



**Deal with rebleeding
BEFORE it occurs.**

**The VTI Endoscopic Doppler System is a
sound breakthrough in the management
of acute peptic ulcer hemorrhage.**

Call Toll-free: 800.550.0856
Outside USA: 603.594.9700
E-mail: info@vti-online.com



VTI Endoscopic Doppler System

Identify and immediately deal with patients at increased risk for rebleeding after endoscopic treatment of acute peptic ulcer hemorrhage.

This proven Doppler technology is an easy-to-use, economical blood flow detector. By locating persistent blood flow in an ulcer base after endoscopic treatment, it identifies patients at significantly increased risk for rebleeding. This previously unattainable marker enables physicians to make immediate clinical judgments about the need for additional therapy.



Endoscopic Doppler Ultrasound (DOP-US)¹ provides the only objective marker for predicting failure of endoscopic therapy. DOP-US does not require EUS equipment or advanced training.

In patients with acute peptic ulcer hemorrhage, clinical studies demonstrate:

- Doppler positive ulcers are at significantly increased risk of recurrent bleeding.¹⁻³
- Recurrent bleeding is the most important independent predictor of patient mortality.^{4,5}
- The costs to manage unstable patients who require ICU care significantly outweigh net hospital revenues.⁶

GI Specialists appreciate the many benefits of the VTI Endoscopic Doppler System.

The system:

- Easy-to-use (does NOT require EUS training)
- Economical (does NOT require expensive EUS equipment)
- Compact and portable
- Proven pulsed wave Doppler technology
- Selectable depths of tissue interrogation

The probes:

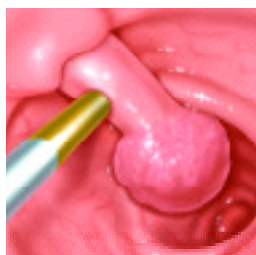
- Fit through 2.8 mm or larger channels
- Flexible and resilient to withstand maximal tip articulation
- Available for upper GI and lower GI use
- Single patient use optimizing patient safety and probe reliability

Other promising GI applications of the VTI Endoscopic Doppler System:

- Prior to polypectomy (large polyps)
- Evaluation of vascular malformations (ex. Dieulafoy's lesion)
- Evaluation of varices
- Prior to complicated sphincterotomy



Demonstrates persistent blood flow within the ulcer base after endoscopic treatment, identifying patients at significantly high risk of rebleeding.



Probes large colonic polyps for "at-risk" vessels prior to polypectomy; evaluates blood flow after placement of ligature.



The VTI Endoscopic Doppler System

¹ Wong, RCK. Endoscopic Doppler US probe for acute peptic ulcer hemorrhage. *Gastrointest Endosc* 2004;60(5):804-12.

² Kohler B, Maier M, Benz C, Riemann JF. Acute ulcer bleeding: a prospective randomized trial to compare Doppler and Forrest classifications in endoscopic diagnosis and therapy. *Dig Dis Sci* 1997;42(7):1370-4.

³ Wong RCK, Chak A, Kobayashi K, Isenberg GA, Cooper GS, Carr-Locke DL, Sivak MV Jr. Role of Doppler US in acute peptic ulcer hemorrhage: can it predict failure of endoscopic therapy? *Gastrointest Endosc* 2000;52(3):315-21.

⁴ Rockall TA, Logan RF, Devlin HB, Northfield TC. Risk assessment after acute upper gastrointestinal haemorrhage. *Gut* 1996;38(3):316-21.

⁵ Barkun A, Bardou M, Marshall JK. Consensus recommendations for managing patients with nonvariceal upper gastrointestinal bleeding. *Ann Intern Med* 2003;139(10):843-57.

⁶ Jiranek GC, Kozarek RA. A cost-effective approach to the patient with peptic ulcer bleeding. *Surg Clin North Am* 1996;76(1):83-103.

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