



**ENDOSTARSIL**<sup>®</sup>

**Polysaccharide Hemostatic Powder  
Endoscopic Application System**



**Effective Bleeding Control for Endoscopic Intervention**

Made in Germany • Plant based • 100% Absorbable •  
Biocompatible • Ready to use

## Product Overview

ENDOSTARSIL® Hemostat Application System is designed to achieve rapid hemostasis for profuse and diffuse bleedings in the lower and upper Gastrointestinal Tract (GI Tract).

It transfers the proven handling and effectiveness of STARSIL HEMOSTAT® to endoscopic applications. For more than a decade, surgeons and physicians from various specialties have relied on this CE-certified Class III medical device for rapid and reliable hemostasis.

## The system can be used during endoscopic interventions:

- As a standalone procedure
- In combination with conventional methods such as clips or sutures

## Mechanism of Action

Upon contact with blood, the highly hygroscopic STARSIL HEMOSTAT® particles rapidly absorb fluid and accelerate the natural coagulation cascade. A dense gel matrix forms, sealing the wound surface and reducing further blood flow.

The material is completely resorbed within 2-3 days by endogenous amylase. This prevents foreign body reactions and granuloma formation.

## System Compatibility

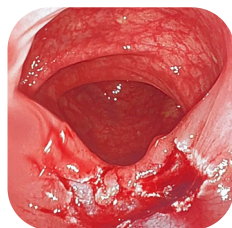
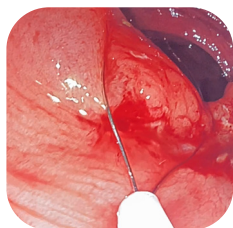
The ENDOSTARSIL® Hemostasis Application System operates using the existing CO<sub>2</sub> source of the endoscopy system. An additional pressure device is not required.

The innovative UniTip endoscopic applicator features:

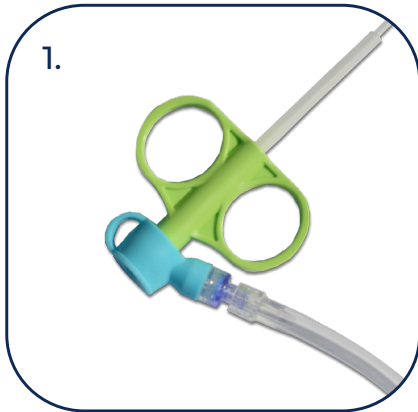
- Outer diameter: 2.5 mm
- Compatible with endoscopes with a working channel  $\geq$  2.8 mm
- Ergonomic handle
- Atraumatic tip to protect surrounding tissue

The connection to the CO<sub>2</sub> source is established via a standard biopsy valve with Luer-lock connector. The constant CO<sub>2</sub> flow reduces the risk of powder clumping during the procedure and enables:

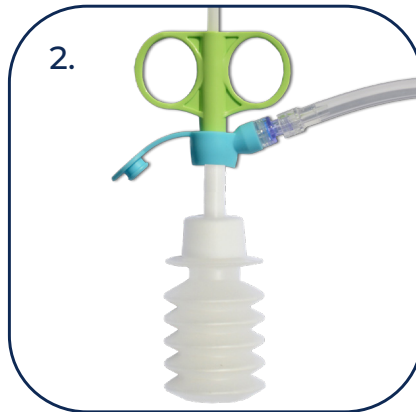
- Controlled, precise application
- Repeated application if required



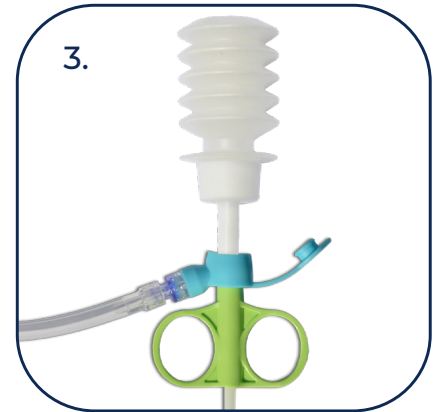
## Application Procedure



**1. Preparation of the Applicator**  
Attach the biopsy valve with Luer-lock connector to the UniTip applicator and connect it to the CO<sub>2</sub> source using the CO<sub>2</sub> connection tubing (Fig. 1). Then insert the applicator into the working channel of the endoscope.



**2. Connection of the Powder Bottle**  
Remove the cap from the bellows bottle. Then insert the nozzle of the bellows bottle through the biopsy valve into the UniTip applicator (Fig. 2).  
**NOTE:** Due to the continuous CO<sub>2</sub> supply, the bellows bottle must remain in a downward position until application to prevent premature release of the hemostatic powder.



**3. Application**  
For application of the hemostatic powder, turn the bellows bottle and the UniTip applicator upright (Fig. 3). The powder is transported through the UniTip applicator by the continuous CO<sub>2</sub> flow and can be applied precisely to the target site. By rotating the UniTip applicator back to the initial position (Fig. 2), the application is stopped. This process can be repeated if required.

## Components of the Application System

Product code	Product description	Pcs per Box
<b>OLYMPUS / FUJIFILM</b>		
SS005	STARSIL® HEMOSTAT 5 g	1 Piece
ESA010125-G	UniTip-Applicator	1 Piece
BVI-OX-03-EO	Biopsy valve with luer-lock irrigation port	1 Piece
Co2-TU-210	CO <sub>2</sub> -connection tube	1 Piece
<b>PENTAX</b>		
SS005	STARSIL® HEMOSTAT 5 g	1 Piece
ESA010125-G	UniTip-Applicator	1 Piece
BVI-PX-03-EO	Biopsy valve with luer-lock irrigation port	1 Piece
Co2-TU-210	CO <sub>2</sub> -connection tube	1 Piece

## Indications and Fields of Application

The ENDOSTARSIL® Hemostasis Application System is a rapid and effective option for bleeding control during endoscopic interventions in the upper and lower gastrointestinal tract. It is suitable for a wide range of procedures and indications, particularly in cases of:

### Diffuse or Severe Bleeding

- When mechanical methods (clips or suturing) are technically difficult or ineffective
- In anatomically difficult-to-reach areas (e.g., distal duodenal bulb, colonic flexures)

### Post-interventional Bleeding

- After Endoscopic Mucosal Resection (EMR)
- After Endoscopic Submucosal Dissection (ESD)
- After Endoscopic Full-Thickness Resection (EFTR)
- After Polypectomy (PPB)
- After endoscopic balloon dilation
- Particularly suitable for diffuse oozing or capillary bleeding from the resection bed.

### Specific Gastrointestinal Sources of Bleeding

- Diverticular bleeding
- Peptic ulcer bleeding (gastric or duodenal)
- Anastomotic ulcer bleeding (postoperative)
- Hemorrhagic colitis (e.g., associated with IBD)

### As an Adjunct or Alternative to:

- Clip application
- Endoscopic suturing systems
- Ligation techniques
- Thermal coagulation
- Particularly in situations where thermal methods may increase the risk of delayed perforation.



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