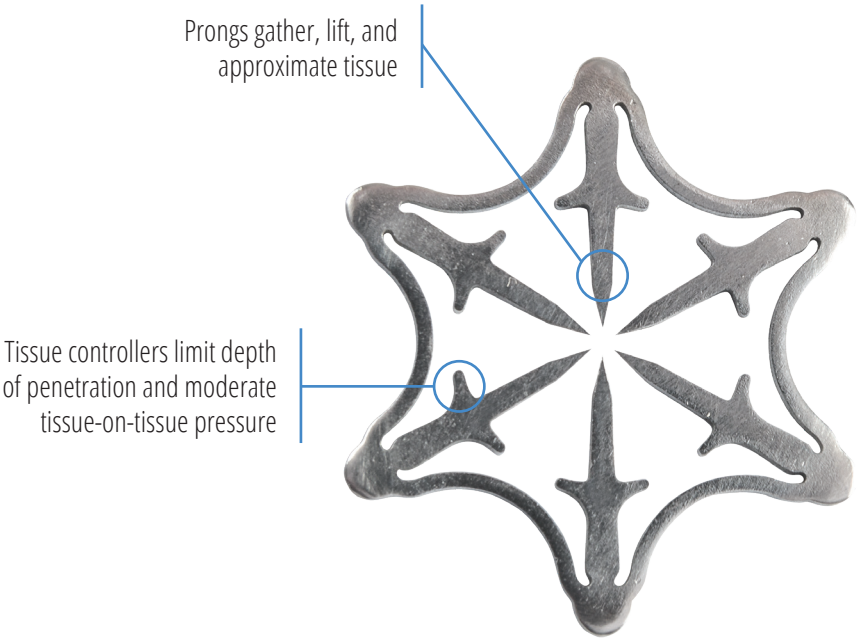
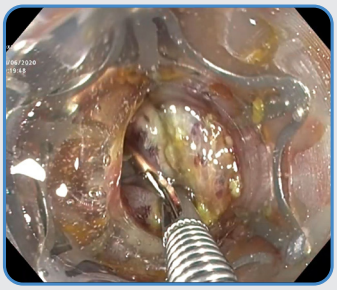
PADLOCK CLIP™ Defect Closure System
Features & Benefits

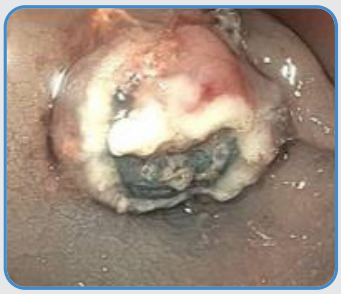
The **PADLOCK CLIP Defect Closure System** facilitates effective full circumferential tissue closure.

- A pre-loaded, self-grasping clip designed to encircle, lift, close, and potentiate the healing of tissue defects
- Attachment to the outside of the endoscope
- Open and free instrument channel for endoscope suction
- "Push of the thumb" deployment
- May be used with the RAPTOR™ Grasping Device to aid tissue recruitment





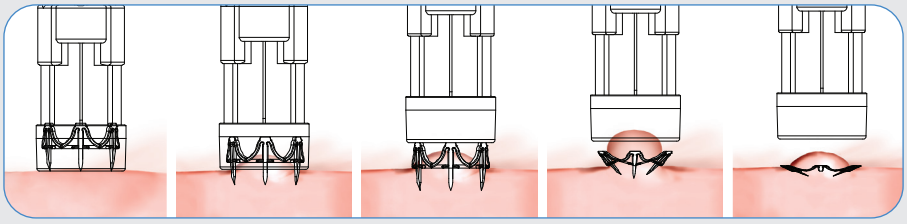
PADLOCK CLIP™ System used with RAPTOR™ Grasping Device to recruit tissue into tissue chamber.



PADLOCK CLIP™ System deployed on colonic EMR site.

Actual size (19mm)

The PADLOCK CLIP™ Defect Closure System is made of **flexible, super elastic alloy** and lays flat against the tissue, offering low profile radial compression.



PADLOCK CLIP™ Defect Closure System
Indications & Case Examples

The **PADLOCK CLIP Defect Closure System** is indicated for clip placement within the gastrointestinal (GI) tract for the purpose of: Endoscopic marking of lesions, Closure of GI tract luminal perforations <20mm that can be treated conservatively, and Hemostasis for: Mucosal/Submucosal defects, Bleeding Ulcers, Arteries <2mm, Polyps <1.5cm in diameter, or Diverticula in the Colon. The hemostatic clip has successfully been used in the following clinical situations.

HEMOSTASIS CASES:

- **Rebleeding gastric ulcer** previously treated with epinephrine injection and bipolar cautery. Treated with PADLOCK CLIP System with no further rebleeding.[2]
- **Bleeding EMR site** successfully treated by the PADLOCK CLIP System and showed persistence of the PADLOCK CLIP System at 3 months follow-up.[1]
- **Bleeding rectal ulcer** treated by the PADLOCK CLIP System, resulting in durable hemostasis.[1] Previous unsuccessful treatments included endoclipping and injective therapy.

FISTULA AND LEAK CASES:

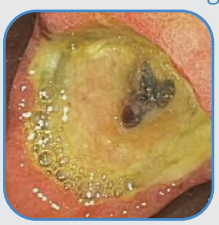
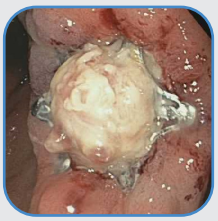
- **Tracheo-esophageal fistula** closure with the PADLOCK CLIP System. Previous unsuccessful treatments included surgery, salivary bypass stenting, and endoscopic clipping.[1]

PERFORATION CASES:

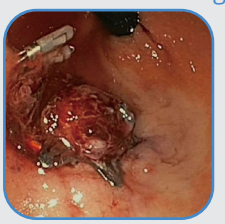
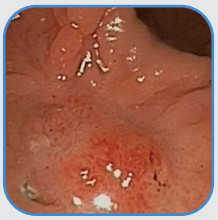
- **Esophageal perforation closure.** Perforation occurred during band EMR procedure. Patient was in good condition following the procedure.[3]

HEMOSTASIS:

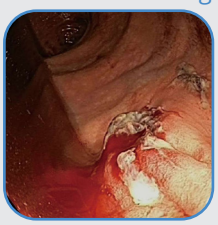
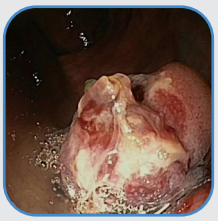
Rebleeding gastric ulcer

Bleeding EMR site

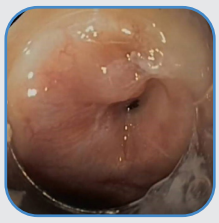
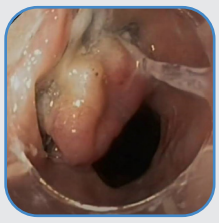



Bleeding rectal ulcer

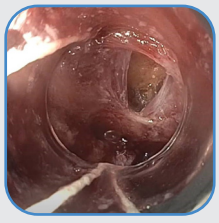
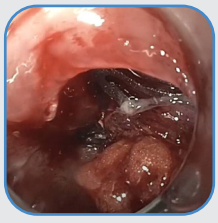



SCAN CODE to view Dr. Diehl case video

FISTULA AND LEAKS:

PERFORATIONS:

PADLOCK CLIP™ Defect Closure System

Product Number	Description	Length (cm)	Endoscope Distal Tip Diameter (mm)	Tissue Chamber Depth (mm)	Tissue Chamber I.D. (mm)	Housing O.D. (mm)	Units/ Box
C910001	PADLOCK CLIP™ Defect Closure System	177	9.5-11	10	11	16	1
C913131*	PADLOCK CLIP™ PRO-SELECT™ Defect Closure System	177	11.3, 12.0, 12.5, 13.0, 13.5, 14.0	4, 8, 11, 13, 15, 19	11	19	1

* Ability to adjust tissue chamber depth based on scope diameter.

1. Armellini E, Crinò SF, Orsello M, Ballarè M, Tari R, Saettone S, Montino F, Occhipinti P. Novel endoscopic over-the-scope clip system. World J Gastroenterol 2015; 21(48): 13587-13592.
2. Dr. Mark Prince: "PADLOCK CLIP Defect Closure System - Closure of a large gastric ulcer." Case Study 761675A - STERIS.
3. Dr. David Diehl: "PADLOCK CLIP Defect Closure System - Endoscopic closure of an accidental esophageal perforation during an EMR procedure." Case Study 761685A - STERIS.