

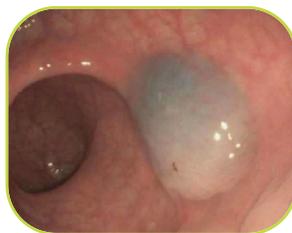
Spot[™]

The Standard for Endoscopic Tattooing



- The only FDA cleared, non-India ink tattoo specifically designed for identifying lesions along the entire GI tract
- Premixed to reduce the risk of spills and stains
- Preloaded, sterile and ready to use with a 10-20 second vigorous shake of the syringe
- Localizing lesions can help prevent wrong site surgery¹

The original, permanent, no-mess endoscopic tattoo. Spot is clinically proven safe and effective² for marking lesions in both the upper and lower GI tract, and contains no known carcinogens and/or shellacs.



¹ Vaziri K. et al. Accuracy of colonoscopic localization. Surg Endosc (2010) 24:2502-2505.

² ASGE Technology Committee. Technology Status Evaluation Report: Endoscopic tattooing. Gastrointest Endosc. 2010 Oct;72(4):681-5. doi: 10.1016/j.gie.2010.06.020.



Clinical Guidelines and Quality Indicators:

ASGE/ACG Quality Indicators for Colonoscopy

"Both benign and malignant lesions sent for surgical resection that are not in an area that can be identified with certainty by endoscopy (eg, the cecum and proximal ascending colon where the cecum is still endoscopically visible and the rectum) should be marked with ample submucosal injection of carbon black in 3 to 4 quadrants to ensure resection of the correct segment."

SAGES Guidelines for Laparoscopic Resection of Curable Colon and Rectal Cancer

"Recommendation: When approaching colon resection laparoscopically, every effort should be made to localize the tumor preoperatively. Small lesions should be marked endoscopically with permanent tattoos before surgery to maximize the surgeon's ability to identify the lesion... Tattooing is extremely important for intraoperative localization especially for small tumors or polyps and should be pursued at the time of preoperative colonoscopy. Tattooing should be accomplished using suspended carbon black, commercially prepared for this purpose."

Clinical Applications for Endoscopic Tattooing:

Colon Cancer

ASGE technology Status Evaluation Report. Kwon RS, Mamula P, Pedrosa MC, Rodriguez SA, Wong Kee Song LM, Tierney WM. **Endoscopic Tattooing**. *Gastrointest Endosc*. 2010 Oct.

Bartels SA, van der Zaag ES, Dekker E, Buskens CJ, Bemelman WA. **The effect of colonoscopic tattooing on lymph node retrieval and sentinel lymph node mapping**. *Gastrointest Endosc*. 2012 Oct.

Polypectomy

Zafar A, Mustafa M, Chapman M. **Colorectal polyps: when should we tattoo?** *Surg Endosc*. 2012 Nov.

Small Bowel

Nina A, Orhan B. **Endoscopic Tattooing of Small Bowel by Double Balloon Endoscopy** *Journal of Digestive Endoscopy*, 2013.

Pancreatic Lesions

Lennon AM, Newman N, Makary MA, Edil BH, Shin EJ, Khashab MA, Hruban RH, Wolfgang CL, Schulick RD, Giday S, Canto MI. **EUS-guided tattooing before laparoscopic distal pancreatic resection** (with video). *Gastrointest Endosc*. 2010 Nov.

Rectal Resection

Kirchoff DD, Hang JH, Cekic V, Baxter K, Kumar P, Shehebar J, Holzman K, Whelan RL. **Endoscopic Tattooing to Mark Distal Margin for Low Anterior Rectal and Select Sigmoid Resections**. *Gastrointest Endosc*. 2010 Oct.

Barrett's Esophagus

Zhang, Bergman, Weusten, Dawsey, Fleisher, Lu, He, Wang. **Endoscopy Innovation Forum: Radiofrequency Ablation for Early Esophageal Squamous Cell Neoplasia**. *Endoscopy*, April 2010.

Stomach Biopsy

Sun L, Si J, Chen S, Liu W, et al. **The establishment and clinical appliance of technique of mucosal marking targeting biopsy**. *Hepatogastroenterology*, 2009; 56:59-62.

Ordering Information

Item No.	Title	Quantity
GIS-44	Spot	Box of 10



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