

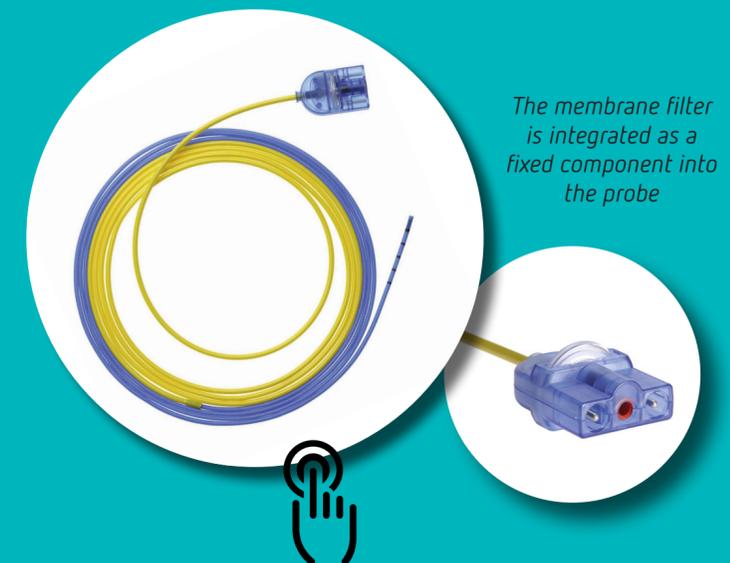
FiAPC®

Plug and operate in
interventional endoscopy

Argon plasma coagulation is an endoscopic procedure to coagulate bleeding sites and ablate tissue. For the use of APC in the gastrointestinal tract, we recommend the FiAPC® probe – the probe with the integrated membrane filter.

Advantages of FiAPC® probes

The FiAPC® probes allow an effective and fast coagulation, even of larger areas. The connection cable and filter of the FiAPC® probes are completely integrated in the probes („all in one”). FiAPC® single-use probes can be immediately used.



PLUG AND OPERATE

NO REPLACEMENT OF THE MEMBRANE FILTER REQUIRED

LOWER COSTS PER APC APPLICATION

NO CONTAMINATION OF THE UNIT

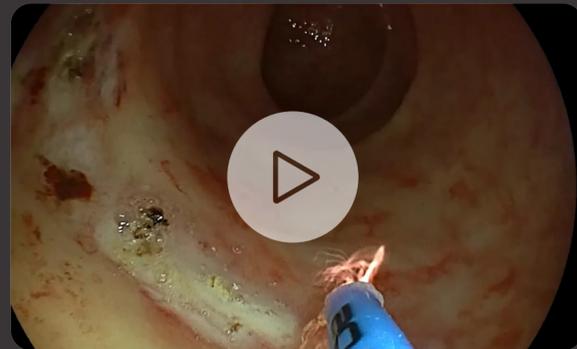
FiAPC® probes

for interventional GI endoscopy
and pulmonology

Clinical applications in gastroenterology



APC ablation of colorectal neoplasia



Chronic bleeding from Radiation Proctitis



APC ablation of angiodysplasia



Tumor ablation in the esophagus

Clinical applications in pulmonology



Hemostasis of tracheobronchial bleeding with APC 2



Bleeding management after endobronchial recanalization with flexible FiAPC® probe 1500 A



Removal of a lung tumor with monopolar snare, flexible single-use cryoprobe and APC



Recanalization of endobronchial tumor with APC

VIO[®] 3 workstation

All-in-one solution for interventional GI endoscopy and pulmonology

The fully equipped Erbe workstation combines various technologies – electrosurgery, APC and cryotechnology on one platform, including the VIO[®] 3, APC3 and ERBECRYO[®] 2 for all standard and advanced endoscopy applications.

The workstation supports the FiAPC[®] probes with the dedicated modes: forcedAPC[®], preciseAPC[®] and pulsedAPC[®] for the treatments ranging from selective flat coagulation of minor bleeding to the devitalization of extensive lesions.

Advantages of APC in gastroenterology and pulmonology

- Effective and rapid coagulation, even of larger areas
- Limited coagulation depth of APC leads to a limited risk of perforation
- Non-contact procedure, therefore no adhesion of the probe to the tissue
- Procedure is efficient and easy to learn
- Low cost in purchase, use and maintenance

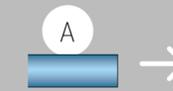


The workstation combines the electrosurgery unit VIO[®] 3 with APC3 and ERBECRYO[®] 2 on one cart. The APC3 is operated via the touchscreen of the VIO[®] 3.

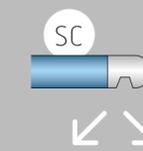
Technical features

FiAPC[®] probes are available in various versions (varying lengths and diameters) with axial, lateral and circumferential openings for the plasma beam to perform APC.

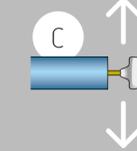
Axial beam



Side Fire Conical Beam



Circumferential Beam



Probes with Ø 1.5 mm

FiAPC[®] probe 1500 A, single-use, Ø 1.5 mm, length 1.5 m, No. 20132-220

FiAPC[®] probe 3000 A, single-use, for double balloon enteroscopy, Ø 1.5 mm, length 3 m, No. 20132-226

Probes with Ø 2.3 mm

FiAPC[®] probe 2200 A, single-use, Ø 2.3 mm, length 2.2 m, No. 20132-221

FiAPC[®] probe 2200 SC, single-use, Ø 2.3 mm, length 2.2 m, No. 20132-224

FiAPC[®] probe 3000 A, single-use, Ø 2.3 mm, length 3 m, No. 20132-223

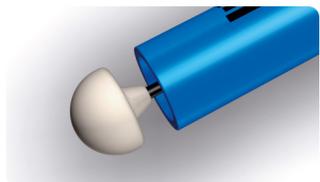
FiAPC[®] probe 2200 C (circular), single-use Ø 2.3 mm, length 2.2 m, No. 20132-225

Probe with Ø 3.2 mm

FiAPC[®] probe 2200 A, single-use, Ø 3.2 mm, length 2.2 m, No. 20132-222

FiAPC[®] probe 2200, circumferential*

The circumferential APC probe was designed to allow a radial application angle of 360° for optimal intraluminal application.



No other accessories are required for FiAPC[®] probes

