

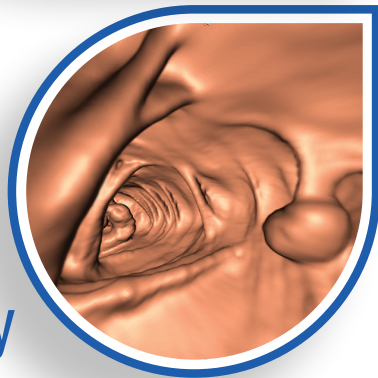
Introducing the Next Generation of Colon Insufflation...

NEW
PROTOCOL₂L
TOUCH[®]

The **CO₂** Advantage for CT Colonography



Comfort



Clarity

Committed to Science,
Committed to You.™

PROTOCO₂L TOUCH PRODUCT INFORMATION



PROTOCO₂L Touch Colon Insufflator with System Rolling Cart

COLON INSUFFLATOR

- Uses standard medical grade (USP) D or E size CO₂ cylinders
- Connects to a standard hospital electrical receptacle
- Cart provides storage area for CO₂ cylinders and a dedicated holder for spare administration sets

ADMINISTRATION SET

- Vinyl tubing, syringe, and plastic tubing clamp not made with natural rubber latex
- Includes silicone rectal catheter with retention cuff, 0.1 μm hydrophobic filter, 100 mL effluent collection container, and PROTOCO₂L Touch connector



High quality silicone ensures catheter is rigid enough for effective insertion, yet soft enough for patient comfort

Easy-to-see blue line to aid catheter placement

Firm blue tip aids effective insertion

Large holes for effective delivery of CO₂



Supplied with a syringe for effective inflation of the cuff up to 30 cc

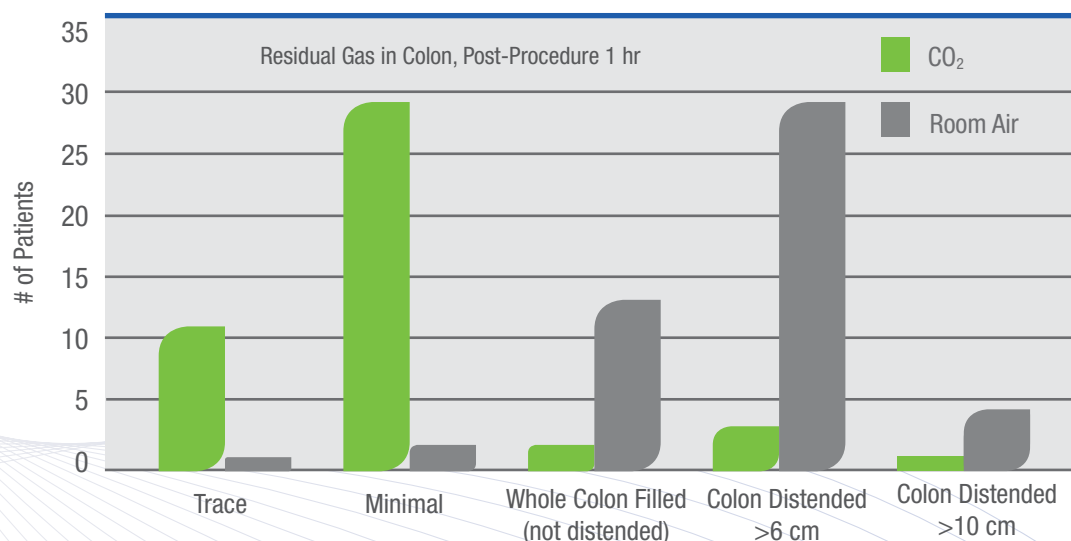


Comfort for the Patient

CO₂ Advantage vs. Room Air:

- Rapid absorption of CO₂ compared to room air insufflation improves patient comfort¹
- The preferred method of colonic insufflation for a positive patient experience¹⁻⁵

After CO₂ insufflation, 94% of patients had only a trace to a minimal amount of residual gas⁶



- Unlike room air, CO₂ insufflation can be monitored and recorded with PROTOCO₂L Touch
 - Avoids the uncomfortable pressure spikes associated with manual room air insufflation^{4,7}

“In our experience, we have found that automated CO₂ delivery is not only safe but also results in improved colonic distention compared with manual techniques and also that use of CO₂ compared with room air results in less postprocedural discomfort.”⁵

— Pickhardt PJ. *Radiology*. 2006;239(2):313-316.

INDICATIONS AND USAGE

The PROTOCO₂L Touch Colon Insufflator provides a software controlled insufflation of carbon dioxide during CT colonoscopy. Carbon dioxide is more rapidly absorbed than room air and helps minimize the patient's post-procedure bloating and cramping. PROTOCO₂L Touch helps reduce staff time during the colon insufflation process and enhances productivity. Automated insufflation helps ensure adequate and consistent distension in a patient- and operator-independent manner. It also features a specially designed small tip for patient comfort, as well as safety features to help protect against over-insufflation.

IMPORTANT SAFETY INFORMATION

The PROTOCO₂L Touch Colon Insufflator administers and regulates carbon dioxide as a distention media to the colon during CT Colonography. The PROTOCO₂L Touch Colon Insufflator should be used only when colon insufflation is indicated, and should therefore not be used for any other treatment. It should only be used under the direct guidance of a physician experienced in colon insufflation.

Instructions for Use may be obtained by contacting Bracco Diagnostics Professional Services Department at 800-257-5181, option 2.

Manufactured for E-Z-EM, Inc., a subsidiary of Bracco Diagnostics Inc., Monroe Twp., NJ 08831.

Clarity for Optimal CT Colonography

Easy to insufflate

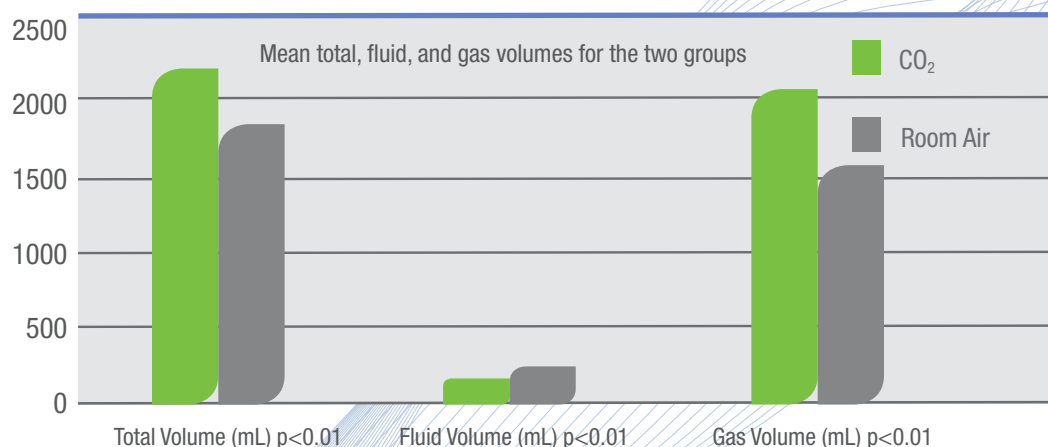
- Automation ensures adequate distention from patient to patient
 - Any gas lost during the study is automatically replaced to maintain distention adequate for scanning
- Less variability from user to user⁸

Easy to scan and read

- Ready-to-scan software ensures successful “first-scan” results
 - Software interface alerts users of insufflation completion and optimal colonic distention, a key parameter for successful CT colonography evaluation⁹

Automation delivers the right amount for comfortable colonic distension

CO₂ provides greater overall colonic distension⁹



The improvement in overall distention with CO₂ was >400mL in volume compared to room air (2223 ± 686 mL vs. 1809 ± 514 mL; p<0.01).⁹

- Automated, low-pressure CO₂ insufflation may reduce the occasional colonic spasms associated with manual insufflation, particularly in segments with advanced diverticular disease⁴
- Regulated pressure gradually distends the colon and maintains distention for the duration of the study
- Minimal risk for perforation with refined, low-pressure automated CO₂ insufflators^{4,5}

The Experts agree

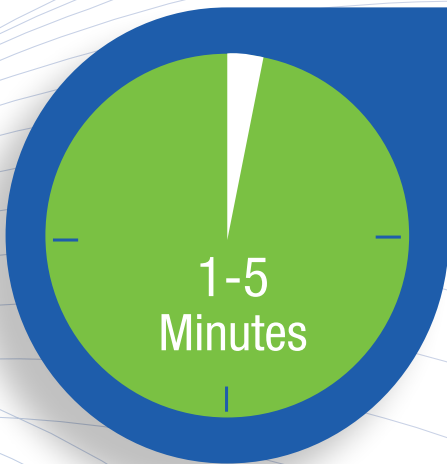
“The CT technologists at my institution unanimously prefer the automated CO₂ technique over manual methods. They cite a more clearcut point to begin scanning, a diminished need for coaching patients, and decreased operator dependence.”⁴

— Pickhardt PJ. *AJR*. 2007;189:290-298.

“The preferred method of colonic insufflation is by means of mechanical insufflation using carbon dioxide.”³

— American College of Radiology 2014 CT Colonography Practice Parameters

Consistency From Study to Study

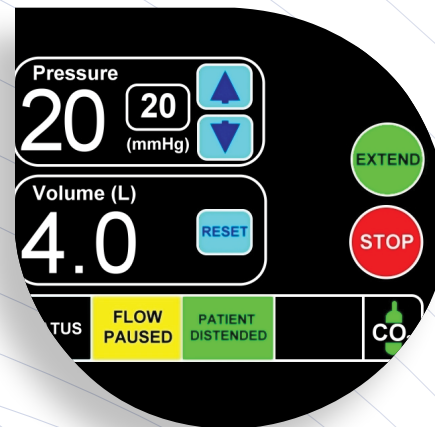


Intuitive design streamlines insufflation

- Helps decrease demand on staff time, particularly during insufflation¹
 - Insufflation time with the PROTOCO₂L Touch averages 1-5 minutes and can easily be completed with one technologist, if necessary¹
- Puts control at the user's fingertips with a simple touchscreen interface
- Provides real-time information by visually displaying pressure and volume for quick reference during the procedure
- Offers the convenience of both visual and audible alerts when CO₂ supply is low

Patient comfort and safety features

- Protects against over-insufflation with automation, over-pressure audible alerts, pressure relief valves, and one-touch flow-stop feature
- Safety shutdown feature for further safety support
- Soft, high-quality catheter for comfortable insertion



Simple setup and insertion

- Catheter features insertion guides to aid in quick, easy, accurate, and comfortable patient placement
- Administration sets are designed for intuitive connection to and removal from the insufflator



Ordering Information

Cat. No.	Description
390308	PROTOCO ₂ L Touch Automated CO ₂ Colon Insufflator for CT Colonography
390305	System Rolling Cart
390309	Administration Set with small catheter and retention cuff (latex-free 20 Fr. catheter/retention cuff) for single-use insufflation

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References: 1. Dachman AH. Advice for optimizing colonic distention and minimizing risk of perforation during CT colonography. *Radiology*. 2006;239:317-321. 2. Neri E, Halligan S, Hellström M, et al. The second ESGAR consensus statement on CT colonography. *Eur Radiol*. 2012. doi:10.1007/s00330-012-2632-x. 3. American College of Radiology. ACR-SAR-SCBT-MR practice parameters for the performance of computed tomography (CT) colonography in adults. Chicago, IL: American College of Radiology; 2005-2009, revised 2014. 4. Pickhardt PJ. Screening CT colonography: how I do it. *AJR*. 2007;189:290-298. 5. Pickhardt PJ. Incidence of colonic perforation at CT colonography: review of existing data and implications for screening of asymptomatic adults. *Radiology*. 2006;239(2):313-316. 6. Sumanac K, Zealley I, Fox BM, et al. Minimizing postcolonoscopy abdominal pain by using CO₂ insufflation: a prospective, randomized, double blind, controlled trial evaluating a new commercially available CO₂ delivery system. *Gastrointest Endosc*. 2002;56:190-194. 7. Burling D, Taylor SA, Halligan S, et al. Automated insufflation of carbon dioxide for MDCT colonography: distension and patient experience compared with manual insufflation. *AJR*. 2006;186:96-103. 8. Shinnars TJ, Pickhardt PJ, Taylor AJ, Jones DA, Olsen CH. Patient-controlled room air insufflation versus automated carbon dioxide delivery for CT colonography. *AJR*. 2006;186:1491-1496. 9. Patrick JL, Bakke JR, Bannas P, Kim DH, Lubner MG, Pickhardt PJ. Objective volumetric comparison of room air versus carbon dioxide for colonic distention at screening CT colonography. *Abdom Imaging*. 2014. doi:10.1007/s00261-01400206-x.

Distributed by:

Bracco Diagnostics Inc.
259 Prospect Plains Road, Building H
Monroe Township, NJ 08831 USA

Phone: (800) 631-5245
Fax: (609) 514-2424
Email: Bracco@diag.bracco.com

Customer Service: 1-877-BRACCO 9
(1-877-272-2269)
Professional Services: 1-800-257-5181
(option 2)

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LIFE FROM INSIDE