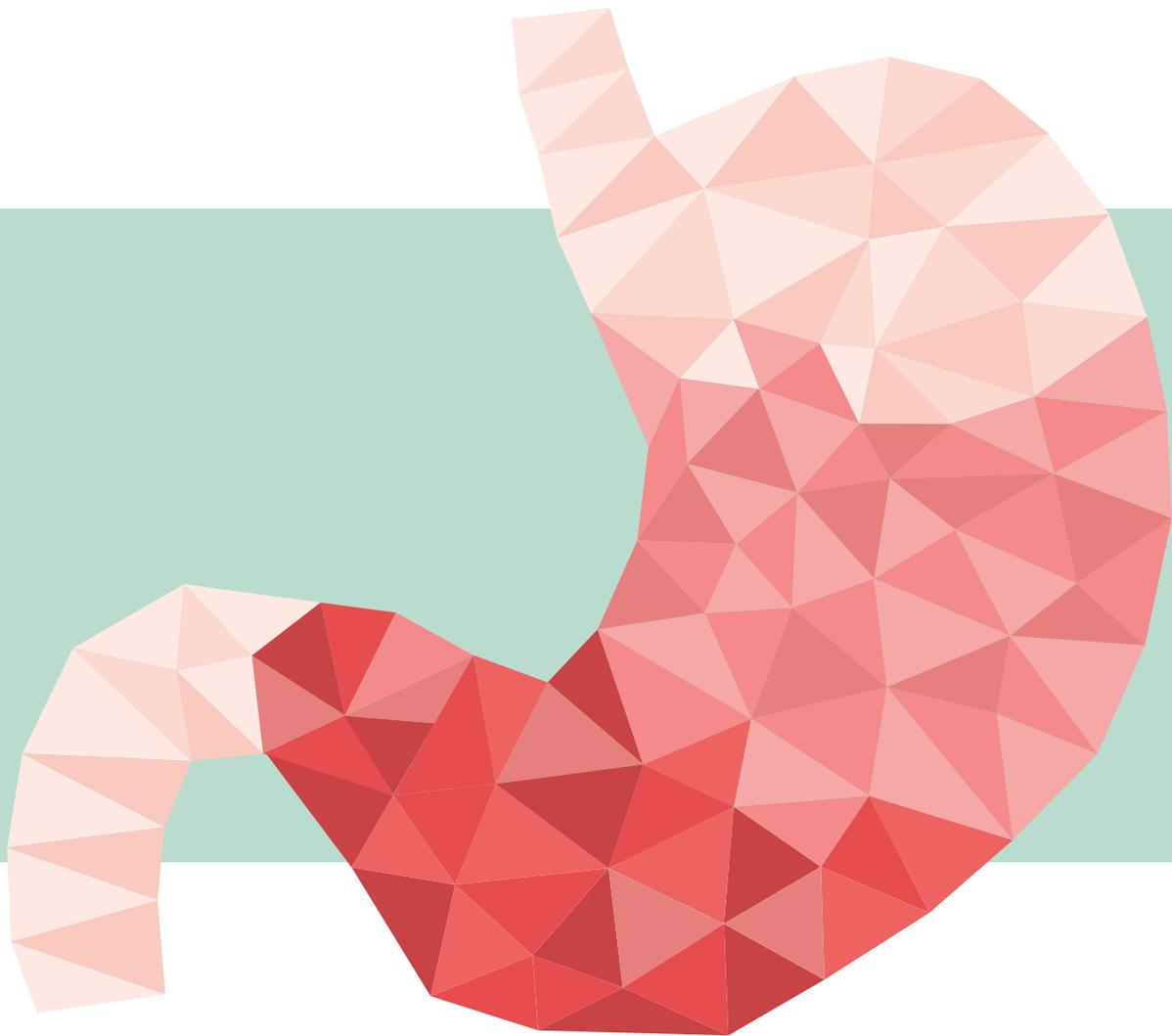


As **surgical complexity increases**, how do you deliver **consistent outcomes?**





When **complications happen in bariatric surgery**, they are unacceptable.



**Clinical outcomes**  
Complicating conditions



**4.7% rate of 30-day readmissions<sup>1</sup>**



**Economic outcomes<sup>2</sup>**  
Incremental hospital costs



**\$6,715–\$7,500 Hemostatic complications**

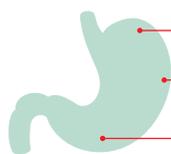
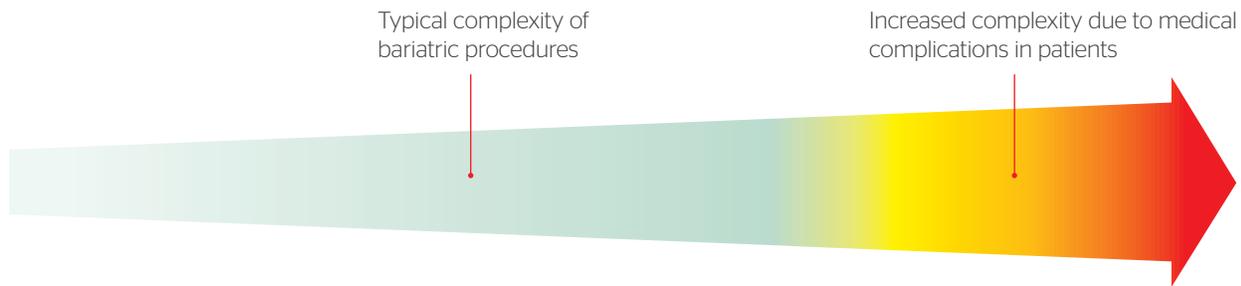


**\$6,500–\$20,000 Leaks**



The **risk** of complications **increases** as patient **complexity** increases.

### Spectrum of complexity in challenging patients in bariatric procedures



**Fundus:** 1.97mm  
**Midbody:** 2.33mm  
**Antrum:** 2.70mm

Stomach tissue thickness varies within patients or across patients, e.g., age, BMI, gender.<sup>3,4</sup>

#### Some factors that could increase complexity<sup>5</sup>

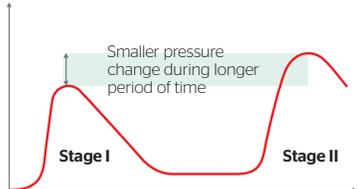
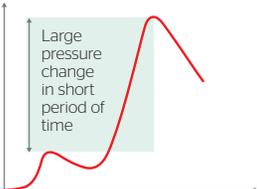
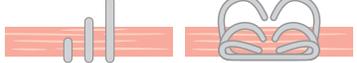
- High BMI
- Diabetes
- Vascular disease
- Revisions
- Prior surgeries



You need a device that can **handle this increasing complexity with confidence.**

<sup>1</sup> Mustafa W Aman, MD, Miloslawa Stern, MS, Anne O Lidor, MD, MPH. Department of Surgery, Johns Hopkins University. "Early readmission after bariatric surgery: A NSQIP analysis." SAGES, 2015. <sup>2</sup> Hemostasis related complications and leaks have the largest overall effect on 30-day outcomes after bariatric surgery, Daigle, C.R. et al, "Which postoperative complications matter most after bariatric surgery? Prioritizing quality improvement efforts to improve national outcomes", Surgery for Obesity and Related Diseases, (2018) 14:652-757. <sup>3</sup> This illustration is intended solely as a reference guide for tissue thickness measured on excised gastric specimens of obese patients. For interpretation of the information, please refer to the complete article: Elariny, H. et al, "Tissue thickness of human stomach measured on excised gastric specimens from obese patients", Surg Technol Int 2005;14:119-124 <sup>4</sup> Stomach tissue thickness varies from 1.94mm at the fundus (female) to 2.96mm at the atrum (male). Rawlins, L. et al, "Human tissue thickness measurements from excised sleeve gastrectomy specimens", Surgical Endoscopy (2014) 28:811-814. <sup>5</sup> Khorgami, Z., Petrosky, J., Andalib, A., Aminian, A., Schauer, P., Brethauer, S. Fast track bariatric surgery: safety of discharge on the first postoperative day after bariatric surgery. Surgery for Obesity and Related Diseases. 2017 13(273-280). doi: <http://dx.doi.org/10.1016/j.soard.2016.01.034>

You need a device **specifically designed to handle challenging tissue.**

	ECHELON FLEX™ Powered Stapler with GST Reloads	Endo GIA™ with Tri-Staple™ Technology and Signia™ Stapling System
<b>Controlled tissue movement</b>	 <p><b>Gripping Surface Technology</b></p>	 <p><b>Smooth, stepped reload</b></p>
<b>Evenly distributed compression</b>	 <p><b>Two-stage compression</b></p>	 <p><b>One-stage compression</b></p>
<b>Tissue-specific staple formation</b>	 <p><b>Uniform staple heights</b></p>	 <p><b>Graduated staple heights</b></p>
<b>What do these three tissue-specific designs mean to you?</b>		

ECHELON FLEX™ Powered Stapler with GST Reloads is designed to address **tissue management and control**, even in challenging tissue.

**Optimal control and stability**

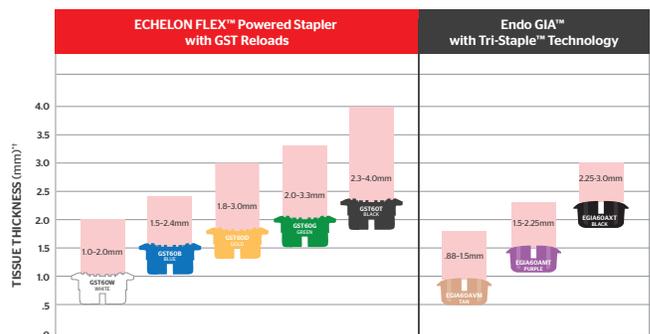
Less tissue slippage, especially in thick tissue



\* Uncompressed tissue measured at 8g/mm² prior to firing. Tissue comfortably compressed to closed staple height during firing per IFU.

**Extensive performance range**

Increases performance range in thick tissue\*



\* GST – Porcine tissue thickness measured at 8g/mm² prior to firing. Tissue comfortably compressed to closed staple height during firing per IFU.  
 † EGA – Intended tissue thickness range per manufacturer IFU.

# ECHELON FLEX™ Powered Staplers—the only staplers **backed by large-scale, real-world evidence.**



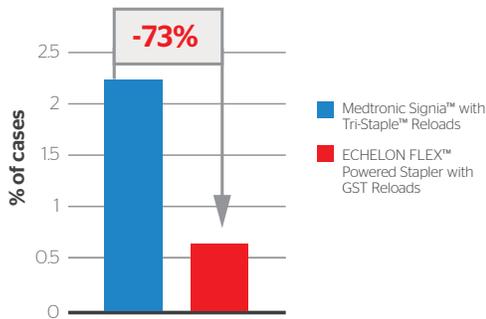
## Comparative effectiveness assessment of two powered surgical stapling platforms in laparoscopic sleeve gastrectomy: a retrospective matched study

Rawlins L, et al. *Medical Devices: Evidence and Research* (2020);12 Pages 195-204).

- U.S. Premier Perspective® Hospital Database
  - One of the largest statistically certified hospital databases in the world
  - Covers approximately 6 million (20%) of all HIPAA-compliant U.S. inpatient hospital discharge information annually
- Retrospective study on 5,573 gastric sleeve procedures
- Studies clinical and economic outcomes between ECHELON FLEX™ Powered Stapler with GST Reloads and Medtronic Signia™ with Tri-Staple™ Reloads

### Reduction in hemostasis-related complications

ECHELON FLEX™ Powered Stapler with GST Reloads vs. Medtronic Signia™ with Tri-Staple™ Reloads<sup>1</sup>

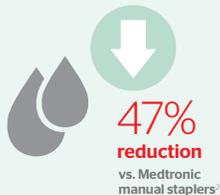


### Reduction in total median hospital costs<sup>1</sup>



In a real-world evidence study, ECHELON FLEX™ Powered Stapler with GST Reloads **significantly improved clinical and economic outcomes** vs. Medtronic manual staplers

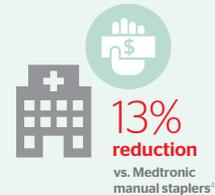
#### Reduction in hemostasis-related complications



#### Shorter operating room time



#### Lower hospital costs



**#1 endocutter used in bariatric surgery<sup>5</sup>**



#### Next steps

Schedule time to try out the ECHELON FLEX™ Powered Stapler with GST Reloads for yourself.

<sup>1</sup> Rawlins L, Johnson BH, Johnston SS, et al. Comparative Effectiveness Assessment of Two Powered Surgical Stapling Platforms in Laparoscopic Sleeve Gastrectomy: A Retrospective Matched Study. *Medical Devices: Evidence and Research*. 2020;13:195-204. doi: <https://doi.org/10.2147/MDERS256237>. Analysis of clinical and economic outcomes from 982 laparoscopic sleeve gastrectomy cases between March 1, 2017 and December 31, 2018 from Premier Healthcare Database (0.61% versus 2.24%, p=0.0012; \$9,771 vs. \$10,487, p<0.001) <sup>2</sup> Use of Ethicon powered staplers was associated with fewer bleeding / transfusion complications (1.61%) compared to Medtronic non-powered staplers (3.05%), p=0.010, in laparoscopic Sleeve Gastrectomy and Roux-en-Y Gastric Bypass procedures. Based on retrospective analysis of 21,466 cases from the Premier Hospital Data Base. <sup>3</sup> Use of Ethicon powered staplers was associated with shorter OR time (133 minutes) compared to Medtronic non-powered staplers (154 minutes), p=0.011, in laparoscopic Sleeve Gastrectomy and Roux-en-Y Gastric Bypass procedures. Based on retrospective analysis of 21,466 cases from the Premier Perspective® Hospital Database. <sup>4</sup> Use of Ethicon powered staplers was associated with lower overall hospital costs (\$12,261) compared to Medtronic non-powered staplers (\$14,038), p=0.022, in laparoscopic Sleeve Gastrectomy and Roux-en-Y Gastric Bypass procedures. Based on retrospective analysis of 21,466 cases from the Premier Perspective® Hospital Database <sup>5</sup> Ethicon endocutters are the number one endocutters utilized in bariatric surgery based on market share data compiled from Truven Health Analytics, Premier Healthcare Database, and Decision Resources Group for the July 2016 - June 2017 time period for bariatric specialty. Customer relationship trustworthy score compiled from Nielsen data for 2015 & 2016.