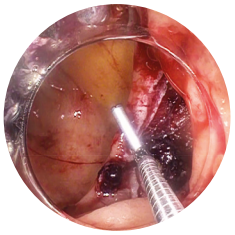
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OTSC®neo System

The best-studied closure device

The OTSC® technology and its products stand as highly researched and effective tools for the closure of acute lesions, fistulas, and leakages, as well as a preventative closing measure in gastrointestinal resection procedures. Since its introduction, OTSC® has been the subject of over 200 extensive clinical studies on closure techniques, consistently demonstrating its efficacy and reliability in various applications. The data also applies to the OTSC®neo System as the clinically relevant features remain unchanged.



Closure of perforations

OTSC®, especially in combination with the OTSC® Twin Grasper® consistently shows high clinical success rates with its serosa-to-serosa closure approach.

» Technical success of 95.5% (447/468)[1]
» Clinical success between 85.3%[1] (399/468) and 89% (32/36); in the latter prospective cases, the OTSC® Twin Grasper® was used to approximate the perforation edges[2]
» Before OTSC® was used, 62.5% (15/24) of cases required surgery. Since its implementation, the rate has fallen to 12.5% (2/16; p=0.002)[3]



Closure of leakages

OTSC® offers a good solution for leakage treatments, especially in combination with therapies such as endoscopic vacuum therapy (EVT).

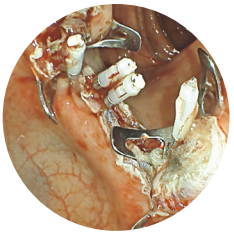
» Clinical success rate between 72.6%[1] (284/391) and, in combination with other techniques, 86.3%[4] (63/73). With EVT clinical success can even reach up to 100% (n=42)[5]
» Significantly shorter therapy duration when EVT and OTSC® are combined compared to EVT alone (33 vs. 46 days, p=0.004), with patients being able to be discharged earlier on sufficient oral nutrition (98% vs. 60%; p<0.001)[5]



Closure of fistulas, also after LAMS

OTSC® is likewise effective for fistula closure (also e.g. following LAMS explantation). The success rate increases significantly when the epithelial tissue is removed prior to clip placement, e.g. with a wire brush.

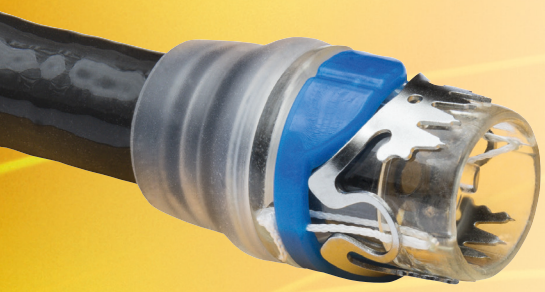
» In a systematic review, for the heterogenous retrospective cohort, clinical success rates were 55.8% (347/622). Success rates rise up to 70.3% (71/101) for prospective cases[1]
» Clinical success rate can significantly increase to 94% (29/31) when tissue preparation is utilized, here e.g. with a wire brush[6]
» OTSC® also is a promising solution of the closure after LAMS[7] with a high clinical success rate of up to 100 % (n = 5/5)[8]



Preventive clipping

OTSC® can also be used as a preventative measure after endoscopic procedures to reduce the risk of bleeding or perforations.

» Clinical success rates are between 98.2% (54/55)[9] and 98.7% (72/73)[10]
» Delayed bleedings were between 1.4% (1/73)[10] and 3.6% (2/55)[9]
» In both studies, delayed perforation was 0%[9,10]



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Summary

OTSC®neo shows high clinical success for the closure of a variety of defects, from acute perforations to leakages and fistulas, as well as a preventative measure to reduce the risk of bleeding or perforation after procedures. This high clinical success, as well as its ease of use make it an optimal and well-studied instrument for endoscopic closure.

Perforation Closure



Fistula Closure



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More information on the OTSC®neo System

OTSC® neo Closure_CF eng_Rev1 2026-01-20 800123

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