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The Resolution Clip is intended for hemostasis, endoscopic marking, closure and anchoring jejunal feeding tubes. It is engineered to enable opening and closing no more than 5 times prior to deployment, aiding in repositioning. The clip can also be used in Magnetic Resonance (MR) environments according to the directions for use. Resolution is a registered or unregistered trademark of Boston Scientific Corporation or its affiliates.

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2009: Hemoclipping of chronic canine ulcers: a randomized, prospective study of initial deployment success, clip retention rates, and ulcer healing

Dennis M. Jensen, MD, Gustavo A. Machicado, MD

Conclusions: Hemoclipping time was similar with all 3 clips; the Resolution Clip (RC) was retained significantly longer than the QuickClip (QC) or TriClip (TC), hemoclips did not delay ulcer healing compared with control or MPEC, and all 3 hemoclips were safe and no complications such as bleeding and weight loss were noted.

(Gastrointest Endosc 2009;70:969-75.)

2008: Endoscopic Management of Acute Lower Gastrointestinal Bleeding

Louis M. Wong Kee Song, M.D., and Todd H. Baron, M.D.

GI Bleeding Team, Division of Gastroenterology and Hepatology, Mayo Clinic, Rochester, Minnesota

(Am J Gastroenterol 2008;103:1881-1887)

2008: Depth of Hemoclip Attachment, Tissue Injury, & Fibrosis After Hemostasis of Bleeding Acute Canine Gastric Ulcers in a Randomized Controlled Study

Dennis M. Jensen, Gustavo A. Machicado, Bhavneet Singh, Ken Hirabayashi

Conclusions: In a randomized controlled study of different hemoclips (HC) vs. MPEC for acute ulcer hemostasis: 1) HC retention rates & early ulcer healing rates were very high for all HC types. 2) Depth of HC attachment was 2-3.2 mm below the surface & varied with HC size & type. 3) Inj-MPEC ulcers had arithmetically more transmural & histologic injury than HC & control ulcers.

(Gastrointest Endosc 2008;67:AB256)

2008: Depth of Hemoclipping, Gross Injury, Histologic Inflammation & Fibrosis with Different Hemoclips Or MPEC in a Randomized Hemostasis Study of Chronic Canine Ulcers

Dennis M. Jensen, Gustavo A. Machicado, Bhavneet Singh, Ken Hirabayashi

Conclusions: For endoscopic hemostasis of chronic GU's in a RCT: 1) Depth of HC's was significantly greater with BSC then other HC's. 2) All HC & control CGU's had significantly less tissue injury & fibrosis than Inj-MPEC. 3) HC closure of CGU's was significantly higher with BSC HC than other types of HC. 4) Successful HC closure of ulcers appeared to accelerate CGU healing.

(Gastrointest Endosc 2008;67:AB254)

2008: Prospective Randomized Comparison of a New Re-Opening Endoclip with a Standard Clipping System

Andreas Adler, Ioannis S. Papanikolaou, Wilfried Veltzke-Schlieker, Maria Papas, Bertram Wiedenmann, Thomas Roesch

Conclusions: R-clips are more effective than S-systems in primary endoscopic hemaostasis as well as in closure of fistulas, anastomosis insufficiencies, Mallory-Weiss lesions and perforations. Their superiority is probably due to their design which allow placement corrections, combined with long clip branches which make less clip applications necessary.

(Gastrointest Endosc 2008;67:AB143)

2008: Hemostasis of Very High Risk Patients with Severe Non-Variceal UGI Hemorrhage Comparing Injection-Hemoclipping with Injection-MPEC

Dennis M. Jensen, Thomas O. Kovacs, Gordon V. Ohning, Rome Jutabha, Gustavo A. Machicado, Gareth S. Dulai

Conclusions: For very high risk patients with severe co-morbidities & NV-UGIH: 1. Combination injection-hemoclipping resulted in significantly lower rebleeding & retreatment rates than injection-MPEC. 2. Rates of major complications & crossovers were low & not significantly different. Further improvements in medical & endoscopic treatment of very high-risk patients with NV-UGIH are recommended.

(Gastrointest Endosc 2008;67:AB106)

2008: Endoscopic Clips Prevent Displacement of Intestinal Feeding Tubes: A Long-Term Follow-Up Study

Maureen Onyinyechukwu Udorah, Michael Wayne Fleischman, Vanitha Bala, Qiang Cai

Conclusions: Use of endoscopic clips can prevent migration during placement of the feeding tube and can also reduce tube displacement in the long term.

(Digestive Diseases and Sciences 2010 55:371-374)

2006: Randomized controlled study of 3 different types of hemoclips for hemostasis of bleeding canine acute gastric ulcers

Dennis M. Jensen, MD, Gustavo A. Machicado, MD, Ken Hirabayashi, BA

Conclusions: (1) For the 3 hemoclip devices, initial hemostasis rates were 100%, but all devices required similar learning time to place clips successfully. (2) Short-term retention rates of TC were significantly less than QC or RC. (3) Long-term clip retention was significantly higher with RC. (4) All 3 hemoclips were safe, and none interfered with ulcer healing.

(Gastrointest Endosc 2006;64:768-73.)

2006: Clipping for Upper Gastrointestinal Bleeding

Tonya Kaltenbach, M.D., Shai Friedland, M.D., Jennifer Barro, M.D., and Roy Soetikno, M.D., Veterans Affairs Palo Alto Health Care System and Stanford University School of Medicine

(Am J Gastroenterol 2006;101:915-918)

2006: Endoscopic placement of jejunal feeding tubes by using the Resolution clip: Report of 2 cases

Eric Frizzell, MD, Peter Darwin, MD

Long term results have been promising, with no migration before intentional tube removal up to 46 days after placement.

(Gastrointest Endosc 2006;64:454-55)

2006: Hemodynamic efficacy of the new resolution clip device in comparison with high-volume injection therapy in spurting bleeding: a prospective experimental trial using the compact EASIE simulator

J. Maiss, C. Baumbach, Y. Zopf, A. Naegel, M. Wehler, T. Bernatik, E. G. Hahn, D. Schwab

Conclusions: No significant differences between the two treatment methods were detected with regard to the immediate efficacy of hemostasis. However, long-term hemostasis was better with hemoclipping. The endoscopist's level of experience also appears to play a role, particularly when hemoclips are used.

(Endoscopy 2006; 38 (8): 808±812)