





REF:

heliosphere[®] Newtech

INTRAGASTRIC AIR BALLOON

Characteristics

Morbid obesity is a serious danger for the health and the quality of patient's life. As a minimally invasive, reversible and comfortable medical implant, HELIOSPHERE® Newtech is a guarantee of safe and effective pre-operative treatment for morbid obesity.

Non-surgical and minimally invasive

• • Put in place in around 20 minutes by endoscopic route without the need to hospitalise the patient.

Inflated with air

• •• Light so reducing post-implantation nausea, vomiting and the feeling of pain.

Implantation time

6 months.

Reinforced airtight

Protective polymere coating.

Facilitated implantation

- Easy cover removal system. ...
- Reduction in introduction diameter. . . .

Facilitated extraction

- • Reduction in extraction force.
- • Single and tranparent wall.

LNE/G-Med CE marking

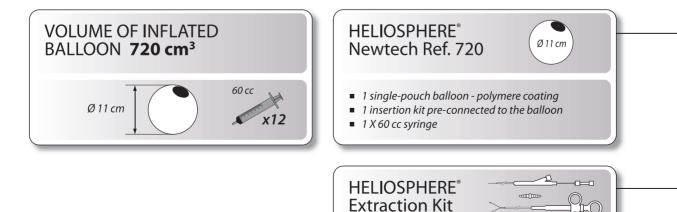
Class II b





Implantation system

HELIOSPHERE® Extraction Kit





1 deflation needle

- 1 pair of extraction forceps
- 1 universal connector for aspiration tube



TREATMENT FOR OBESITY



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Indications

It is important for the success of the treatment that the use of the HELIOSPHERE® Newtech intragastric balloon is accompanied by medical and dietetic monitoring.

Morbid obesity (IMC 50-60)

Serious medical and mortality risks.

Pre-operative

• • Lowering of the anaesthetic and surgical risk.

For a Body Mass Index lying between 30 and 50, the use of the HELIOSPHERE® Newtech Ref. 600 intragastric balloon is recommended. Read the operating instructions.

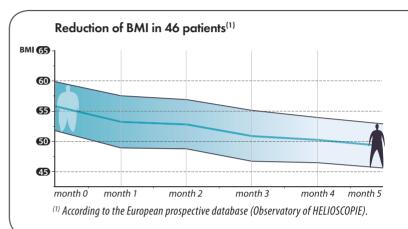
Results

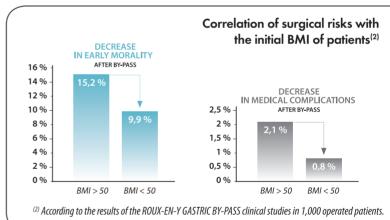
Once inflated, the balloon reduces the nominal volume of the stomach. By acting on the mechano-receptors in the upper part of the stomach, HELIOSPHERE® Newtech causes a rapid feeling of satiety at meals. The patient eats less and loses weight.

Efficacy

- Reduction in the Body Mass Index to below 50 for the majority of patients.⁽¹⁾
- Lowering of surgical risks thanks to the pre-operative partial reduction in weight.

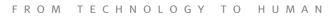
A study observes a direct link between surgical risks and the initial Body Mass Index of patients. The reduction in the BMI before by-pass lowers the risks of medical complications or early mortality.⁽²⁾





BIBLIOGRAPHY

 ⁽²⁾ Factors Affecting Morbidity and Mortality of Roux-en-Y Gastric Bypass for Clinically Severe Obesity: An Analysis of 1,000 Consecutive Open Cases by a Single Surgeon. Louis Flancbaum. J Gastrointest Surg (2007) 11:500-507



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