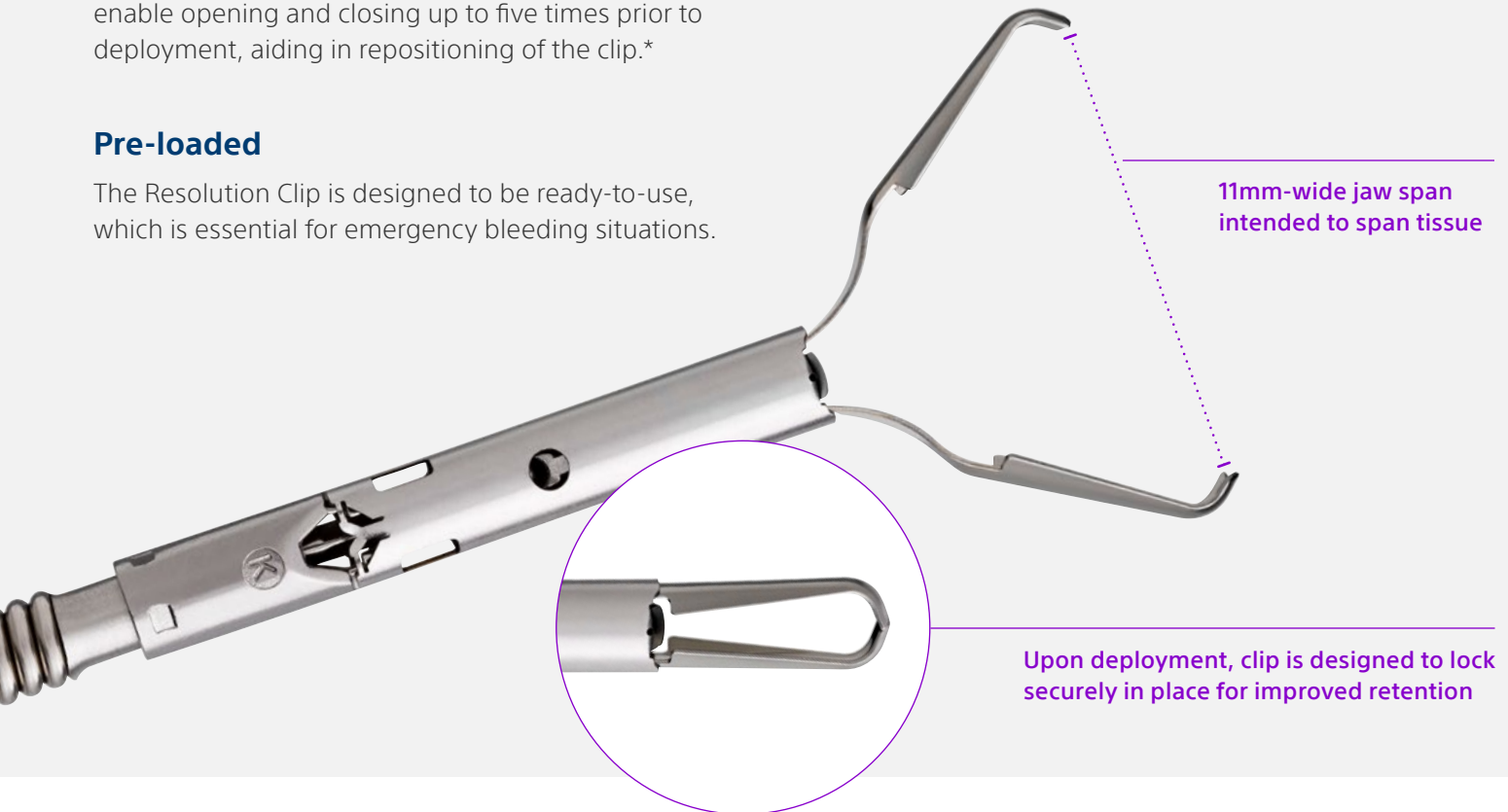
The radiopaque Resolution™ Clip is engineered to enable opening and closing up to five times prior to deployment, aiding in repositioning of the clip.*

Pre-loaded

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



Based on forecasted units of the Resolution Clip (2025-2026), the removal of the outer sheath and associated components will result in an annual reduction of approximately 21 tons of CO₂ emissions, furthering Boston Scientific's commitment to net-zero emissions.**



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

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

** Calculations based on forecasted sales pulled from Q3 2025-Q3 2026 and entered in the Mobius tool for emission reduction calculation. Data on file.

Clinical evidence: prophylactic clipping

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

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**."¹

"**The delayed hemorrhage rate was 9.7% in the not clipped group versus 1.8% in the fully clipped group.**"¹

"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."¹

"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."²

"**Location in the right hemi-colon was also associated with delayed hemorrhage** (OR 4.32, 95 % CI 2.00 – 9.35, P < 0.001)."²

"...[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)."²

"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**."¹

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**."³

"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.**"³

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



Resolution™ Clip

Order number	GTIN	Working length (cm)	Minimal working channel (mm)	Clip opening (mm)	Box
M00522600	08714729504764	155	2.8	11	1
M00522601	08714729504771	155	2.8	11	10
M00522602	08714729504788	155	2.8	11	20
M00522610	08714729504795	235	2.8	11	1
M00522611	08714729504801	235	2.8	11	10
M00522612	08714729504818	235	2.8	11	20

1. Liaquat H, Rohn E, Rex DK. Prophylactic clip closure reduced the risk of delayed postpolypectomy hemorrhage: experience in 277 clipped large sessile or flat colorectal lesions and 247 control lesions. *Gastrointestinal Endoscopy*, 2013 Mar;77(3):401-7. doi: 10.1016/j.gie.2012.10.024. Epub 2013 Jan 11.
2. Buddingh KT, Herngreen T, Haringsma J, van der Zwet WC, Vleggaar FP, Breumelhof R, Ter Borg F. Location in the right hemi-colon is an independent risk factor for delayed post-polypectomy hemorrhage: a multi-center case-control study. *American Journal of Gastroenterology*, 2011 Jun;106(6):1119-24. doi: 10.1038/ajg.2010.507. Epub 2011 Jan 25.
3. Jensen DM, Machicado GA. Hemoclippping of chronic canine ulcers: a randomized, prospective study of initial deployment success, clip retention rates, and ulcer healing. *Gastrointestinal Endoscopy*, 2009 Nov;70(5):969-75. doi: 10.1016/j.gie. 2009.04.052. Epub 2009 Jul 28.

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CAUTION: U.S. Federal law restricts this device to sale by or on the order of a physician. Indications, contraindications, warnings, and instructions for use can be found at www.IFU-BSCI.com.

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