

OLYMPUS

Your Vision, Our Future

SOLUTIONS FOR BRONCHOSCOPY

One Source for Excellent Devices.



BRONCHOSCOPY

Understanding and Delivering Solutions for Flexible Bronchoscopy Needs.

The treatment possibilities of respiratory diseases are increasingly linked to reliable and effective endoscopic diagnostics. Olympus offers the widest portfolio for diagnostic and therapeutic bronchoscopy, complemented by a semi-flexible pleuroscope for the exploration of the thoracic cavity.

Innovations such as EBUS-TBNA, Narrow Band Imaging (NBI), Autofluorescence Imaging (AFI), and the continuous improvement of white light bronchoscopy broaden the possibilities for interventional pulmonologists. Olympus' role does not stop here. We provide a full line-up of dedicated EndoTherapy instruments, turning your daily challenges into successes.

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ADVANCING THE ART OF BRONCHOSCOPY

EVIS EXERA III Incorporates Innovative Features Pushing Video Bronchoscopy to New Performance Levels.



BF-1TH190

Advancing Visualization

The art of bronchoscopy is about viewing anatomic details and helping to decide on the disease treatment. With EVIS EXERA III an outstanding level of clarity and detail is achieved, enabling the bronchoscopist to perform more precise observation and diagnosis.

Advancing Maneuverability

The art of bronchoscopy requires having the right tools to deliver the best possible patient care. EVIS EXERA III bronchoscopes, with their unique insertion tube rotation function, improve handling and in-procedure maneuverability of bronchoscopes, as well as reducing procedural fatigue.

Advancing Versatility

The art of bronchoscopy is sourced by the wide product line-up for interventional pulmonology. In addition, EVIS EXERA III provides system compatibility with thoracoscopy, gastroenterology, ENT, and surgical endoscopy.

EVIS EXERA III



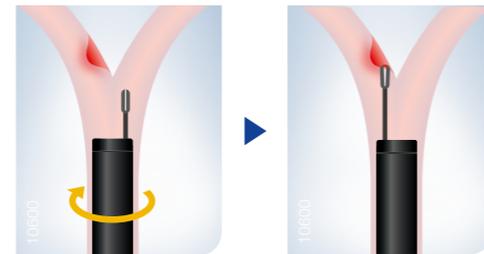
HDTV image taken with BF-1TH190 showing IBV valves

OUTSTANDING HANDLING AND SUPERIOR TRACHEOBRONCHIAL ACCESS...

... is enabled by the insertion tube rotation function - a unique technology which is employed on the EVIS EXERA III bronchoscopes. You will easily discover the improved maneuverability in common situations during bronchoscopy.

Improved Therapeutic Capability

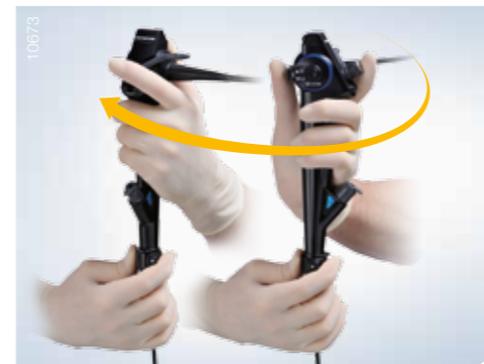
With the insertion tube rotation function, you can easily adjust the position of the distal end of bronchoscopes. Simply keep the handle in a fixed position and rotate the insertion tube and working channel opening to the position most suitable for the biopsy. This facilitates selection of the bronchi where EndoTherapy devices may be inserted.



Improved therapeutic capability

Smoother Insertion and Less Tiring Maneuvering

You can fix the endoscope distal end position by holding the rotation ring and rotate the endoscope handle to a more comfortable position while maintaining the position of the insertion tube. This makes the selection of bronchial branches much easier, and it means that you do not need to stand in a unnatural or stressful position when performing bronchoscopies.



Repositioning of the instrument channel port

Easy Access for the Insertion of EndoTherapy Devices

As the operation of EndoTherapy devices involves both the bronchoscopist and assistant, the insertion tube rotation function can also be used to adjust the instrument port to the most convenient and simple-to-reach position for the whole team.

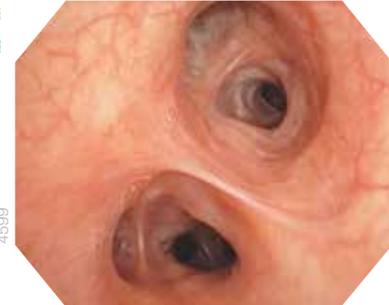


BF-H190 with the Insertion Tube Rotation Function

OUTSTANDING IMAGE RESOLUTION SUPPORTING PRECISE OBSERVATION AND TREATMENT

HDTV Bronchoscopy

With the introduction of EVIS EXERA III, imaging performance has been dramatically improved. True HDTV image resolution is now realized with two flagship video bronchoscopes (BF-H190/BF-1TH190) enabling the bronchoscopist to perform more precise observation and diagnosis of the bronchial mucosa.



HDTV with BF-H190/BF-1TH190

Narrow Band Imaging

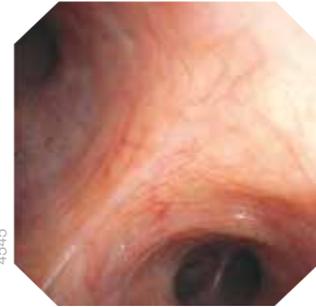
All EVIS EXERA III specifications incorporate Narrow Band Imaging (NBI), an optical image enhancement technology, improving the visualization of vessels on the mucosal surface.



NBI with BF-H190

Routine Bronchoscopy

The versatile routine video bronchoscope (BF-Q190) has significantly improved image quality when compared to conventional models, while providing a slim 4.8 mm distal end outer diameter.



BF-Q190

Slim Design True Videoscopes

The world's slimmest chip-on-the-tip videobronchoscopes (BF-P190/BF-XP190) provide stunning image quality while offering compatibility to a wide range of EndoTherapy instruments enhancing the diagnosis in the thinner lumen.



BF-XP190

EVIS EXERA III

Video System Center CV-190

Most advanced image processing, providing enhanced color reproduction, reduced halation, and minimized image noise. Also incorporating a new pre-freeze function that assures the automatic selection of the sharpest still image.

EVIS EXERA III

Xenon Light Source CLV-190

Increased Xenon power intelligently managed by sophisticated light adjustment solutions which provide ideal illumination. New features include the one-touch connection of EVIS EXERA III endoscopes as well as newly designed cooling fans which considerably reduce the operating noise.

High definition LCD Monitor OEV-262H

26-inch full HD LCD Panel with a 16:9 aspect ratio, high brightness, high contrast, and high gradation images to realize the full potential of the Olympus Endoscope System.

Image Management Hub 20 (IMH-20)

Providing seamless recording, management, and editing of vivid HD images and videos. Its advanced compression technology allows for extended recording time and is compatible with various media.



Flagship system for flexible endoscopy: EVIS EXERA III

SELECTING THE RIGHT TOOLS FOR THERAPEUTIC INTERVENTIONS

Designed to support therapeutic procedures, Olympus has four therapeutic video bronchoscope specifications available, offering working channel sizes from 2.8 mm to 3.0 mm and to 3.2 mm. A large selection of therapeutic EndoTherapy devices can be used with these bronchoscopes, ranging from baskets and forceps for foreign body removal, balloon catheters for hemoptysis control, electro-surgical probes, snares, forceps, and knives to name just a few.

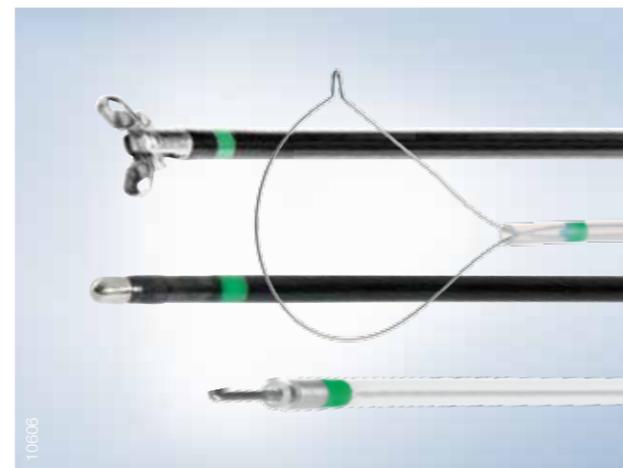
With EVIS EXERA III bronchoscopes, the position of the distal end of bronchoscopes can be adjusted using the insertion tube rotation function, facilitating selection of the bronchi where EndoTherapy instruments may be inserted.

The ESG-100 is the Olympus Electrosurgical Generator for the Respiratory System

- Easy and comfortable to use
- Provides the highest level of safety for patient and user
- Produces less smoke for better endoscopic view
- Less expensive than laser
- More versatile than cryotherapy



ESG-100



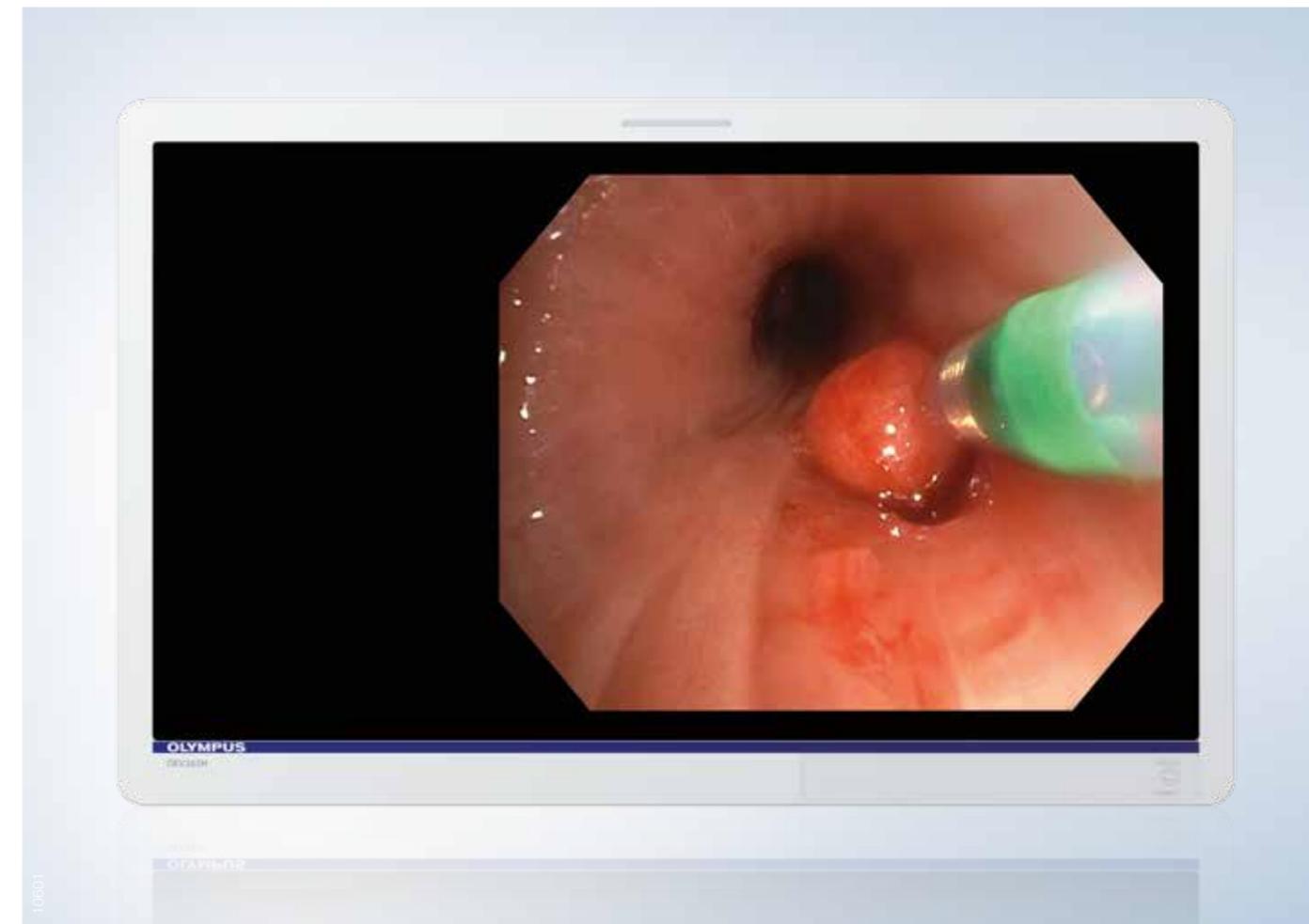
Hot biopsy forceps (FD-7C-1 and FD-6C-1), diathermic snares (SD-18C-1 and SD-7C-1), coagulation electrode (CD-6C-1), electro-surgical knife (KD-31C-1), (top to bottom)



BF-1T180 with coagulation electrode CD-6C-1



BF-XT160 with hot biopsy forceps FD-7C-1



BF-1TH190 with diathermic snare SD-7C-1 on the wide screen monitor OEV-262H

REACHING THE SUB-SEGMENTAL BRONCHI AND BEYOND...

...by selecting from a range of bronchoscope specifications from the EVIS EXERA III range, featuring a 2.0 mm or 1.2 mm working channel, depending on the outer diameter of the endoscope.

Olympus EndoTherapy instruments for diagnostic bronchoscopy range from classical TBNA needles, catheters, GuideSheathKits, and cytology brushes to biopsy forceps, both available in standard 2.0 mm and 1.2 mm working channel versions.



Micro bristle cytology brushes



EndoJaw biopsy forceps

Tests showed that thin micro bristles can provide between 50% to 100% more cells for cytopathologic diagnosis than standard bristles.¹

Many pathologists confirm: cutting biopsies provide better diagnostic possibilities than tearing biopsies.

¹Sato, M., et. al. Journal of Bronchology 2002; Vol. 9 (3): 177-181

Full functionality within the 1.2 mm working channel:

- Biopsy forceps
- Cytology brushes
- Grasping forceps

BF-XP190 with cytology brush BC-203D-2006

BF-H190 with TBNA needle NA-601D-1519

SmoothShot TBNA needles

Decades of experience in the field of classical TBNA: only excellent aspiration needles can provide excellent yield.

GuideSheathKit

Need to go even further?

The innovative guide sheath technique allows repeated access to peripheral lesions. Studies confirm: a combination of different sampling methods help to increase yield and diagnostic success.

BF-P190

Metal sheath TBNA needles

Reliable fluoroscopy guided sampling of peripheral SPN. Excellent visibility, strong puncture, and high yield.

BF-H190 with EndoJaw biopsy forceps FB-211D

LOOKING BEYOND THE BRONCHIAL WALL WITH ENDOSCOPIC ULTRASOUND

With the increasing role of lung cancer staging, EBUS-TBNA is considered by leading experts to be this century's most significant improvement in bronchoscopy. Olympus' progress in further developing EBUS-TBNA - since having introduced the first scope to the market in 2004 - provides compatibility to different ultrasound processors of the Aloka Prosound series and Olympus' universal ultrasound system center EU-ME2. Maintaining a slim insertion tube diameter, the second generation of EBUS-TBNA scopes offer an increased working channel diameter for better suction capability and the freedom to select from EndoTherapy devices like the dedicated 22G or 21G EBUS-TBNA needles.

Adding EUS-FNA with the stunning GF-UCT180 and the entire range of EZShot2 needles in 19G, 22G, 25G as well as 22G with side port, Olympus provides the complete portfolio for endoscopic ultrasound-guided mediastinal staging.



10612
21G and 22G ViziShot needles, 22G EZShot2 needles with and without side port



7008
Universal Endoscopic Ultrasound Center EU-ME2



360
BF-UC180F

With the increasing importance of molecular analysis for customized therapy, the quality and quantity of tissue samples in lung cancer diagnosis is becoming essential. Multiple studies have shown that specimens obtained by EBUS-TBNA can be used for cell-block preparation, immunohistochemistry, and molecular studies. EBUS-TBNA is thus an ideal approach that allows combined pathological and molecular analysis of metastatic lymph nodes*.

* Nakajima T, Yasufuku K: How I Do It-Optimal Methodology for Multidirectional Analysis of Endobronchial Ultrasound-Guided Transbronchial Needle Aspiration Samples. J Thorac Oncol. 2011, 6:203-206.



10615
EBUS-TBNA with Olympus EU-ME2 (left), EBUS-TBNA with Aloka Prosound alpha7 (right)

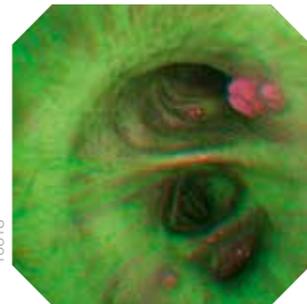
ENDOSCOPIC DETECTION AND CONFIRMATION OF EARLY CANCER...

...is in many cases not possible using white light endoscopy. Results can be improved by using Olympus' unique Narrow Band Imaging (NBI) technology. NBI emphasizes vessel structures and thus allows simpler detection of angiogenic changes which accompany carcinogenesis of the bronchial mucosa. Alternatively, areas of thickened bronchial tissue can be spotted using autofluorescence bronchoscopy, as implemented in Olympus' dedicated AFI endoscopy platform, EVIS LUCERA ELITE. As suspicious lesions lie within or adjacent to the bronchial wall, ultrasound diagnostics of the bronchial wall structures is essential for T-staging to decide on ingrowth or compression. The Olympus radial ultrasound miniature probe portfolio has a wide selection of diameters, allowing diagnostics in the main bronchi as well as in peripheral lumina. Radial ultrasound miniature probes also play an essential role in confirming SPN or pulmonary masses as they provide real-time information of the location and extent of the suspicious lesion.

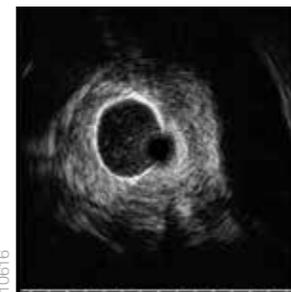
For easy access to difficult target sites, the double-jointed rotatable guiding device helps to position Olympus' unique guide sheath. Serving as an extended working channel for the endoscope, the guide sheath allows easy alternate use of the ultrasound miniature probe, biopsy forceps, and cytology brush, in one diagnostic session. In selected cases, the Olympus SmoothShot cytology TBNA needles have been shown to be compatible with the 2.6 mm working channel GuideSheathKit.



10617
NBI - Neoplastic vessel formation (dotted vessel)



10618
AFI - Detection of suspicious carina



10616
EBUS image of tumor invasion



3421
EBUS balloon probe UM-BS20-26R



10620
EBUS radial ultrasound miniature probe UM-S20-17S



3411
EBUS radial ultrasound miniature probe and guide sheath



2280
Guiding device CC-6DR-1



2279
GuideSheathKit K-201



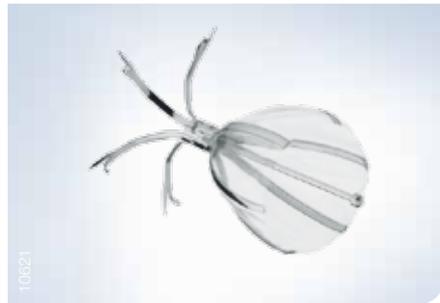
10612
SmoothShot cytology TBNA needle NA-401/411

EMPHYSEMA AND AIR LEAK TREATMENT

IBV valve treatment is a promising approach for treating a diseased lung in emphysematous patients or a damaged lung resulting in air leaks. The patented one-way IBV valve is a device placed in selected lung airways where it self-expands and limits the airflow to the occluded areas of the lung while still allowing mucus and trapped air to pass by outside of the valve in the proximal direction.

For the treatment of emphysema, the valves allow total occlusion of single lobes resulting in atelectasis. In a prospective pilot trial at 30 and 90 days, significant differences were seen in PFT ($FEV_1 + 21.4\%$) and 6MWD, as well as in mMRC and SGRQ in favor of unilateral treatment. Improvement in RV was only significant after 90 days, but the RV/TLC ratio had already decreased significantly in this group after 30 days.¹

For the treatment of air leaks, the valve limits airflow to injured tissue. Prolonged post-surgery and persistent as well as spontaneous secondary air leaks have been treated successfully. Published case reports showed a 94% success rate of treatment of prolonged air leaks.^{2, 3, 4}



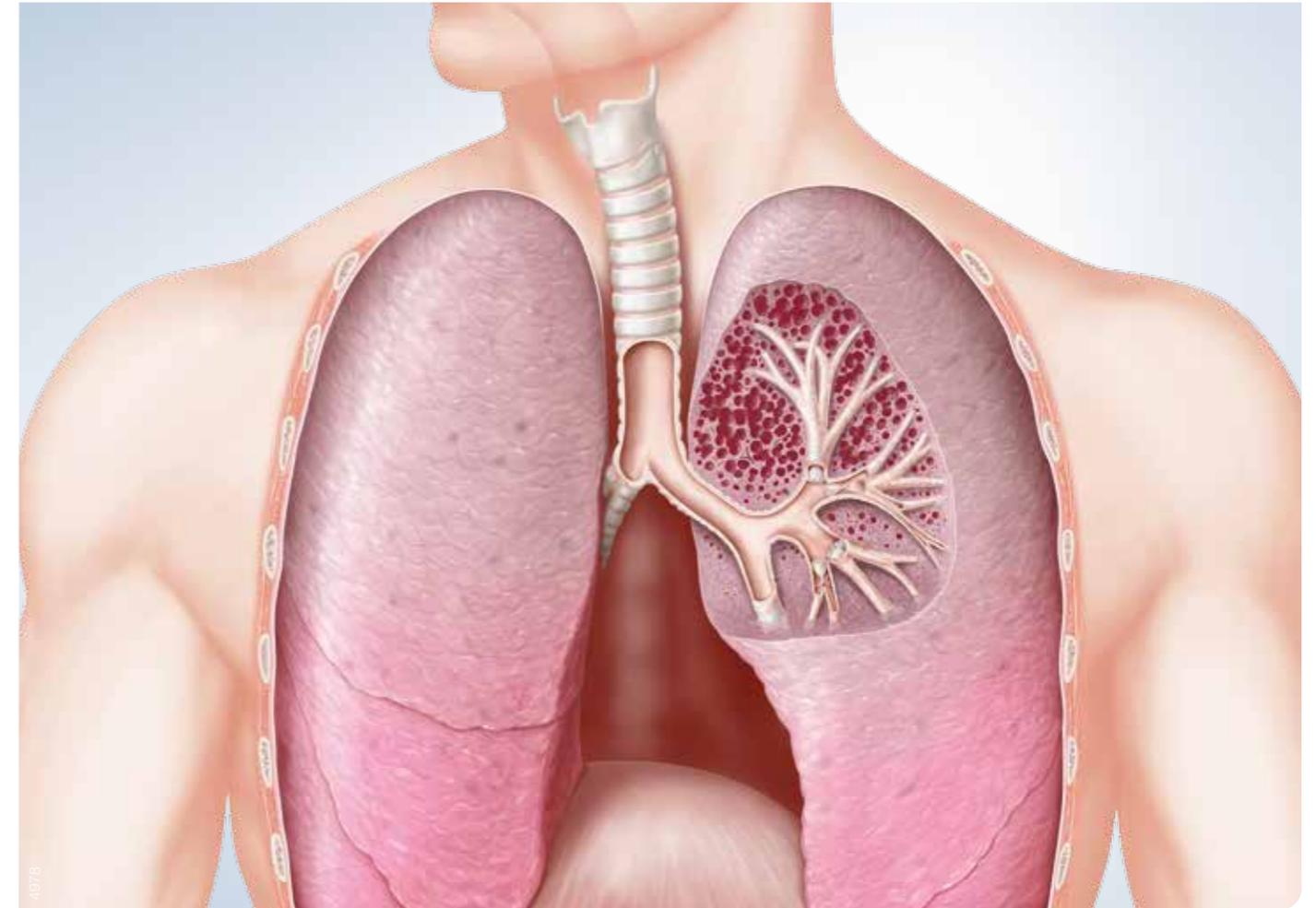
IBV valve



The valve allows mucus and air movement in the proximal direction



The valve itself expands to seal and contracts during breathing



¹ Eberhardt R, et al. CHEST 2012;142(4):900-908. doi:10.1378/chest.11-2886.

² Wood D, et al. [Abstract] European Respiratory Society Congress. September 2010. Abstract nr P4145

³ Mahajan AK, et al. J Thorac Cardiovasc Surg. 2013 Mar;145(3):626-30. doi: 10.1016/j.jtcvs.2012.12.003.

⁴ Firlinger I, et al. Ann Thorac Surg. 2013 Apr;95(4):1243-9. doi: 10.1016/j.athoracsur.2012.12.036.

OBSERVATION OF THE THINNEST BRONCHI

Flexible bronchoscopy is widely used in the diagnosis of respiratory pathologies in children of all ages. Given its ultraslim specifications, the latest flagship model BF-XP190 can be used in pediatric bronchoscopy with ease. The chip-on-the-tip design realizes drastically improved image quality, while maintaining an ultraslim 3.1 mm distal end outer diameter and a 1.2 mm instrument channel.

Biopsies, bronchial brushing, and foreign body removal present common challenges that can be met by the selection of the appropriate techniques and instruments. Olympus offers a full line-up of instruments for pediatric bronchoscopy which is compatible with a 1.2 mm working channel. This range covers grasping forceps and baskets for foreign bodies of different shapes and surfaces and biopsy forceps and cytology brushes for diagnosis even from the small bronchi.

The mini biopsy forceps (FB-56D-1) allows successful sampling also with the slimmest channel bronchoscopes. Their elongated rat tooth cups enable a reliable biopsy. Optimized cytological yield can be obtained with the single-use mini cytology brush (BC-203D-2006) with a brush diameter of 2.0 mm. For retrieval of smooth round objects in children, Olympus offers a selection of single-use mini grasping baskets. In case of the removal of long, thin objects, a single-use mini foreign body removal snare (FG-36D) with an integral handle design comes in handy.



BF-XP190



FB-56D-1
Reusable mini oval rat tooth biopsy forceps



BC-203D-2006
Single-use mini cytology brushes



FG-55D
Single-use mini grasping baskets



FG-36D
Single-use mini foreign body removal snare



PORTABLE AND FLEXIBLE – BRONCHOSCOPY ANYWHERE, ANYTIME

Respond to requests from the ward, the ICU, or emergency room with ease and flexibility for local anesthesia, sputum removal, foreign body removal, emergency hemostasis, and intubation. The complete standalone design incorporates a 2.5-inch monitor, a LED light source, battery, and storage capability of still images and video sequences in a single unit. This versatile endoscope enables observation without peripherals or cables, providing it with an unprecedented level of mobility.



PW-6C-1
Efficient local anesthesia with a minimum consumption of medication: spray catheter with spray valve



Grasping Forceps
In case of an acute bronchial occlusion, foreign body retrieval is possible with baskets and V-shaped or rat tooth grasping forceps.



B5-2C
Emergency short time hemostasis tamponade with the B5-2C balloon catheter



The 2.5-inch monitor which can be tilted to adjust the orientation enables observation and control operations in a single view.



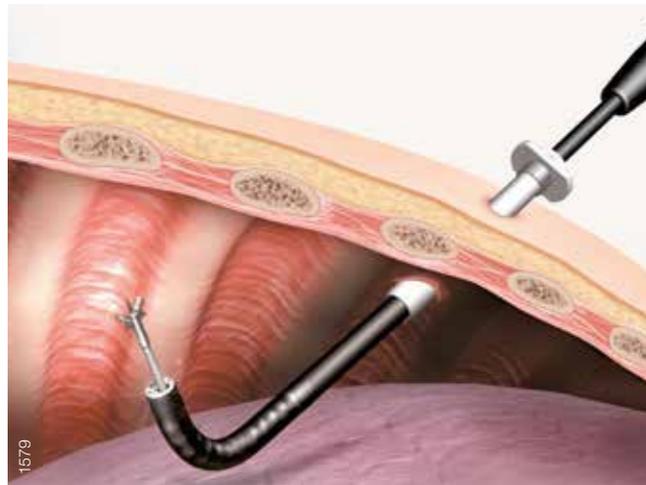
MAF-TM – the mobile bronchoscope
MAF-GM – the mobile intubation scope

EXPLORING THE THORACIC CAVITY

Specially designed to perform medical thoracoscopy, the LTF-160 offers the same ease of use and familiarity that a chest physician experiences with bronchoscopy. Medical thoracoscopy, also referred to as pleuroscopy, can be performed under local anesthesia with conscious sedation in a single-port procedure and offers a less invasive approach as compared to two-port procedures or VATS.

The overall advantages of the Olympus LTF-160 semi-flexible pleuroscope are easy to recognize. With its integrated working channel, pleural effusion can be removed while the pleural cavity is inspected. Furthermore, every angle of the pleural cavity can be accessed.

For diagnostics and therapy, use the large rotatable SwingJaw biopsy forceps with needle (FB-55CR-1) and the washing pipe (PR-2B-1) for rinsing and sampling.



Video Pleuroscope LTF-160



Biopsy forceps
FB-55CR-1



Catheter
PR-2B-1

EXCELLENT DEVICES IN A WIDE VARIETY OF SPECIFICATIONS –
ALWAYS THE RIGHT CHOICE

	Insertion Tube OD (mm)	Distal End OD (mm)	Channel ID (mm)	Bending (up/down)	Rotation Function (left/right)	NBI	Comments
Video Bronchoscopes							
BF-1TH190*	6.0	6.2	2.8	180°/130°	120°/120°	✓	HDTV, OT
BF-H190*	5.1	5.5	2.0	210°/130°	120°/120°	✓	HDTV, OT
BF-Q190*	4.9	4.8	2.0	210°/130°	120°/120°	✓	OT
BF-P190*	4.1	4.2	2.0	210°/130°	120°/120°	✓	OT
BF-XP190*	2.8	3.1 [†]	1.2	210°/130°	120°/120°	✓	OT
BF-1TQ180	6.2	6.3	2.8	180°/130°	–	✓	–
BF-1T180	6.0	6.0	3.0	180°/130°	–	✓	–
BF-Q180-AC	5.3	5.5	2.0	180°/130°	–	✓	autoclavable
BF-Q180	5.1	5.5	2.0	180°/130°	–	✓	–
BF-P180	4.9	4.9	2.0	180°/130°	–	✓	–
BF-XT160***	6.3	6.2	3.2	180°/130°	–	–	–
BF-3C160***	3.8	3.8	1.2	180°/130°	–	–	–
BF-1T260**	6.0	5.9	2.8	180°/130°	–	–	–
BF-F260*	5.4	5.5	2.0	180°/130°	–	–	–
BF-260**	4.9	4.9	2.0	180°/130°	–	–	–
Mobile Airwayscopes							
MAF-TM	5.2	5.1	2.6	180°/130°	–	–	fibervideoscope
MAF-GM	4.1	3.9	1.5	120°/120°	–	–	fibervideoscope
Video Pleuroscope (Medical Thoracoscopy)							
LTF-160	7.0	7.0	2.8	160°/130°	–	–	autoclavable

*with CV-190 only **with CV-160 or higher •with CV-290/-260SL only ••with CV-290/-260SL/-240/-200 only †tapered part of distal end 2.9 mm OT = One-Touch Connector

	Insertion Tube OD (mm)	Channel ID (mm)	Bending (up/down)	Bending (left/right)	Working Length (mm)
Ultrasonic Endoscopes for EBUS-TBNA					
BF-UC180F	6.3	2.2	120°/190°	–	600
Ultrasonic Endoscopes for EUS-FNA					
GF-UC140P-AL5	11.8	2.8	130°/90°	90°/90°	1250
GF-UCT140-AL5	12.6	3.7	130°/90°	90°/90°	1250
GF-UCT180	12.6	3.7	130°/90°	90°/90°	1250
	Frequency (MHz)	Working Length (mm)	OD (mm)	Min. Working Channel (Ø)	
Ultrasonic Probes for EBUS					
UM-S20-17S	20	2150	max. 1.8	2.0	
UM-S20-20R	20	2050	max. 2.0	2.2	
UM-BS20-26R	20	2050	max. 2.6	2.8	
	Insertion Tube OD (mm)	Distal End OD (mm)	Channel ID (mm)	Bending (up/down)	
Fibre Bronchoscopes					
BF-1T60	6.0	5.9	3.0	180°/130°	
BF-P60	5.0	4.9	2.2	180°/130°	
BF-MP60	4.4	4.0	2.0	180°/130°	
BF-XP60	2.8	2.8	1.2	180°/130°	
BF-3C40	3.6	3.3	1.2	180°/130°	
BF-N20	2.2	1.8	–	160°/90°	
BF-TE2	6.0	5.9	2.8	180°/130°	
BF-PE2	5.0	4.9	2.2	180°/130°	

HIGH-QUALITY AND HOLISTIC RANGE OF ENDOTHERAPY INSTRUMENTS

A significant number of different diagnostic and therapeutic applications could be developed as a result of the exciting advancements in bronchoscopy. As a system supplier, Olympus consequently makes use of its expertise and synergies and offers a full range of well-designed, reliable, and versatile EndoTherapy instruments.

These “must-have” instruments will facilitate your daily tasks in the bronchoscopy suite:

Diagnostic Instruments

	Model	Article No.	Min. Working Channel Ø	Specifications
Biopsy forceps	FB-231D	N1082020	2.0 mm	swinging oval cups, fenestrated, single-use
	FB-211D	N1081620	2.0 mm	swinging alligator cups, fenestrated, single-use
	FB-52C-1	026659	2.0 mm	swinging alligator cups, rat tooth, fenestrated, reusable
Cytology brushes	BC-202D-2010	026049	2.0 mm	brush: 2 mm diameter, 10 mm length, single-use
	BC-202D-3010	026050	2.0 mm	brush: 3 mm diameter, 10 mm length, single-use
SmoothShot TBNA needles	NA-401D-1321	N1880630	2.0 mm	21G, 13 mm length, single-use
	NA-411D-1521	N1880930	2.0 mm	21G, 15 mm length, side-hole, single-use
	NA-601D-1519	N2369930	2.0 mm	19G, 18 mm length, trocar type, single-use
Metal sheath TBNA needles	NA-1C-1	026550	2.0 mm	21G, 13 mm length, ideal for TBNA of SPNs
EBUS-TBNA needles	NA-201SX-4022	N1775830	2.0 mm	22G, 40 mm length, single-use
	NA-201SX-4021	N2656630	2.2 mm	21G, 40 mm length, single-use
Guide sheath system for SPN	CC-6DR-1	N3042230	2.0 mm	bendable and rotatable guiding device, reusable
	K-201	N3041830	2.0 mm	GuideSheathKit: sheath, forceps, brush, single-use
	K-203	N3042030	2.6 mm	GuideSheathKit: sheath, forceps, brush, single-use

Pediatric Instruments

	Model	Article No.	Min. Working Channel Ø	Specifications
Biopsy forceps	FB-56D-1	025852	1.2 mm	rat tooth cups, reusable
Cytology brush	BC-203D-2006	N1077030	1.2 mm	brush: 2 mm diameter, 6 mm length, single-use
Grasping forceps	FG-55D	026746	1.2 mm	four-wire basket, single-use
	FG-54D	026742	1.2 mm	three-prong grasper, single-use
	FG-36D	026793	1.2 mm	removal snare, single-use

Therapeutic Instruments

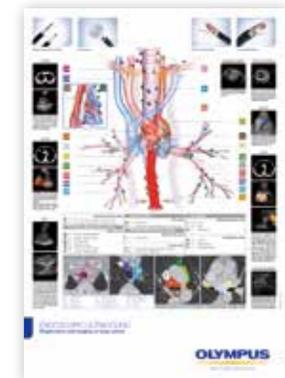
	Model	Article No.	Min. Working Channel Ø	Specifications
Foreign body removal	FG-17K-1	026755	2.0 mm	four-wire basket, 32 mm opening width, reusable
	MA-479	026951	-	handle, for use with FG-17K-1, reusable
	FG-25C-1	026244	2.6 mm	v-shaped forceps, 1.3 mm opening width, reusable
	FG-26C-1	026233	2.6 mm	rat tooth forceps, 3.5 mm opening width, reusable
Electrosurgery	FG-20P-1	026266	2.0 mm	rubber tip jaws forceps, reusable
	CD-6C-1	N1072530	2.0 mm	coagulation electrode, reusable
	KD-31C-1	026097	2.0 mm	spatula knife, reusable
	SD-7C-1	026971	2.0 mm	snare, 23 mm loop diameter, reusable
	MAJ-377	028226	2.0 mm	sheath, for use with SD-7C-1, reusable
Injection needle	FD-7C-1	024880	2.0 mm	hot biopsy forceps, reusable
	MH-264	027004	-	handle, for use with KD-31C-1, SD-7C-1, & FD-6C-1, reusable
	NM-4L-1	026536	2.8 mm	23 G, 4 mm length, single-use
Spray catheter	MAJ-67	026991	2.8 mm	sheath, for use with NM-4L-1, reusable
	PW-6C-1	026027	2.0 mm	for fine and even mist, reusable
Washing pipe	MAJ-929	026028	-	spray valve, for multiple spraying, reusable
	PR-2B-1	026900	2.0 mm	for rinsing and lavage, reusable
Balloon catheter	B5-2C	N3530530	2.0 mm	for lavage, blocking, tamponade, and sizing, single-use
	B7-2C	026921	2.8 mm	for lavage, blocking, tamponade, single-use
Intra bronchial valves	IBV-V5	N3495330		bronchial valve, 5 mm, single-use
	IBV-V6	N3495430		bronchial valve, 6 mm, single-use
	IBV-V7	N3495530		bronchial valve, 7 mm, single-use
	IBV-C26	N3495230	2.6 mm	deployment catheter for bronchial valve, single-use
	IBV-SK	N3495630	2.0 mm	airway sizing kit for bronchial valve, single-use

USER TRAINING

Dedicated User Training Is Necessary in order to Successfully Integrate Bronchoscopic Techniques into Clinical Practice.

With the support of renowned experts, Olympus is able to offer a broad range of training material and training courses in bronchoscopy, Medical Thoracoscopy, IBV, EBUS, EBUS-TBNA, and EUS-FNA.

Article No.	Format	Description
E0429934	Poster	Endoscopic Ultrasound – Diagnostics and Staging of Lung Cancer
E0429849	Laminated DINA4	Endoscopic Ultrasound – Diagnostics and Staging of Lung Cancer
E0429865	Training software	Endoscopic Ultrasound – Diagnostics and Staging of Lung Cancer
029670	DVD	EBUS-TBNA Preparation Video
028061	Laminated DINA4	ViziShot Quick Reference Guide
E0482749	Laminated DINA4	Preparation Instructions for the E0429049 GuideSheathKit Brochure
E0429049	Brochure	GuideSheathKit
E0482764	DVD	Practical Use of the Guide Sheath Technique
E0429562	Reprint	Ten Years of Scientific Study of EBUS-TBNA
E0429415	Reprint	Principles and Practice of Endoscopic Ultrasound
E0482752	Poster	The Bronchus through the Bronchovideoscope
029674	Laminated DINA4	The Bronchus through the Bronchovideoscope
E0429587	Training software	Light and Sound in Bronchoscopy
E0429431	Reprint	NBI Increases the Specificity of Bronchoscopic Early Lung Cancer Detection
E0482717	Brochure	Autofluorescence Imaging Clinical Cases
E0429797	Training software	Medical Thoracoscopy under Local Anesthesia
E0429141	Brochure	EVIS EXERA III – Advancing the Art of Bronchoscopy
E0429166	Brochure	IBV BLVR Patient Information
E0429175	Leaflet	IBV BLVR Patient Selection Overview
E0428870	Brochure	IBV Patient Selection Form
E0429259	Brochure	IBV BLVR Study Summary
E0429365	Brochure	IBV Air Leak Instructions
E0429067	Laminated DINA4	IBV Procedure Overview
E0428869	Brochure	IBV Emphysema Patient Selection



E0429934
Poster: N-staging nomenclature as proposed by IASLC

VISIT OUR WEBSITE FOR UPCOMING TRAINING COURSES

www.olympus-europa.com/broncho

ANDROID APP ON Google play

Download on the App Store

Lung Cancer Staging App

BronchoGuide App

For ordering the training material, please contact your local sales representative.

SOLUTIONS FOR BRONCHOSCOPY



Specifications, design, and accessories are subject to change without any notice or obligation on the part of the manufacturer.

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