

OLYMPUS[®]

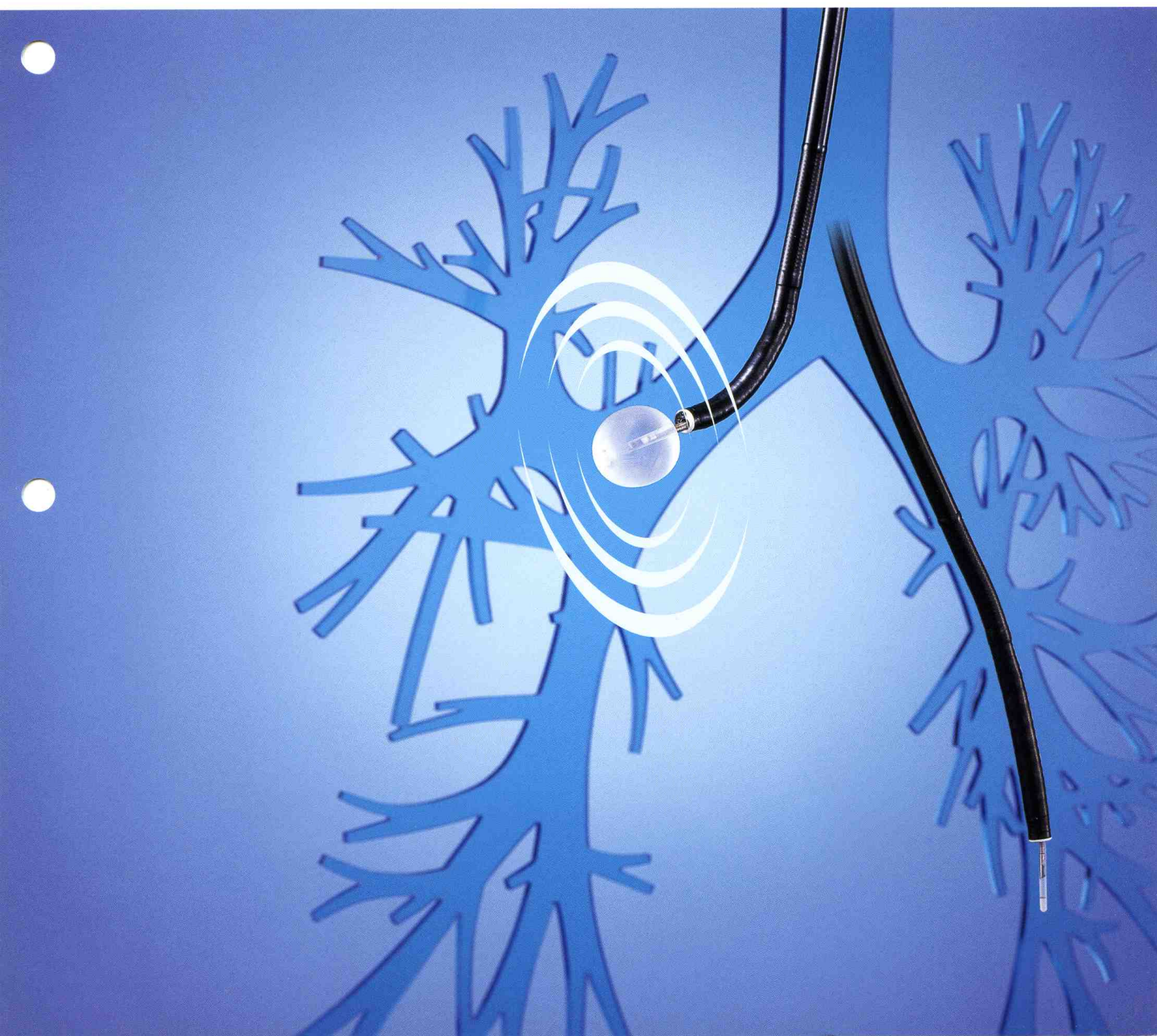
Your Vision, Our Future

EUS
ENDOSCOPIC ULTRASOUND SYSTEM

ULTRASONIC BRONCHOFIBERSCOPE

UM-BS20-26R
UM-S20-20R
UM-2R/UM-3R

Ultrasound Imaging Brings a New Level of Efficiency to Airway Examinations

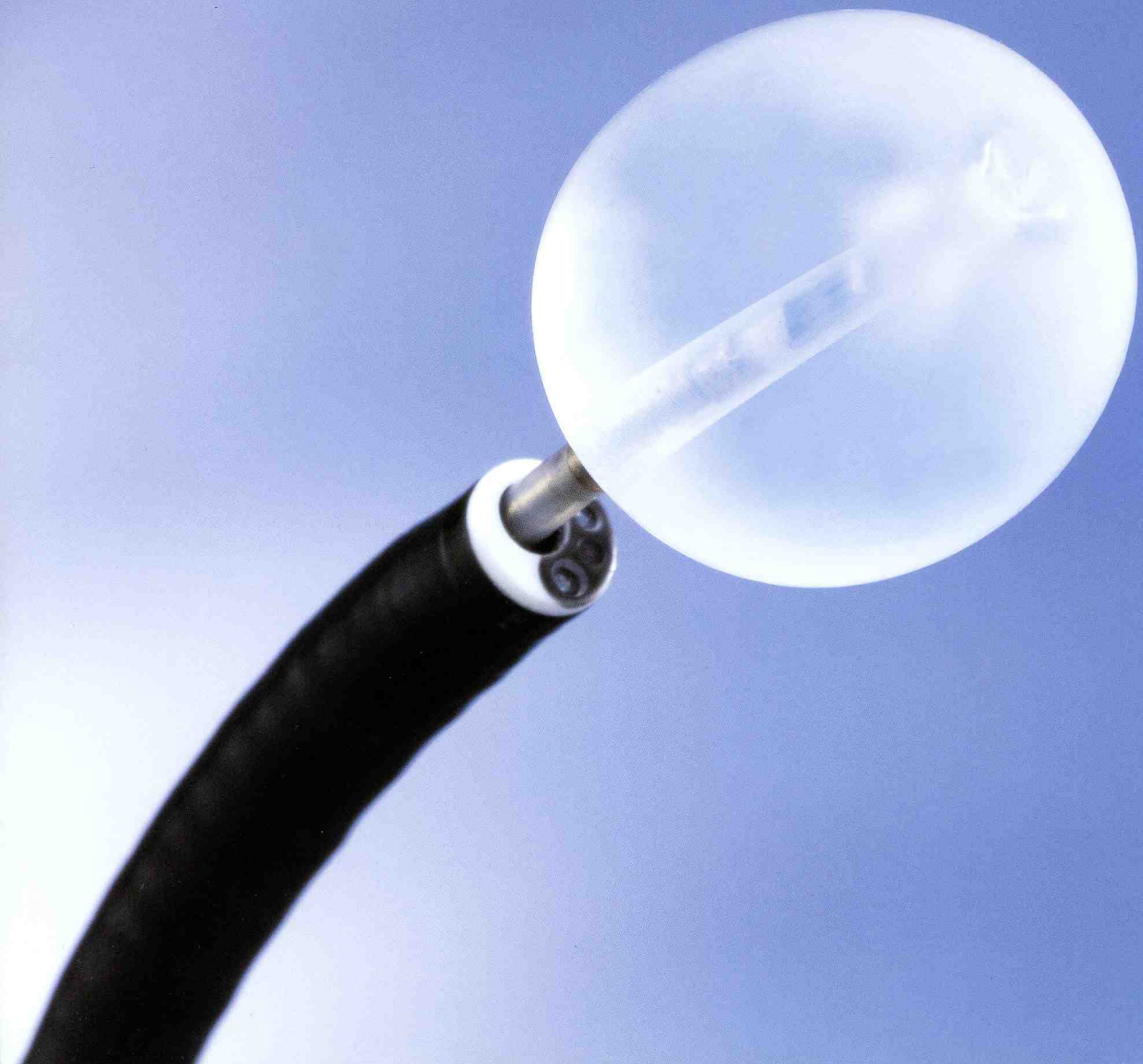


Olympus Expands the Range of Endobronchial Ultrasonography with a New Lineup of Ultrasonic Probes Compatible with 2.0mm and 2.8mm Channel Bronchoscopes

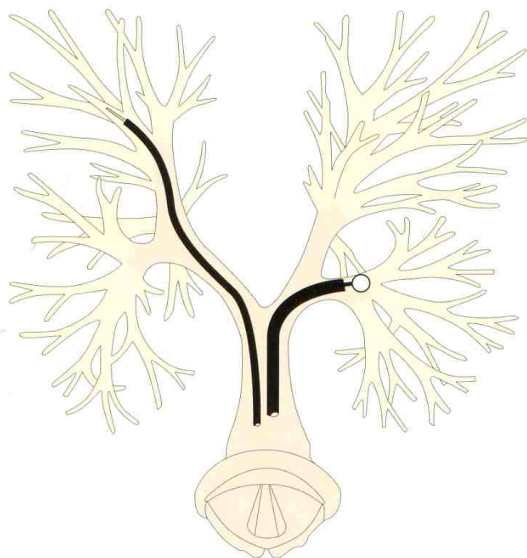
Traditional methods for observing the presence and progress of lung disease such as CT and MRI pose certain limitations. More physicians are turning to the promising technique of endobronchial ultrasonography.

By adding ultrasonic capability to a bronchoscope, this technique makes it possible to view lesions and tumors around the bronchi as well as on the luminal surfaces of the airway.

Now Olympus is making this powerful technique applicable to an even wider range of bronchial applications with a new line of ultrasonic probes; including a model that combines an ultrasonic probe and conventional balloon sheath for easier examination of the airway.



Probe Applicable Range



Central (with Balloon)

- UM-BS20-26R + Bronchoscope (Ch.ø2.8mm min.)
- UM-2R/3R + MH-246R + Rigid Scope (Ch.12Fr. min.)

Peripheral (without Balloon)

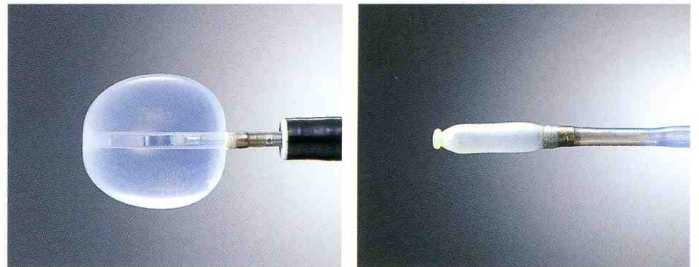
- UM-2R/3R + Bronchoscope (Ch.ø2.8mm min.)
- UM-S20-20R + Bronchoscope (Ch.ø2.0mm min.)

Main Features of the UM-BS20-26R

- Insertable into a bronchoscope with 2.8mm or larger diameter channel.
- Incorporates a balloon with a unique distal end design. Ultrasonography can be performed using the balloon method; that is, the balloon is inflated at the distal end of the probe after the probe has been inserted into the instrument channel.
- The maximum inflation diameter of the balloon is approximately 20mm. The entire circumference can be brought into contact with the bronchial wall.
- Allows you to easily perform ultrasonography during routine examinations when combined with the Endoscopic Ultrasound Center.

Note: A three-way stopcock, syringe, and extension tube are required when the balloon is inflated.

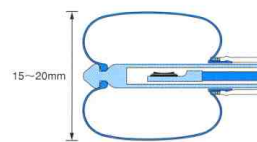
Caution: This product contains natural rubber latex which may cause allergic reactions.



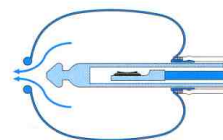
MAJ-643R (Sterile, Single use only)

Distal End Mechanism of the UM-BS20-26R

Balloon drop prevention mechanism



- After the probe is passed through the instrument channel, deaerated sterile water is injected into the balloon to facilitate ultrasonography.



- As soon as the amount of the injected sterile water exceeds the inflation limit of the balloon, the Balloon O-ring Section at the distal end is released and sterile water is discharged from the balloon.

Versatile Selection of Ultrasonic Probes

In addition to the UM-BS20-26R, the lineup includes the UM-S20-20R, UM-2R, and UM-3R. Each is specifically designed to meet the specific requirements of various endobronchial ultrasonography techniques and target sites.

Two Types of Imaging Method

Balloon method: The ultrasonic probe is brought into contact with the target site via the balloon.

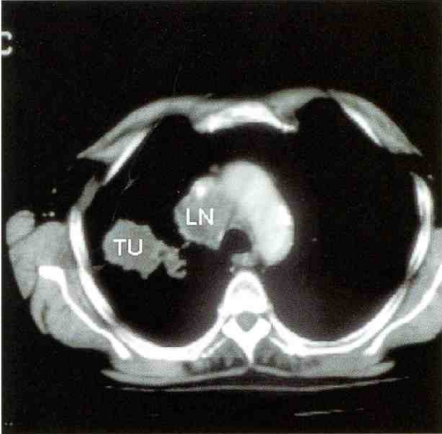
(Applicable ultrasonic probe — UM-BS20-26R)

Direct contact method: The ultrasonic probe is brought directly into contact with the target site.

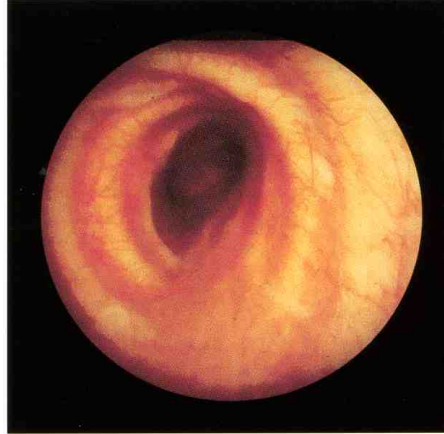
(Applicable probes — UM-S20-20R, UM-2R/3R)

BALLOON METHOD : UM-BS20-26R

Case 1



On the CT, infiltration of the trachea by the lymph nodes (LN) can not be excluded because of loss of the fat layer.

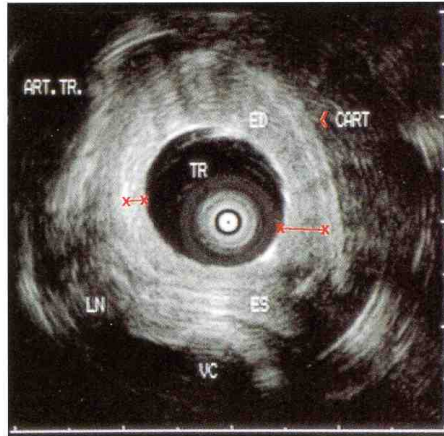
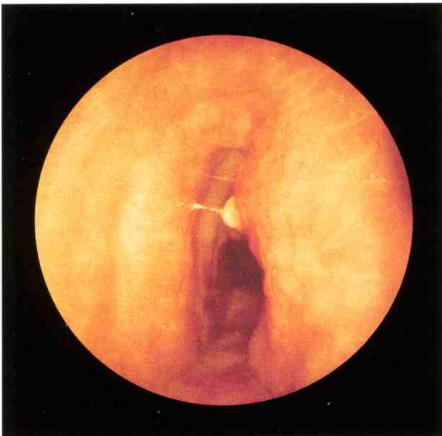


Endoscopy of the trachea shows leveling of the cartilage relief on the right side. The mucosa is intact.



Endobronchial ultrasound shows a clear demarcation of the lymph nodes (LN) against the tracheal wall and no signs of infiltration.

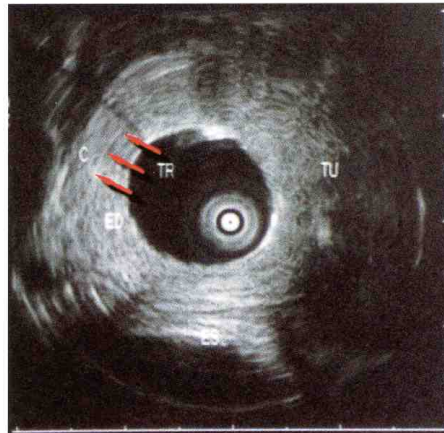
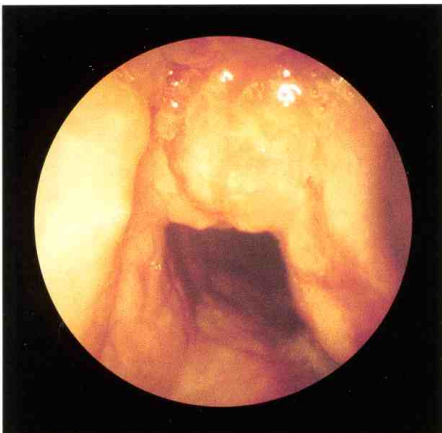
Case 2



LEFT:
Compression of the trachea by tumor. The trachea is compressed from the right side. The mucosa has a cobble stone appearance and between the mucosal "cushions" the lymph vessels can be seen as white network (arrow). The alteration appears less striking on the left wall.

RIGHT:
Ultrasound shows marked thickening of the mucosa on the right side with maximum thickness of 4.2mm, whereas on the left side swelling with 1.6mm is much less prominent. The cartilage (cart.) is intact.

Case 3



LEFT:
Further distally besides edema on the left side irregular infiltration of the anterior and right lateral wall and pathological vascularisation are seen.

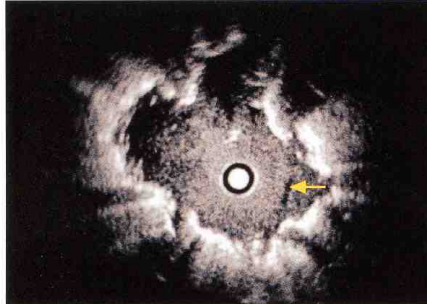
RIGHT:
By ultrasonography complete destruction of all layers of the right lateral wall is seen as in contrast to the left side where the structures of the cartilage can be still recognized beneath the edematous mucosa (arrows).

DIRECT CONTACT METHOD : UM-3R

Case 1



Chest CT. tumor (well-differentiated adenocarcinoma) is located in right upper lobe.

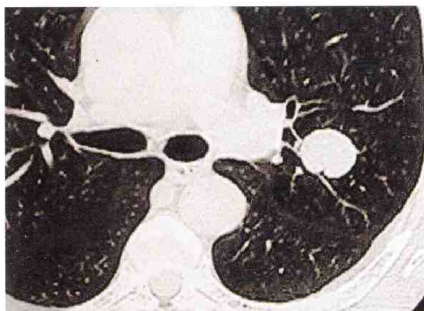


Endobronchial ultrasound shows tumor is a mass lesion containing a vessel.

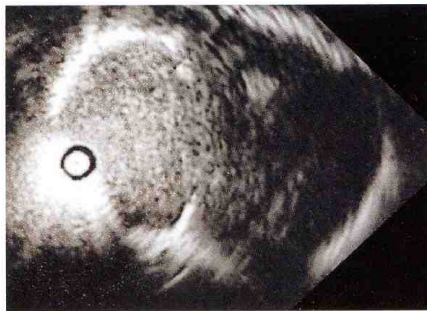


Pathologic finding confirms a vessel is running through the tumor.

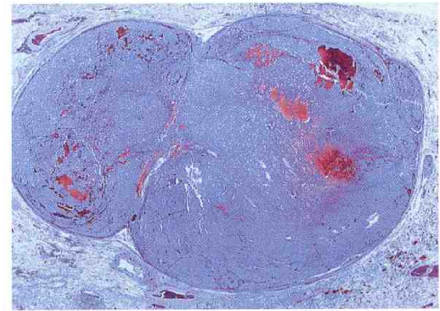
Case 2



Chest CT. tumor (typical carcinoid) is located in left upper lobe.



Bronchial ultrasound shows tumor is a lobulated lesion.



Pathologic finding confirms the shape of the tumor.

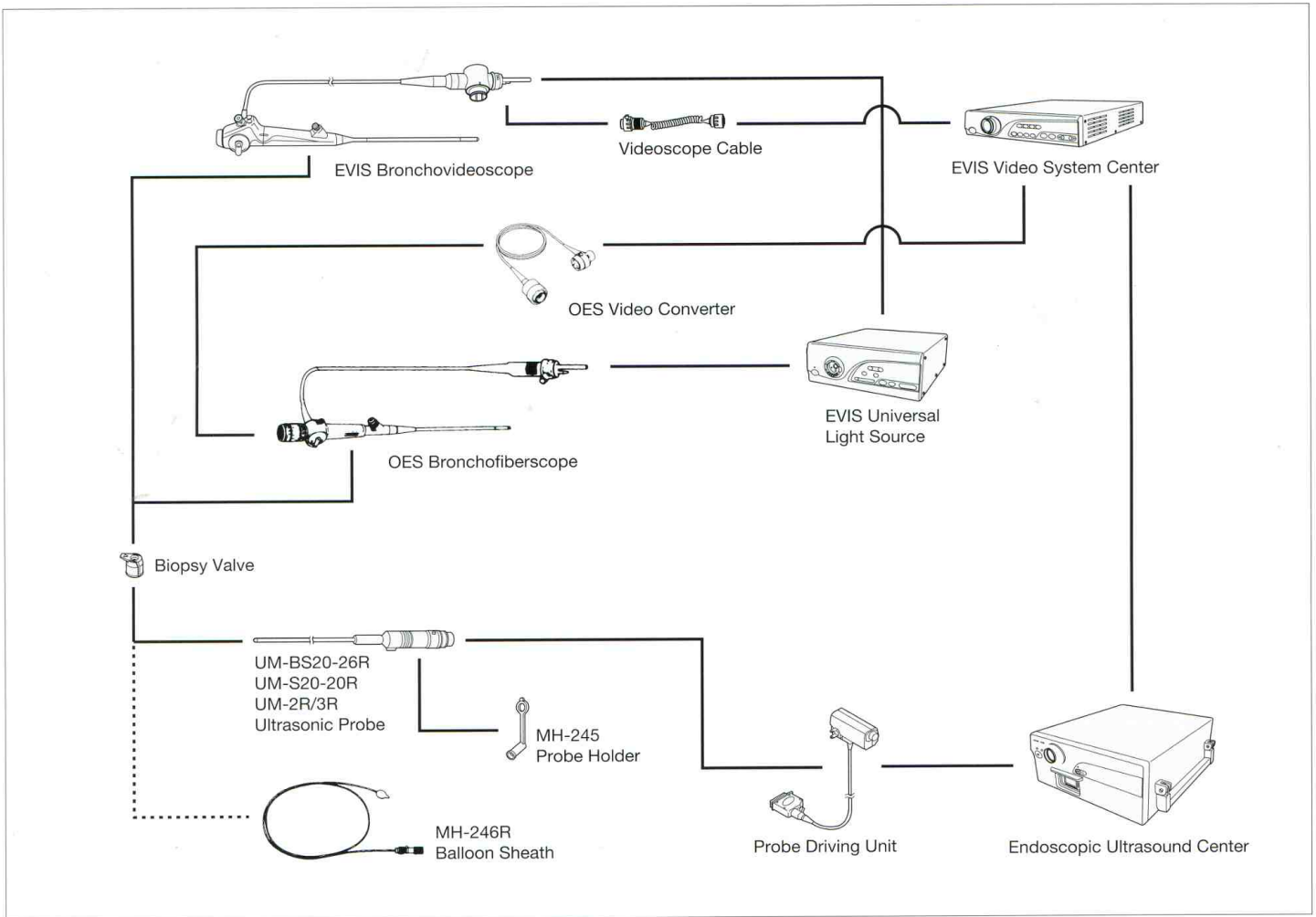
Note: The images in this brochure are examples of abnormal pathologies which may be detected with the Olympus Endoscopic Ultrasound System. Olympus makes no representations, however, as to the ability of this system to "diagnose" pathological conditions. This is accomplished only through biopsy and histologic evaluation.

Specifications

	UM-BS20-26R *	UM-S20-20R	UM-2R/3R
Display Mode	B-Mode		
Scanning Method	Mechanical, Radial Scanning		
Scanning Direction	Perpendicular to the direction of insertion, 360°degree		
Frequency	20MHz	20MHz	12MHz(2R), 20MHz(3R)
Working Length	2050mm		
Total Length	2140mm		
Insertion Tube Outer Diameter	2.6mm (incl.Balloon Sheath MAJ-643R)	1.7mm (Distal end side 850mm) 2.0mm (Proximal side)	2.5mm
Channel Inner Diameter(Endoscope)	2.8mm or over	2.0mm or over	2.8mm or over
Contact method for site in question	Balloon method	Direct contact method	
Illustration of Tip portion			

*WARNING: When Using UM-BS20-26R, always cover the Balloon Sheath over the Insertion Section of the Ultrasonic Probe. Using this instrument without the Balloon Sheath can result in patient injury or equipment damage.

■ System Chart



Specifications, design and accessories are subject to change without any notice or obligation on the part of the manufacturer.

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