



Not All Tattoos Are Created Equal

Keep your patients
safe with the #1 global
endoscopic tattoo

Used in More than 5M Cases

Featured in Society Guidelines

Published in More than 25 Studies

Made in the USA

Spot[®] Ex
Endoscopic Tattoo

 **GI Supply[®]**
Specialty Endoscopic Products

Spot® Ex

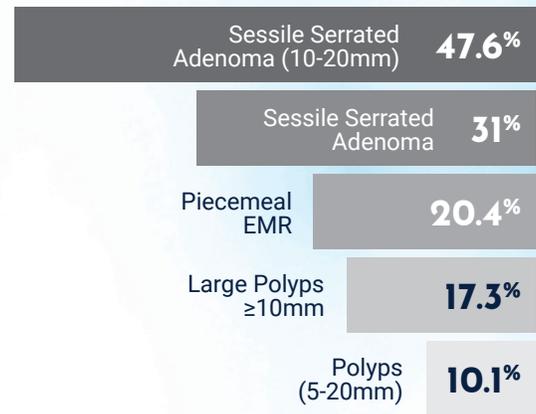
Endoscopic Tattoo

Spot® Ex is the only endoscopic tattoo indicated for both surgical localization and clinical surveillance.¹

Did you know?

- The recurrence rate of complex polyps is 25-32%²
- Interval cancers being attributed to incomplete resections 10-27%³
- Scar tissue of resected lesions can potentially be difficult to detect

Incomplete Resection Rate³



Spot® Ex Expedites Localization at Follow Up Procedures

Follow-up Procedure Post Polypectomy⁸



Scar tissue healed at 4 months without endoscopic tattoo

Polypectomy Procedure with Spot® Ex



Spot® Ex is permanent,^{1,7} enabling a lifetime of follow-up procedures



Safe

Spot® Ex has a 33% higher safety margin of carbon⁴



Darker

Spot® Ex is 30% darker which facilitates easy identification^{5,6}



Less Carbon

Spot® Ex uses 37% less carbon⁴



Permanent

Spot® Ex has a permanent indication based on long-term published evidence^{1,7}



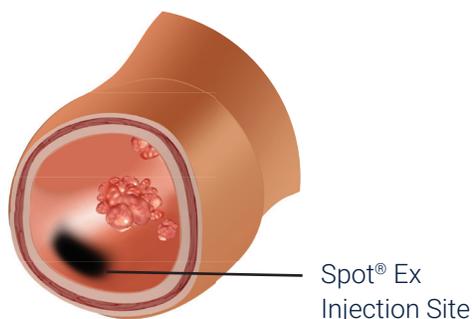
Guide to **Endoscopic Tattooing:**

“ Latest society guidelines recommend the use of tattoo, using sterile carbon particle suspension, to demarcate any lesion that may require localization at future endoscopic or surgical procedures¹ ”

- US Multi Society Task Force on Colorectal Cancer 2020

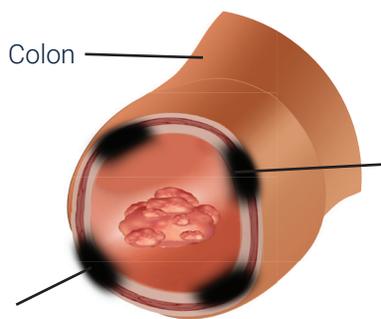
Submucosal Injection Technique

Marking for **EMR/ESD⁹**



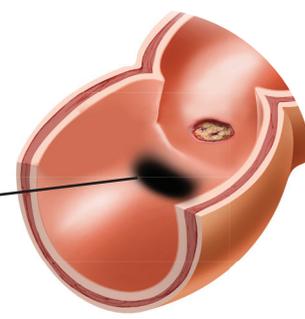
If the lesion is being marked for future endoscopic resection place the tattoo on the same side of the bowel, 3 cm distal.

Marking for **Surgical Resection¹⁰**



If the lesion is being marked for surgical resection, mark the lesion on the distal side and place the tattoos 2-3 cm from the lesion in 3-4 quadrants circumferentially.

Marking for **Surveillance**
of difficult to detect or large polyps¹¹



After lesion removal, place one injection adjacent (next to site) to the resection defect. Location should be noted on the endoscopy report.

Spot Ex is Cost Effective: 2021 CMS Tissue Marking National Payment

	Colonoscopy with Polyp Removal, Snare (CPT 45385)		If Tissue Marking Is Additionally Done (CPT 45381)
Physician (Facility) ¹²	\$258 Work RVU: 4.57	+	\$16 (Total \$274) Work RVU 0.30; Total Work RVU: 4.87
ASC ¹⁴	\$527	+	\$263 (Total \$790)
Hospital Outpatient ¹³	\$1,037	+	\$518 (Total \$1,555)

Spot® Ex is perfect post resection with EverLift® submucosal lifting agent

EverLift™ is the first submucosal lifting agent designed to reduce cost and aid in complete resection.

Experience the Difference:

- Superior Cushion
- Cost Effective
- Conveniently Packaged



Endoscopic Resection and Tattooing Ordering Information

Item No.	Description	Unit
GIS-45	Spot® Ex Endoscopic Tattoo	10/ box
GIS-55	EverLift™ Submucosal Lifting Agent, 5 mL	10/ box
GIS-59	EverLift™ Submucosal Lifting Agent, 10 mL	10/ box

References:

1. Spot Ex Instructions For Use. Rev 06. October 2019
2. Gottumukkala R., et al. Outcomes of Endoscopic Mucosal Resection As an Alternative to Surgery in Patients with Complex Colon Polyps. *Gastrointestinal Endoscopy* 2016; 84(2): 315-325
3. Pohl H, et al. Incomplete Polyp Resection During Colonoscopy—Results of the Complete Adenoma Resection (CARE) Study. *GASTROENTEROLOGY* 2013;144:74–80
4. NAMSA Biological Safety Report. Evaluation of Carbon Black. July 2019
5. Lee P, Finding Endoscopic Tattoos: The Impact of Contrast. GI Supply. 2018
6. Spot Ex Luminosity Lab Results. Northwestern Biological Imaging Facility. Nov 2017
7. Jackson FW. Long-term Visibility of Endoscopic Tattoos Using Sterile Carbon Suspension in a Prefilled Syringe. *American Journal of Gastroenterology* 2017; 112:S1–S45
8. Diehl, D. (January 2020). Procedural Image
9. Kaltenbach et al. Endoscopic Removal of Colorectal Lesions – Recommendations by the US Multi Society Task Force on Colorectal Cancer. Feb 2020
10. Rex, D. Endoscopic Tattooing Demonstration. How to Tattoo a Flat Colorectal Cancer. 2017. https://www.youtube.com/watch?v=VTkXGKGf_mE
11. Rex, D. Endoscopic Tattooing Demonstration. How to Tattoo a Tumor for Later Resection. 2017. https://www.youtube.com/watch?v=xL2sDqfN_E
12. CMS-1715-F, Addendum B multiplied by 2021 conversion factor (\$36.0896),
13. CMS-1717-CN, Addendum B,
14. CMS-1717-CN, Addendum AA

Note: Payment rates listed represent 2021 Medicare national payment amounts, individual provider payment will vary



Visit gi-supply.com
to learn more about Spot® Ex

