INVITATION TO TENDER

FOR ENDOSCOPY, ENDOUROLOGY & ONCOLOGY ABLATION CONSUMABLES & ASSOCIATED PRODUCTS

ITT REFERENCE PROJECT_1333

ATTACHMENT 4b LOT 1 SPECIFICATION

LOT 1: ENDOSCOPY CONSUMABLES & ASSOCIATED PRODUCTS

Introduction

Endoscopy is an umbrella term for procedures that involve passing an endoscope into the gastrointestinal (GI) tract via the mouth or the anus, and the lungs via the mouth. This tube enables the clinician to see the inside of the gastrointestinal tract. There are several types of endoscopy. Those using natural body openings include, gastroscopy, enteroscopy, endoscopic ultrasound (EUS), endoscopic retrograde cholangiopancreatography (ERCP), colonoscopy, and sigmoidoscopy, and percutaneous endoscopic gastrostomy (PEG).

Endoscopy may be used to investigate symptoms in the digestive system including nausea, vomiting, abdominal pain, difficulty swallowing, and gastrointestinal bleeding. It is also used in diagnosis, most commonly by performing a biopsy to check for conditions such as anaemia, bleeding, inflammation, and cancers of the digestive system. The procedure may also be used for treatment such as cauterisation of a bleeding vessel, widening a narrow oesophagus, clipping & removal off a polyp or removing a foreign object.

Types of Endoscopy Procedure

Gastroscopy:

Gastroscopy enables the specialist to look inside the oesophagus, stomach and duodenum (first part of the small intestine). The procedure might be used to discover the reason for swallowing difficulties, nausea, vomiting, reflux, bleeding, indigestion, abdominal pain or chest pain.

The procedure involves the swallowing of a thin, flexible, lighted tube (called an endoscope). Before the procedure the patient's throat may be sprayed with a numbing agent to prevent the gagging reflex, or they may receive pain relief and a sedative to help them relax during the examination. The endoscope transmits an image of the inside of the oesophagus, stomach and duodenum to a screen, so the specialist can carefully examine the lining of these organs. The scope also blows air into the stomach; this expands the folds of tissue and makes it easier for the specialist to examine the stomach.

Through the endoscope the specialist can see abnormalities, like inflammation or bleeding, that do not show up well on x-rays. The specialist can also insert instruments into the scope to treat abnormalities or remove samples of tissue (biopsy) for further tests.

Enteroscopy:

Enteroscopy includes several types of procedures that allow a physician to look further into the small bowel. A clinician may use a longer conventional endoscope, a double-balloon endoscope or a capsule endoscope. Enteroscopy is primarily used to find the source of intestinal bleeding but can also be used to find lesions and determine causes for nutritional malabsorption.

An extended version of the conventional endoscope, called a "push endoscope," may be employed to study the upper part of the small intestine

Capsule endoscopy uses a swallowable capsule containing tiny video cameras. The capsule, about the size of a large vitamin pill, contains a light source, batteries, a radio transmitter and an antenna.

Double-balloon enteroscopy uses a basic endoscope for viewing the inside of the entire small bowel, but that endoscope travels inside another tube which is pulled along the inside of the small bowel or colon by alternately inflating and deflating two small balloons against the inside of the intestinal wall.

Endoscopic Retrograde Cholangiopancreatography (ERCP)

Endoscopic Retrograde Cholangiopancreatography (ERCP) is a specialised technique combining the use of Upper GI Endoscopy and X rays to study and treat problems of the liver, pancreas, bile ducts, and, on occasion, the gallbladder.

During ERCP, a clinician locates the opening where the bile and pancreatic ducts empty into the duodenum, slides a catheter through the endoscope and into the ducts injects a special dye (also called contrast medium) into the ducts via this catheter to make the ducts more visible on x-rays. The clinician uses a type of x-ray imaging, called fluoroscopy, to examine the ducts and look for narrowed areas or blockages.

ERCP can be used to diagnose biliary colic, jaundice, elevated liver enzymes, cholangitis (inflammation of a bile duct), pancreatitis (inflammation of the pancreas), and bile-duct (biliary) obstruction due to gallstones (choledocholithiasis) and cancer. ERCP can be used to treat gallstones, malignant and benign biliary strictures, cholangitis, pancreatic cancer and pancreatitis.

Endoscopic Ultrasound (EUS):

A flexible endoscope which has a small ultrasound device built into the end can be used to see the lining and wall of the oesophagus, stomach, small bowel, or colon. The ultrasound component produces sound waves that create visual

images of the digestive tract which extend beyond the inner surface lining and also allows visualization of adjacent organs.

Flexible Sigmoidoscopy:

Flexible sigmoidoscopy enables the specialist to look at the inside of the large intestine from the rectum through the last part of the colon, called the sigmoid or descending colon. Specialists may use the procedure to find the cause of diarrhoea, abdominal pain or constipation. They also use it to look for early signs of cancer in the descending colon and rectum. With flexible sigmoidoscopy the specialist can see bleeding, inflammation, abnormal growths and ulcers in the descending colon and rectum. Flexible sigmoidoscopy is not sufficient to detect polyps or cancer in the ascending or transverse colon (two-thirds of the colon).

For the procedure the patient lies on their side on the examination table. The specialist inserts the endoscope into the rectum and slowly guides it into the colon. The scope transmits an image of the inside of the rectum and colon to a screen, so the specialist can carefully examine the lining of these organs. The scope also blows air into these organs, which inflates them and helps the physician see better.

If anything unusual is in the rectum or colon, like a polyp or inflamed tissue, the specialist can remove a piece of it using instruments inserted into the scope. The specialist will send that piece of tissue (biopsy) to the laboratory for testing.

Colonoscopy:

Colonoscopy enables the specialist to look at the inside of the large intestine from the rectum to the opening of the small intestine.

Specialists may use the procedure to find the cause of diarrhoea, abdominal pain or constipation and to check for signs of cancer. With colonoscopy the specialist can see bleeding, inflammation, abnormal growths and ulcers in the colon and rectum.

For the procedure the patient lies on their side on the examination table. Sedation and a pain relief are usually given to help the patient relax. The specialist inserts the endoscope into the rectum and slowly guides it into the colon. The scope transmits an image of the inside of the rectum and colon to a screen, so the specialist can carefully examine the lining of these organs. The scope also blows air into these organs, which inflates them and helps the physician see better.

If anything unusual is in the rectum or colon, like a polyp or inflamed tissue, the specialist can remove a piece of it using instruments inserted into the scope. The specialist will send that piece of tissue (biopsy) to the laboratory for testing.

Percutaneous Endoscopic Gastrostomy (PEG):

Percutaneous endoscopic gastrostomy (PEG), is a procedure during which an endoscope assists the placement of a flexible feeding tube through the abdominal wall and into the stomach. The PEG procedure is for patients who have difficulty swallowing, problems with their appetite or an inability to take enough nutrition through the mouth. It allows nutrition, fluids, and/or medications to be put directly into the stomach, bypassing the mouth and oesophagus.

In this procedure, the endoscopist uses an endoscope to guide the creation of a small opening through the skin of the abdomen and directly into the stomach. This allows the doctor to place and secure a feeding tube into the stomach.

Endobronchial Ultrasound-guided Transbronchial Needle Aspiration (EBUS-TBNA):

An Endobronchial Ultrasound (EBUS) is a procedure that allows a clinician to look into the lungs and to take samples of the glands in the centre of your chest (mediastinum) with the aid of an ultrasound scan.

A flexible tube (bronchoscope), is passed into your lungs via the mouth. A small camera at the end of the bronchoscope enables the clinician to look directly into the windpipe (trachea) and breathing tubes (bronchi). A small ultrasound probe on the end of the camera allows the clinician to see the glands in the centre of the chest (mediastinum) and take samples under direct vision. Occasionally, it is useful to look down your gullet (oesophagus) at the same time with the same camera, as sometimes the glands can be sampled more easily, with less impact on the patient, via the oesophagus.

Lot 1 Structure:

Lot Number	Lot Title
1.1	Endoscopy Capsules
1.2	Patient/Clinical Disposables
1.3	Catheters
1.4	Lithotripsy Consumables
1.5	Cleaning Brushes
1.6	Haemostasis
1.7	Cytology Brushes
1.8	Polyp Traps
1.9	Needles
1.10	Sphincterotome
1.11	Dilation - Including Balloons
1.12	Stents
1.13	Snares
1.14	Retrieval Products – Including Biopsy
1.15	Needle Knife
1.16	Cannulas
1.17	Tattoo Markers
1.18	Lifting Agents
1.19	Bite Blocks & Mouth Guards
1.20	Guidewires
1.21	Scope Accessories
1.22	Biopsy Valves/Caps
1.23	Endoscopy Cuff
1.24	Tubing
1.25	Single Use Visual Scope
1.26	Endoscopy Multi Tool
1.27	Equipment
1.28	Shavers
1.29	Feeding Tube
1.30	Endoscopic Suturing system
1.31	Endoscopic Fundoplication Device
1.32	Gastric Balloons

Standards and Legislation

STANDARDS AND LEGISLATION
Where products are classed as Medical Devices as per the definition under Medical Devices Regulation 2017/745 the following will apply: **Medical Devices Regulations 2002 (SI 2002 No 618, as amended) (UK MDR 2002)** All products must have their CE or UKCA marking evident on the product and/or packaging. **Or** **Medical Devices Regulation 2017/745** All products must have their CE marking evident on the product and/or packaging. **Active Implantable Medical Device Directive (AIMDD) 90/385/EEC (as amended) or Medical Devices Regulation 2017/745** All products must have their CE marking clearly evident on the product and/or packaging. **BS EN 45502-1:2015 or equivalent** Active implantable medical devices. General requirements for safety, marking and information to be provided by the manufacturer **ISO9001**

Lot 1.1 – Wireless Endoscopy Capsules – Diagnostic Procedure

Wireless capsule endoscopy is an alternative to endoscopy performed with a flexible endoscope & may include the following capabilities: Artificial Intelligence Capability, and Magnetically Controlled Stomach Capsule Capability. This is a procedure used to record internal images of the gastrointestinal tract for use in medical diagnosis. Newer developments are also able to take biopsies and release medication at specific locations of the entire gastrointestinal tract to find the following cause(s) of gastrointestinal (GI) bleeding that include:

- inflammatory bowel diseases, such as Crohn's disease
- cancer
- coeliac disease
- examining the oesophagus
- screening for polyps
- additional testing to support X-rays or other imaging tests

A small capsule with a camera and light in it is swallowed by the patient. The capsule sends images of the inside of the patient's body to a computer for a clinician to review.

The capsule is generally the size of a large tablet and leaves the patient's body naturally when they go to the toilet.

Lot 1.2 - Patient/Clinical Disposables

Disposable personal protective equipment worn by patients or clinical staff during endoscopic procedures and the Decontamination Team during the cleaning of a flexible Scope including (but without limitation) the following:

- Face Visors - wrap around face visor
- Gowns - gown worn for protection
- Bibs – a disposable bib
- Modesty Shorts - disposable shorts to help maintain patient dignity
- Dignity Shorts - disposable shorts for colonoscopy patients
- Over sleeves – designed to cover the exposed area between gloves and short sleeves
- Gauntlets – universal gloves protect both the hand and forearm

Lot 1.3 – Catheters

A catheter is a thin tube that is inserted into the body via the endoscope. They are commonly made from silicone rubber or natural rubber, and can be used for, but not exclusively:

- ERCP.
- Radio Frequency Ablation (RFA). A RFA endoscopic catheter delivers radiofrequency ablation, for example via an electrode, through the working channel of a flexible endoscope. RFA endoscopic catheters offer the same ablation capabilities as the widely accepted focal and balloon catheters, delivering controlled depth of coagulation for Barrett's oesophagus and other bleeding and non-bleeding conditions of the GI tract.
- Spray catheter - A device used in conjunction with an endoscope to spray dye against the mucosal wall of the GI tract to identify symptoms of inflammation, infection or cancer, as well as highlighting tissue to aid the removal of growths (for example, carcinomas, polyps) and mucosal tissue.

Lot 1.4 – Lithotripsy Consumables

Removal of biliary stones during an ERCP procedure is normally carried out using a Mechanical Lithotriptor. Extracorporeal Shock Wave Lithotripsy (ESWL) provides shock waves to break gallstones in the bile duct into smaller particles, which can then be removed from the body. ESWL is widely used for the treatment of gallbladder stones & pancreatic calculi. There are various consumable products that assist with fusion, suction & retrieval of stones.

Lot 1.5 - Cleaning Brushes

Brushes designed for use in manual cleaning of endoscopes. There are a wide variety of lengths, diameters, and styles for various scope cleaning needs. Available single use or reusable.

Lot 1.6 – Haemostasis

Endoscopic haemostasis (stop bleeding) products are principally used through the channel of the endoscope to prevent, control & stop bleeding. These include (but are not limited to) probes, sprays, gels, powders, bands, clips, forceps, and Sengstaken Blakemore Tubes.

Haemostatic sprays contain an inorganic powder that coats the surface leading to desiccation of fluid and a procoagulant effect. When delivered by a catheter through the endoscope, the application of this haemostatic spray stops active bleeding with immediate cessation of bleeding.

Haemostatic gels are designed to treat ‘oozing’ and to slow down brisk bleeds. They are usually transparent in presentation.

Haemostatic powders are designed to treat upper GI bleeding. These products, when they come into contact with liquid, immediately convert from a powder into a gel and form a stable mechanical barrier that can seal bleeding points and enhance clot formation.

Contact thermal devices include multipolar probes and heater probes. Electrical bipolar probe devices, such as the commonly used multipolar probes, achieve haemostasis by heating contacted tissue via passage of electrical current through the electrodes attached to the tip or sides of the tip of the probe. The duration of the therapy and the pulse frequency varies by report, but it is important that flattening of the bleeding lesion be achieved with the probe tip to cause 'coaptive' thermal coagulation.

Sengstaken Blakemore Tubes are used in the management of upper gastrointestinal haemorrhage due to oesophageal varices.

Lot 1.7 - Cytology Brushes

Brush devices are used to collect cells for analysis; this takes place in the upper and lower GI tract by brushing epithelial surfaces.

Lot 1.8 - Polyp Traps

Devices used to collect and retrieve excised growths known as polyps.

Lot 1.9 – Needles

Needles to support Endobronchial Ultrasound-guided Transbronchial Needle Aspiration (EBUS-TBNA) as detailed in section 1.1.

Needles also to support EUS (as detailed in section 1.1) Fine Aspiration. Fine needle aspiration is a type of biopsy procedure whereby a thin needle is inserted into an area of abnormal-appearing tissue or body fluid. As with other types of biopsies, the sample collected during fine needle aspiration can help make a diagnosis or rule out conditions such as cancer.

Injection needles can be used to introduce a sclerosing agent (a sclerosing agent induces an inflammatory response) or vasoconstrictor (blood vessel constrictor) into selected sites to control actual or potential bleeding lesions in the GI tract, the delivery of a Tattoo Marker and the injection of saline to aid in Endoscopic Mucosal Resection (EMR), polypectomy (removal of growths) procedures, as well as to control non-variceal (bleeding in the upper GI tract and small bowel) haemorrhage.

Lot 1.10 – Sphincterotome

A sphincterotome comprises a metal wire covered by an insulating sheath, with the distal end of wire exposed, and a short radio-opaque, tapered tip.

Endoscopic sphincterotomy/endoscopic papillotomy is an operation to cut the muscle between the common bile duct and the pancreatic duct. The operation also uses a catheter and a wire to remove gallstones or other blockages.

Lot 1.11 – Dilation - Including Balloons

Dilation is accomplished by the application of expansible forces against a luminal stenosis. Dilators used in endoscopy can be organised into 2 categories:

Fixed-diameter push-type dilators (bougie dilators)

Syringes, used to inflate, deflate and monitor pressure of balloon dilators.

Both treat narrowing of the GI tract, caused by conditions such as malignancy. These devices may also be used to assist the passage of an endoscope.

Balloon dilatation (defined as a region of dilation) is used to stretch a narrowing or stricture of the GI tract, or sphincters within the tract. Narrowing can be in the oesophagus, stomach, small or large bowel.

Types of Balloon Dilatation can include but not exclusively:

- Oesophageal Balloon Dilation which is typically used, but not exclusively, for the treatment of achalasia. Achalasia is a condition that affects the Lower Oesophageal Sphincter (LES) and can be treated gastroscopically (i.e. non-surgically with balloon dilation). A balloon is passed through the inside of an endoscope and through a gastroscope, which is already in position at the stricture site. The Endoscopist then sees the balloon pass the narrowed area and inflates it. The balloon disrupts the oesophageal muscle and thereby reducing the stricture.
- Balloon Dilation Excluding Oesophageal is where a balloon is passed through the inside of an endoscope, either through a gastroscope or a colonoscope, already in position at the stricture site. The Endoscopist then sees the balloon pass through the narrowed area.
- Sphincteroplasty or Endoscopic Balloon Sphincteroplasty (upper & lower GI Tract), includes but not an exhaustively, papillary dilation in the management of bile duct stones in an ERCP procedure, pyloroplasty, anal sphincteroplasty.
- Endoscopic Ultrasound (EUS) refers to endoscopic procedures that utilise a balloon in conjunction with an endoscope in the upper and lower GI tract. A separate balloon applicator tool is not required as the balloon is fitted to
- Extraction balloons are used for biliary and pancreatic stone removal during an ERCP procedure. The balloon is positioned near the tip of an endoscopic catheter. Extraction balloon devices contain a single balloon at the tip can usually be inflated with air to preset sizes, with adjustment as required. They can have ports for delivery of contract & lumen to accommodate the use of a guidewire.

Lot 1.12 – Stents

Endoscopic stenting is a medical procedure by which a stent (a hollow device designed to prevent constriction or collapse of a tubular organ) is inserted by endoscopy. They are usually inserted when a disease process has led to narrowing or obstruction of the

organ in question, such as the oesophagus, the colon or the pulmonary system. Stents can come in various forms which include but not exclusively:

- Metal Stents can be covered, partially covered or uncovered and are designed to prevent constriction or collapse of a tubular organ.
- A Preloaded Metal, Plastic or Biodegradable Stent is loaded onto a delivery system (typically but not exclusively, a catheter or guidewire). The delivery system is flushed with saline, the guide wire is cleaned and moistened to reduce friction, and the whole stent insertion system (delivery system) is introduced into the working channel of the endoscope.
- Plastic stents provide rapid palliation of biliary obstruction. Their patency versus metal stents is shorter.
- Biodegradable stents are made from a biodegradable material.
- EUS Stents (EUS) are typically self-expanding metal stents which may have (but not exclusively) delivery systems (i.e. they are preloaded as described above), electrocautery capability (in this case sealing of blood vessels) and have specific indications (such as but not limited to) for transgastric or transduodenal endoscopic drainage of symptomatic pancreatic pseudocysts and walled-off necrosis.

Lot 1.13 – Snares

A hot, cold or hybrid wire loop device designed to slip over a polyp or tumour to remove it from the GI tract. There are different types of wire which alter the stiffness and also rotatable variants for differing disease presentations.

A Specialist snare is defined as snare(s) that are enhanced to offer additional functions to those detailed in the 'Hot/Cold/Hybrid' section, such as, but not exclusively: a snare with retrieval, grasper or injection needle capability, used in complex procedures such as Endoscopic Mucosal Resection (EMR)/ Endoscopic Sub Mucosal Dissection (ESD)ESD can also have specialist snares

Lot 1.14 - Retrieval Products – Including Biopsy

Devices used for endoscopic retrieval of tissue samples (biopsy), biliary stones, polyps, tumours, stents and foreign bodies.

Specialist retrieval products are products that are enhanced to offer specialist functions in retrieval which may include but not exclusively, the following products:

- Biopsy Forceps: Sampling from lesions which can occur within and outside of the GI Tract – leading to a more definitive diagnosis and targeted therapy. Access and Delivery Catheter to enable targeted specimen sampling under direct visualisation throughout the pancreatic-biliary system, which could include ERCP procedures.
- Nitinol Baskets (stone capture): The nitinol wire allows the basket to retain its shape following extreme torsion.

- Wire-guided Baskets (stone capture): A wire-guided retrieval basket is designed to facilitate push ability and guidewire access.
- Memory Baskets (stone capture): Memory, or non-deforming baskets are able to return to their original shape once used, and their purpose is to facilitate the capture of stones.
- Grasping Forceps: include but not exclusively, graspers to collect and retrieve foreign bodies in the pulmonary tree as well as GI stent removal.
- Retrieval Nets: used to contain a foreign body or polyp for removal.
- Foreign Body Retrieval Hood: A supplementary product used for removal of a foreign body ensuring patient safety and endoscope integrity. Also listed under scope accessories.

Lot 1.15 - Needle Knife

Used during ERCP to facilitate access to the common bile duct or pancreatic duct when standard cannulation techniques have failed. Knives are used to selectively ablate the biliary and pancreatic sphincters, usually after the placement of a protective stent. This may also be done via ESD technique, with or without EUS.

Lot 1.16 – Cannula

Products typically used to cannulate (insert a tube) the common bile duct or to position a guide wire during Endoscopy procedures.

Lot 1.17 - Tattoo Markers

An Endoscopic Tattooing Marker is used for marking colorectal lesions especially via spray catheter or injection. Some items within the scope of this lot will be classed as Licensed Medicinal Products (LMP).

Lot 1.18 - Lifting Agents

Products designed to be used for submucosal lifting of polyps, adenomas, early-stage cancers or other GI mucosal lesions prior to excision with a snare or other endoscopic device.

Lot 1.19 - Bite Blocks & Mouth Guards

Devices designed to provide a safe passage of endoscopy equipment through the patient's mouth during endoscopic procedures. An endoscopy bite block typically has a front flange to overlap a patient's mouth and an opening configured to be received between the patient's lower and upper jaw and are sized to provide access to the patient's oral cavity. These can also facilitate oxygen flow

Lot 1.20 – Guidewires

These are products to provide access to a lumen or cavity and to facilitate the safe navigation of Endoscopy equipment**.**

Guidewires are used for both diagnostic and therapeutic endoscopy. They are used to gain or maintain access into a lumen or cavity in upper GI endoscopy, Colonoscopy, ERCP and EUS procedures. In addition, they have an integral role in the advancement of a variety of devices. Guidewires can vary in material, length, diameter, and design to aid in specific situations encountered by the endoscopist during a procedure.

Types of guidewire used in upper GI endoscopy, Colonoscopy, ERCP and EUS procedures:

- Monofilament: Typically, but not exclusively made from stainless steel or nitinol, with a platinum tip
- Coiled: Typically, but not exclusively made from stainless steel with a stainless/Teflon sheath and stainless tapered core coil
- Coated: Typically, but not exclusively made from nitinol or an alloy, with Teflon, polyurethane, fluorine sheath and platinum, hydrophilic, tungsten or nitinol tip material.

Lot 1.21 - Scope Accessories

Accessories that can attach to the scope to assist in an endoscopy procedure. This may include, but not exclusively:

- Suction Buttons/Valve – this product is attached to the tubing and is used for suction within a procedure
- Channel Connector Adaptor for Biopsy Port - Connectors that work in conjunction with endoscopic tubing for irrigation
- Distal Caps/Hoods – attached to the scope to enhance the view within a procedure
- Endoscopy Hoods – attached to end of scope to protect during removal of foreign bodies
- Over tubes – to protect the patients Oesophageal and via airway removal
- Auxiliary Water Jet Connectors and Adaptors – water connector/adaptor used with irrigation tubing
- Air/Water Button - this product is attached to the tubing then enables water or air into the scope
- Cleaning Adaptor – an adaptor to enable water to be flushed through the endoscope as part of cleaning process
- Leak Tester – unit to test if the endoscope has any leaks
- Scope Tip Protectors – to protect the lens on the endoscope as part of transportation or storage
- Silicone Oil – solution to clean the endoscope lens & lubricate valves
- Water Bottles – to provide water for the tubing

Lot 1.22 - Biopsy Valves/Caps

Used on the biopsy port to allow the pass through of accessories. These devices also prevent any fluids entering or leaving the body during an endoscopic procedure.

Biopsy Valve/Caps are also available with a locking device mechanism

Lot 1.23 - Endoscopy Cuff

Required to fit over the tip of an endoscope and enable the stretching/opening of the internal lining of the colon, which will provide the clinician with an optimal view of the patient's anatomy.

Lot 1.24 – Tubing

Tubing for the endoscope which is intended to provide irrigation via sterile water, and/or air (via an air pump) and/or CO2 (via CO2 Insufflator), or all. This includes but is not limited to the following;

- Irrigation Pump Tubing – this tubing connects to the irrigation pump and endoscope to clean the area being treated
- Air/Water Tubing – used to connect to water and the endoscope
- Water Bottle Adaptor Tubing – this provides water and air to the endoscope
- Air/Water Co2 Tubing – tubing attached to the endoscope, to provide air/water or CO2
- Co2 Insufflation Tubing – attaches to the insufflation unit to provide Co2

Lot 1.25 - Single Use Visual Scope

This device can be used as alternative to reusable flexible endoscopy which aids in the reduction of infection.

Lot 1.26 - Endoscopy Multi Tool

A multi-modality instrument for endoscopic resection. It also assists with functions such as, but not exclusively optical visualisation, diagnosis, and endoscopic treatment in the GI tract.

Lot 1.27 - Equipment

This lot is to supply capital equipment to support the products within a procedure. This may include the following, but not exclusively:

- Irrigation Pumps – The endoscopic irrigation pump is used to clear debris and improve the physician's ability to observe, manoeuvre, and diagnose during endoscopic examinations.
- Flushing Pump – This allows the washing of gastric and colonic mucosa during procedures for improved images. It can also rapidly fill organs with fluid, allowing endoscopic ultrasound.
- Generators **-** Radio Frequency Generators: Radiofrequency Ablation (RFA) is an endoscopic therapy used primarily to treat Barrett's oesophagus. RFA uses an array of parallel alternating electrodes to deliver radiofrequency energy that heats the lining of the gastrointestinal tract, destroying the tissue.

Lot 1.28 – Shavers

A device to remove scar tissue & other lesions in the GI tract, such as in an EMR procedure.

Lot 1.29 – Feeding Tubes

A feeding tube is a medical device used to provide nutrition to people who cannot obtain nutrition by mouth, are unable to swallow safely, or need nutritional supplementation. Tubes are placed using a procedure call Percutaneous Endoscopic Gastrostomy (PEG), in which a flexible feeding tube is placed through the abdominal wall and into the stomach.

A small mouthguard will be placed in the patient's mouth. The patient is sedated and the Endoscopist will insert the gastroscope by mouth and into the patient's stomach. The stomach will be gently inflated with air so that the lining can be seen clearly. An assistant will give some local anaesthetic to the skin, and then make a small incision in the abdomen wall through which a wire is inserted and pulled up through the mouth. The wire is attached to the PEG tube and pulled back through the mouth into position. A biopsy (a small sample of the stomach lining) may be taken during the examination to be sent to the laboratory for more tests.

Lot 1.30 - Endoscopic Suturing system

Endoscopic suturing is a procedure that uses an endoscope (a flexible, tube-like imaging instrument) equipped with a stitching device to repair holes or openings in the GI tract

Lot 1.31 – Endoscopic Fundoplication Device

Fundoplication helps create a new barrier to reflux from the stomach. It can be done with an endoscope (the TIF procedure) or with minimally invasive laparoscopic surgery (such as Nissen fundoplication)

Lot 1.32 - Gastric Balloons

The gastric balloon procedure is a temporary treatment for obesity that helps you lose weight by reducing the volume of your stomach without surgery.