Sterile FiAPC® probes with safety filter

Maximum protection against contamination
Argon plasma coagulation is an endoscopic procedure to coagulate bleeding sites and devitalize tissue anomalies. For the use of APC in GIT and TBS, we recommend the FiAPC® probe – the new probe with the integrated membrane filter. FiAPC® probes are available in various versions (varying lengths and diameters) with axial, lateral and circular openings for the plasma beam. FiAPC® probes are suitable for use with all standard-type flexible endoscopes.

ADVANTAGES OF APC IN GASTROENTEROLOGY OR PULMONOLOGY
- Effective and rapid coagulation, even of larger areas
- Limited penetration depth, may therefore also be used in areas where there is a risk of perforation
- Minimal carbonization, better wound healing
- No vaporization, minimal risk of perforation
- Reduced smoke plume, good vision at the operation site, fewer unpleasant odors
- Non-contact procedure, therefore no adhesion of the probe to the tissue
- Minimal risk of damage to metal stents
- Procedure is efficient and easy to learn
- Cost-efficient equipment
APC probes have varying outlet nozzles — lateral, axial or circular — for precise selective or surface APC coagulation depending on the target tissue.

Examples include surface coagulation for watermelon stomach, devitalization of tumor tissue after stent ingrowth in the esophagus, tissue devitalization in tracheal papillomatosis.

POTENTIAL INDICATIONS IN GASTROENTEROLOGY AND PULMONOLOGY

- Hemostasis of bleeding due to various causes, e.g. tumor bleeding, bleeding after bougienage or dilatation
- Tissue devitalization in partially stenosing tumors or parietal tumor areas
- Tissue devitalization in ingrowing tumors or of granulation tissue after stent placement (ingrowth and over-growth)
- Devitalization of tumor tissue in areas where there is a risk of perforation
Advantages
of FiAPC® probes

The connection cable and filter of the FiAPC® probe are completely integrated in the probe (“all in one”). FiAPC® single-use probes can be immediately used in the OR. There is no need to prepare the connecting cable – which means no preparation costs for the cable. This represents a significantly lower price per APC application compared to conventional single-use APC probes. „Plug and play“ doesn’t get much easier and cheaper than that.

FiAPC® probes have particularly good ignition properties. For you this means: maximum user comfort.

Protection against contamination

A membrane filter prevents possible contamination of the APC device through the reflux of blood or secretions. The filter and the connecting cable are firmly integrated in the APC probe. This all-in-one solution makes handling the probe in the OR much easier. Plug and play is supported by instrument detection.

FiAPC® probes comply with the hygiene recommendations for endoscopic instruments of the Robert Koch Institute*.

THE ADVANTAGES AT A GLANCE:

☑ No preparation of the probe or cable required
☑ Therefore lower costs per APC application
☑ No replacement of the membrane filter required
☑ Plug and Play
☑ No contamination of the unit

* Hygiene guidelines for the reprocessing of flexible endoscopes and endoscopic accessories.

Recommendations of the Commission on Hospital Hygiene and Infection Prevention of the Robert Koch Institute (RKI).

Technical data of FiAPC® probes*

Beam forms

Probes with Ø 1.5 mm
- FiAPC® probe 1500 A, single-use
  Ø 1.5 mm/length 1.5 m
  No. 20132-220
- FiAPC® probe 3000 A, single-use for double balloon enteroscopy
  Ø 1.5 mm/length 3 m
  No. 20132-226

Probes with Ø 2.3 mm
- FiAPC® probe 2200 A, single-use
  Ø 2.3 mm/length 2.2 m
  No. 20132-221
- FiAPC® probe 2200 SC, single-use
  Ø 2.3 mm/length 2.2 m
  No. 20132-224
- FiAPC® probe 3000 A, single-use
  Ø 2.3 mm/length 3 m
  No. 20132-223
- FiAPC® probe 2200 C (circular), single-use
  Ø 2.3 mm/length 2.2 m
  No. 20132-225

Probes with Ø 3.2 mm
- FiAPC® probe 2200 A, single-use
  Ø 3.2 mm/length 2.2 m
  No. 20132-222

FiAPC® probe 2200, circular*

The circular APC probe was designed to allow a radial application angle of 360° for optimal intraluminal application. Another advantage becomes apparent during handling: the APC beam coagulates the tissue nearest to it. It is not necessary to turn the probe towards the target area.

* Current patents: https://www.erbe-med.com/ip
Important information

We have prepared this document with care. Nonetheless, we cannot completely rule out errors in this document.

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