

Case-by-Case MOBILE SERVICE

Blue Light Cystoscopy

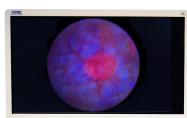
System

The revolutionary Blue Light Cystoscopy system is available on a per case basis from ForTec. This technology, used with the only FDA approved imaging agent for the procedure, is for enhanced visibility in the detection of bladder cancer.

Detection can be difficult using White Light Cystoscopy alone since some bladder tumors cannot be seen without enhancement. Due to this limitation, tumors can be missed or incompletely resected.

The Blue Light Cystoscopy procedure uses KARL STORZ SAPHIRA™ equipment in combination with the pharmaceutical imaging agency Cysview® (hexaminolevulinate HCI) to cause cancerous tumors to glow a bright pink color in blue light. This enhanced visibility provides the following advantages:

- Increased detection of tumors [1]
- Enhanced tumor removal [2]
- Potentially improved risk categorization that informs treatment [3]





[THE FORTEC ADVANTAGE]

- ✓ Avoid capital and maintenance costs
- Experienced, professional technician support
- A stable, professional partner
- ✓ Large inventory of surgical technologies

Call today 800.963.7101

to start ForTec Mobile Service

Blue Light Cystoscopy

System

Superior detection of NMIBC versus White Light Cystoscopy alone [4]

- Cysview makes abnormal cells glow bright pink in blue light
- Better tumor visibility means more complete TURBT procedures
- Better detection may improve risk categorization that can lead to more appropriate disease management

Cysview may not detect all malignant lesions.

Benefits for your facility

- Patients are asking for Blue Light technology
- Attract new patients and retain current ones
- Patients are willing to travel long distances for treatment

Bladder image from **White Light Cystoscopy**



Same image from **Blue Light Cystoscopy**



False-positive fluorescence may occur due to inflammation, cystoscopic trauma, scar tissue, previous bladder biopsy, recent BCG immunotherapy, or intravesical chemotherapy.

⁴ Cysview [prescribing information]. 2019



¹ Lotan Y BJU Int 2021 Vol. 127 Issue 1 Pages 108-113 DOI: 10.1111/bju.15166

² Hermann GG BJU Int 2011 Vol. 108 Issue 8 Pt 2 Pages E297-303 DOI: 10.1111/j.1464-410X.2011.10090.x

³ Cahill EMCurr Urol 2022 Vol. 16 Issue 3 Pages 121-126 DOI: 10.1097/CU9.000000000000142