

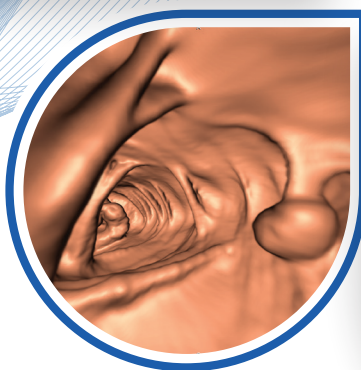
Automated Carbon Dioxide Insufflation System for Virtual Colonoscopy

PROTOCO₂L Touch is the newest technology from Bracco



Colon Insufflation
The Next Generation

PROTOCO₂L
TOUCH™



Bracco. The contrast imaging specialists.



LIFE FROM INSIDE

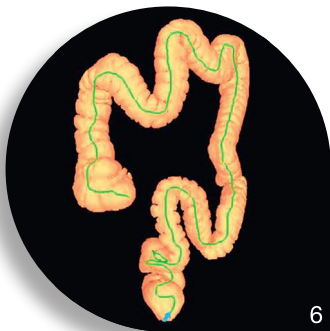
Consistent, Productive, Comfortable

An essential component for successful Virtual Colonoscopy

Consistent

Regulated pressure gradually distends the colon, and maintains that distention for the duration of the study

- Automated insufflation with CO₂ results in more consistent distention and less variability from user to user⁵
- As compared with manual room air insufflation, automated insufflation with CO₂ provides improved colonic distention, as demonstrated in two clinical trials^{3,5}
- Volume display allows the monitoring and recording of the volume of CO₂ used, unlike room air insufflation in which the amount of air introduced is not monitored
- Regulated pressure avoids pressure spikes and minimizes the level of patient discomfort often experienced with hand insufflation⁴



Comfortable & Safe

Automatic distension with CO₂ is the method of choice, to optimize colonic distension and to maximize patient comfort¹

- Rapid absorption of CO₂ results in improved comfort after the procedure, as compared with room air insufflation^{2,3,4}
- Automated low-pressure insufflation may reduce colonic spasm as compared with

manual methods, particularly in segments with advanced diverticular disease⁴

- Automated insufflation combined with pressure relief valves and automatic flow stop features help protect against over-insufflation, thereby supporting and improving patient safety
- Over-pressure alarms and safety shutdown features further support patient safety

Productive

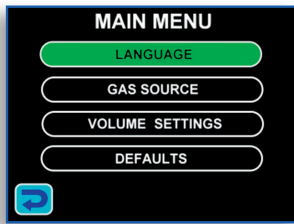
- Automated insufflation may decrease the demands on staff time, particularly during the insufflation process²
- Automatically replaces gas lost during the procedure
- Visual displays allow for quick reference of pressure and volume, and alerts the operator when the CO₂ cylinder is low
- Adjustable pressure up to 35 mmHg allows for user control when necessary



New and improved PROTOCO₂L Touch offers the same reliable features you've come to expect, but now with additional benefits to further simplify and streamline the procedure

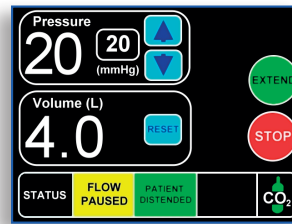
- No special utilities required: PROTOCO₂L Touch uses standard medical grade (USP) D or E size carbon dioxide cylinders, or a central supply source, and connects to a standard hospital electrical receptacle
- PROTOCO₂L Touch displays instantaneous gas pressure reading, records the total volume delivered during the procedure, and alerts the operator when the CO₂ cylinder is low
- An accessory cart provides storage facilities for CO₂ cylinders, and a dedicated holder for administration sets

Insufflation System



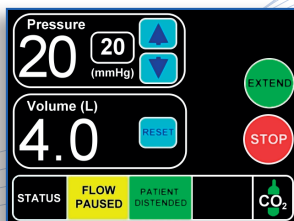
User Interface

- PROTOCOL₂L Touch has an easy-to-use, intuitive interface
- Backlit color LCD touch screen provides health care professionals with a user-friendly interface
- PROTOCOL₂L Touch has a main menu linking the user to fully customizable settings, which include volume pause, a possibility to change the gas source, language selector, a ready-to-scan feature, and first and final pressure input



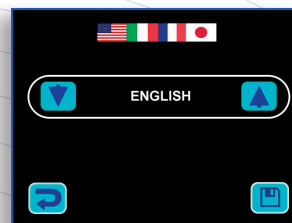
CO₂ Supply Features

- An improved gas gauge featuring a 3-color icon lets the user know when the gas cylinders are running low and need replacing: Green (full), Yellow (running low), Red (empty)
- The new gauge both visually and audibly alerts the user when the gas supply is low
- The new PROTOCOL₂L Touch now offers the possibility to attach a CO₂ central supply source in addition to a conventional CO₂ cylinder



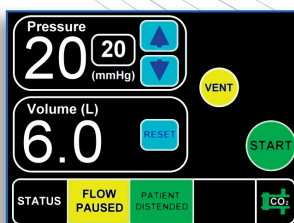
Ready-to-Scan

- The new software interface enables users to determine when colon insufflation is complete
- Proprietary software takes pressure and volume into account to trigger the ready-to-scan feature
- The ready-to-scan feature reduces the likelihood of a poor quality scan, by alerting the user to the optimal time to start the scan
- The ready-to-scan feature increases the likelihood of getting an optimal scan at the first attempt
- PROTOCOL₂L Touch identifies the steady-state pressure and the point at which optimal colonic distention should most likely be achieved



Language Options

- Customizable language options allow the user to choose among the following languages: English, Spanish, French, German, Italian, Portuguese, Swedish, Finnish, Norwegian, Danish, Greek, Turkish, Dutch, Czech, Polish, Korean, Japanese



Pressure Vent

- The new user-activated pressure vent allows users to eliminate pressure within the administration set and the colon
- The venting system now offers a one-touch solution to immediately relieve intracolonic pressure thereby reducing patient discomfort

Administration Set

- An in-line fluid trap captures colon effluent and removes it from the "path" of the CO₂ for proper insufflation
- A hydrophobic filter helps to protect the PROTOCOL₂L Touch Insufflator from cross contamination
- Simple connection and detachment from PROTOCOL₂L Touch Insufflator



A high quality catheter for your patients

Large holes for effective delivery of CO₂

Firm blue tip aids effective insertion

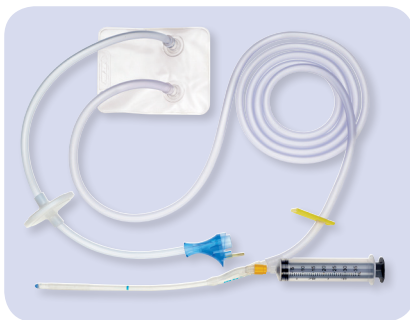
High quality silicone ensures catheter is rigid enough for effective insertion, yet soft enough for patient comfort

Easy to see blue line to aid catheter placement

Supplied with a syringe for effective inflation of the cuff up to 35 ml if required



PROTOCO₂L Touch Administration Set latex free, with vinyl tubing, syringe and plastic tubing clamp. The system includes a silicone rectal catheter with retention cuff, 0.1µm hydrophobic filter, 100mL effluent collection container and connector to PROTOCO₂L Touch Colon Insufflator.



PROTOCO₂L Touch Colon Insufflator with system rolling cart

For USP Medical Grade CO₂ tanks (cylinders) supplied outside of the USA please note that the tank should be within 430mm to 780mm in height to securely fit in the Protocol Accessory Cart, model 6405. Tank designations vary by country. Please check with your local distributor for compatibility.

References:

1. Neri E., et al. Eur Radiol 2012 on-line
2. Dachman AH. Radiology 2006; 239(2):317-321.
3. Burling D, et al. AJR 2006; 186:96-103.
4. Pickhardt P. AJR 2007; 189:290-298.
5. Shinnars T, et al. AJR 2006; 186:1491-1496.
6. Courtesy of Dr. Perry J. Pickhardt, University of Wisconsin, Madison, USA.

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