BioVac® direct suction device
BioVac® Case Report Series • Report 2

“The BioVac® [device] easily suctioned the retained blood inside the stomach, expediting the procedure and time to make a diagnosis. Without this device, the procedure would have most likely been aborted, and the patient would have continued to bleed.”

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<table>
<thead>
<tr>
<th>Procedure</th>
<th>Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Upper GI endoscopy</td>
<td>• Hematemesis</td>
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</tbody>
</table>

Findings

- Mallory-Weiss tear
- Red and maroon blood in the entire stomach

BioVac® Direct Suction

An upper endoscopy was performed for significant upper GI bleeding. Upon scope intubation, there was obvious red blood in the distal esophagus and a large volume of blood in the stomach. No source of bleeding was immediately identified. The BioVac® direct suction device was utilized to evacuate the retained blood from the gastric fundus. Approximately 200cc of blood was efficiently removed. An actively oozing Mallory-Weiss tear with stigmata of recent bleeding was identified. The tear extended from the GE junction to approximately 3cm down the greater curvature. A combination of injection therapy and electrocautery was successful. The stomach and duodenum were examined. After thorough lavage, no ulcers or other bleeding lesions were found; the stomach and duodenum were normal.

“When blood is evacuated with the BioVac® [device] it flows in a string-like manner, continually suctioning blood in a line so little movement of the scope is necessary.”

1. Large volume of blood in the stomach.
2. Stomach after evacuation with the BioVac® device.

This case report is not intended to provide device or clinical instruction or intended to be a substitute for the Instructions For Use (IFU) which are packaged with the device. Please consult the IFU prior to using the BioVac® device. 
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