



PILLCAM™ SYSTEM



The Gold Standard in Capsule Endoscopy.

Capsule Endoscopy – Safe, minimally invasive, clinically proven

The Capsule Endoscopy has optimized the detection of small bowel and colon diseases. Since receiving CE certification and FDA approval in 2001, capsule endoscopy has developed to become the gold standard tool for small bowel diagnostics.

Given Imaging, now owned by Medtronic, was the pioneer in capsule endoscopy, developing new clinical-research backed products for an increasing number of applications. More than 2 million patients – both inpatients and outpatients – from around the globe have already benefited from the advantages of this established method.

Three Capsules - One System

The PillCam™ System offers the ability to visualize the small bowel as well as the colon in excellent image quality, while the PillCam™ Patency Capsule ensures a safe capsule passage.

PillCam™ SB – The Gold standard in small bowel diagnostics



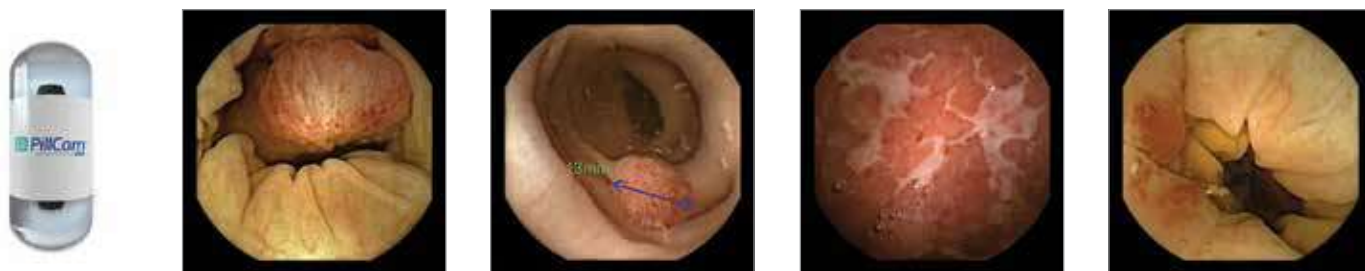
High accuracy diagnostic by delivering:

- Excellent image quality
- Improved image resolution
- Sharp, natural colour and well illuminated images

Complete and detailed visualization of the small bowel through:

- Adaptive Frame Rate (AFR): 2-6 images per second based on the capsule movement
- Wide angle view of 156°
- Battery capacity of 11 hours and more

PillCam™ COLON – When colonoscopy reaches new limits



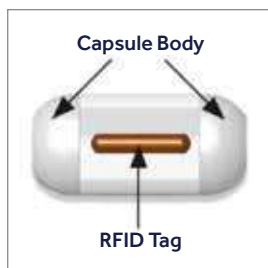
Bi-directional communication between the PillCam™ COLON and the PillCam™ recorder enables:

- Compliance with physician instructions through active reminders for the patient throughout the procedure
- Automatic detection of the small bowel to ensure gastric emptying

Technology specifically for the visualization of the colon:

- 2 camera heads
- Adaptive Frame Rate (AFR): 4-35 images per second based on the capsule movement
- Provides a near 360° view through a recording angle of 172°
- Battery capacity of 10 hours and more

PillCam™ Patency Capsule – Safety has the highest priority



- Dissolvable capsule
- Provides a simple examination to verify functional patency of the GI tract
- Shape and size comparable to the PillCam™ SB capsule
- Radiation-free procedure
- The PillCam™ Patency Capsule is recommended to detect strictures prior to the procedure¹

RAPID Software – More Efficiency

The PillCam™ Platform also sets new standards in image analysis. A combination of the latest capsule technology and software algorithms provide physicians and medical staff with a perfect balance of diagnostic accuracy and reading efficiency.



QuickView Mode

Efficient time management

- QuickView: Clinically validated algorithm provides rapid reading in only 12 minutes (94% sensitivity)²
- Complimentary QuickView completes an entire video analysis
- Focus on relevant images through combination of similar images



FICE mode versus normal mode

High diagnostic confidence

- Integrated atlas with validated reference images
- Integrated virtual chromoendoscopy to enhance visualization of suspicious structures (FICE)
- Image adjustment tool adapts user preference (sharpness, brightness, colour)



Localisation & Progress Indicator

Valuable therapy support

- Real time viewing provided by the Pillcam™ recorder
- PillCam™ locator tools provide detailed localisation data for follow-up therapies
- Software-based polyp size estimation tool

PillCam™ System – Enhanced Quality through Synergy

The optimal interaction of video capsule, data recorder, sensor belt and RAPID™ software makes the PillCam™ system the reference standard in capsule endoscopy.



PillCam™ recorder

- Active steering of capsule frame rate
- Real time viewing with color LED monitor
- Audio and visual alerts to remind the patient of the next procedure steps
- Integrated rechargeable battery
- SD-card provides easy handling of data



PillCam™ sensor belt

- Very comfortable
- Easier and more convenient procedure for the medical staff
- No need for shaving, skin preparation or adhesive pads reduces preparation and post procedure time
- Up to 25 minutes saved with each procedure³



HS - Connection



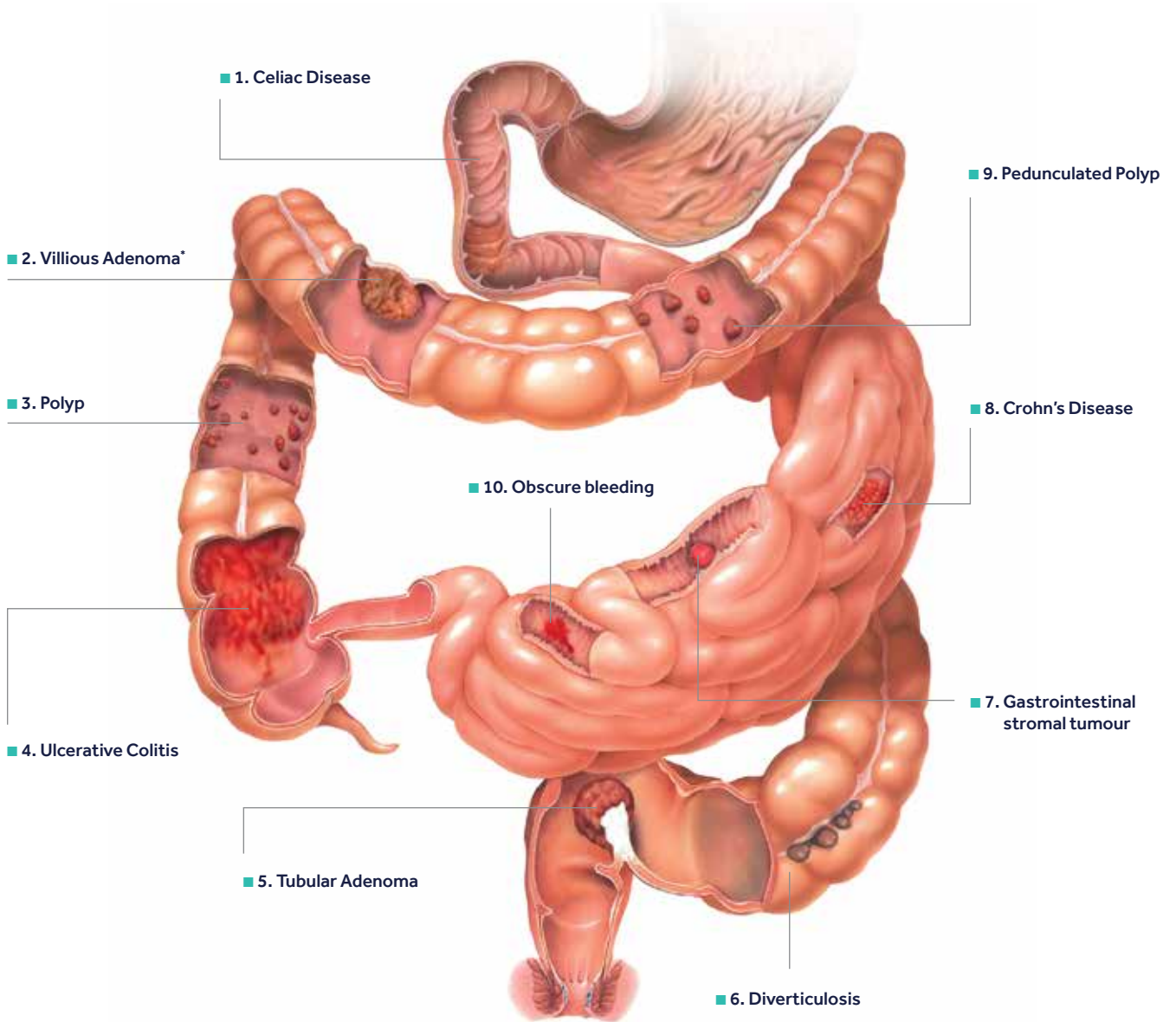
Flexible Access

Network connectivity

- Import and export of patient data into the hospital information system (HIS)
- Backup of data and diagnostic findings in the network
- Support of XML, HL7 and DICOM
- Flexible access to software and data from different work places through free of charge RAPID™ Reader Software



Optimal Utilisation of the Capsule Endoscopy System in Small Bowel and Colon Indications



* validated through biopsy



1. Celiac Disease



2. Villous Adenoma*



3. Polyp



4. Ulcerative Colitis



5. Tubular Adenoma



6. Diverticulosis



7. Gastrointestinal stromal tumour



8. Crohn's Disease



9. Pedunculated Polyp



10. Obscure bleeding

Clinical evidence

- More than 1,900 publications on the PillCam™ Capsule Endoscopy
- More than 2 million procedures performed using the PillCam™ Video Capsule globally
- Provision of most important study contents, position papers and guidelines through special printouts, literature reviews and newsletters

Technical service

- Free telephone hotline with call-back service
- 24-hour replacement service
- Consultations with highly qualified service technicians
- Customer-friendly handling of all technical inquiries

Training concept

- Curriculum developed by capsule experts
- Capsule training, performed exclusively on the Pillcam™ System
- Quality guidelines for capsule endoscopy

On-site-support

- Individual training
- Support provided for first procedures

References

¹ May A. et al., Kapselendoskopie in der Diagnostik von Dünndarmerkrankungen Update des Positionspapiers der Sektion Endoskopie der DGVS, Stand 07/2010, Z Gastroenterol 2010;48: 384–1404.

Ladas S. D. et al., European Society of Gastrointestinal Endoscopy (ESGE): Recommendations (2009) on clinical use of video capsule endoscopy to investigate small-bowel, esophageal and colonic diseases, Endoscopy 2010; 42: 220–227.

² Saurin J.C. et al., Can we shorten the small-bowel capsule reading time with the "Quick-view" image detection system?, Dig Liver Dis. 2012 Jun;44(6): 477–81. doi: 10.1016/j.dld.2011.12.021. Epub 2012 Jan 26.

³ Basierend auf einem Umfrageergebnis unter 50 erfahrenen Kapselendoskopieschwestern auf der SGNA 2009 in St. Louis, Missouri.

