

# VIO® 3 / APC 3: the technology platform for standard and advanced endoscopy applications



Technology platform for gastroenterology  
 VIO® 3 Electrosurgery 01  
 APC 3 Plasmasurgery 02  
 ERBEJET® 2 Hydrosurgery 03  
 EIP2 Endoscopic irrigation 04

For many users we have been a trusted and indispensable partner for decades. The reason being: Erbe stands for high-tech and high quality. Our latest technology platform VIO® 3 with APC 3 for endoscopy improves the reproducibility of target tissue effect with digital signal processors and 25 million measurements per second<sup>1</sup>. The modes endoCUT® and dryCUT have improved cutting effects that are particularly relevant in narrow lumens.



Further convincing improvement has been achieved with the new VIO® 3. In addition to the intuitive and adapted touchscreen operation, the significantly faster and more precise first cut in resection (endoCUT® Q and I) are particularly impressive, as are the considerably more homogeneous tissue and ignition effects of the APC3.

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 Chief Physician Medical Clinic II  
 Gastroenterology, Diabetology and Infectiology  
 Clinic Hanau



VIO® 3 is also perfectly suited for advanced applications, such as ESD and POEM with preciseSECT. Scan in the QR code and find out more. Dr. Eickhoff explains the basics of electrosurgery in endoscopy to you in our **webcast**.



VIO® 3 covers standard applications in endoscopy, for example polypectomy/EMR or sphincterotomy/papillotomy. The QR code takes you straight to the **user video** of a polypectomy.

<sup>1</sup> Technical specification of the „Measurement and Control Module“

## High-tech with maximum operating convenience

Switch on VIO® 3 and APC3, connect instruments, simply plug and operate. That is operating convenience right from the start. Additional convenience is provided by the large touchscreen of the VIO® 3, which displays the operating elements clearly. Our proprietary<sup>4</sup> and design award-winning step-GUIDE<sup>5</sup> operating concept guides you step-by-step through the process and offers suitable, user-proven experienced starting settings which are optimized for you at regular intervals. As an experienced user, you can also change these settings individually, adapted to the clinical procedure, the instrument and your personal preferences.

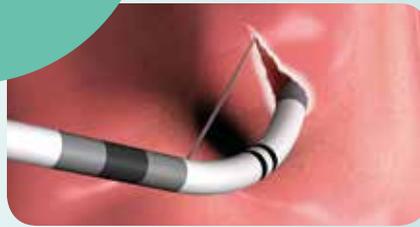
Using the ReMode® function, you can conveniently and reliably select the appropriate, programmed setting for your instrument from up to six sub-programs. Easy to select via the touchscreen or directly from the operating table, each individual step can be performed sequentially.

The footswitch is always ready for use, without activation delays during the procedure or battery charging times after and before use. The footswitch can simply be cleaned in a washer<sup>2</sup> after use.

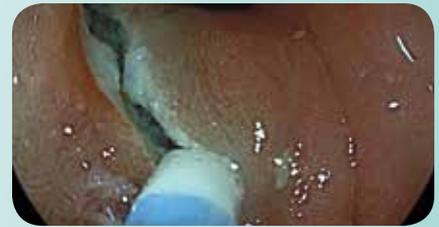
90 %  
of all users consider  
VIO® 3 to be easier  
to operate<sup>1</sup>



Polypectomy with endoCUT® Q



Papillotomy with endoCUT® I



Dissection in ESD with endoCUT® Q

## VIO® 3 supports your mode of operation

VIO® 3 offers you all the suitable modes for your application, and your chosen working instrument (e.g. electrosurgical loop or needle). VIO® 3 regulates the modes to a constant voltage level, continually adapting the output power to changing parameters. This enables you to achieve reproducible tissue effects which are particularly relevant when operating in narrow lumens. It has never been easier to achieve the desired mode-specific tissue effect using just one setting – the effect setting<sup>3</sup>.

Optimized performance parameters in the endoCUT® Q enable the effective resection of various types of lesions. VIO® 3 achieves higher performance which proves beneficial in difficult anatomical areas, even in advanced applications, e.g. full wall resection (EFTR), ESD and POEM. Level 1 of the endoCUT® I has proven suitable for papillotomy of the pancreatic duct, without coagulation between the intermittent cutting cycles.

In a biliary papillotomy you have a wide selection: from level 1 without coagulation to level 4 with pronounced coagulation effect – depending on clinical evidence and rationale. In other words, endoCUT® I is also variably adjustable for low-bleeding papillotomy with a simultaneous low tendency to the zipper effect<sup>5</sup>.

## APC3 – Plasmasurgery

The FiAPC® probe for single use offers superior ignition properties due to the proprietary<sup>4</sup> design. Furthermore, the ceramic head of the FiAPC® probe 2200 optimizes the ignition characteristics with a true 360° radial beam ensuring homogenous flow of argon<sup>4</sup>.

With the improved preciseAPC mode, the FiAPC® probes are particularly suitable for surface coagulation in thin-walled structures.

<sup>1</sup> Based on the results of the user acceptance test (12/2014, 06/2016)

<sup>2</sup> Instructions for use

<sup>3</sup> Leaflet VIO 3

<sup>4</sup> Current patents: <https://www.erbe-med.com/ip> and: case report

<sup>5</sup> Testoni PA et al. Papillary cannulation and sphincterotomy techniques at ERCP: European Society of Gastrointestinal Endoscopy (ESGE) Clinical Guideline. Endoscopy. 2016 Jul;48(7):657-83. doi: 10.1055/s-0042-108641. Epub 2016 Jun 14.

<sup>6</sup> Red Dot Award 2016, winner interface design

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