

Heliosphere

Intragastric air filled balloon

Assists with weight loss of
up to 24KG in 6 months



The Heliosphere is a clinically proven alternative to traditional saline filled balloons

Certified for use to ≥ 27 BMI

Ultra-lightweight (< 10 g) means less chance of nausea and vomiting and better patient tolerance

No weight on gastric mucosa reduces the risk of complications

Double wall design gives reliable treatment duration of 6 months

Lightweight allows free natural movement in the stomach

Insertion and extraction via normal endoscopic procedure

Heliosphere
is an effective,
lighter, and more
comfortable
experience for the
duration of the
treatment

Two sizes for the best individual treatment

Heliosphere
600cc



Heliosphere
720cc



Key features:

Atraumatic and translucent spherical double skinned design

Radio opaque

Biocompatible to ISO10933

Blue self-sealing flexible valve, for easy identification, inflation and extraction

Protective polymer coating guards against gastric acids.

Double skinned design ensures durability and reliable treatment time frame

Polyurethane construction means no silicone blockage issues

Blue
self-sealing,
easy to locate
inflation
valve

Translucent,
X-ray opaque
balloon



Intuitive insertion device:

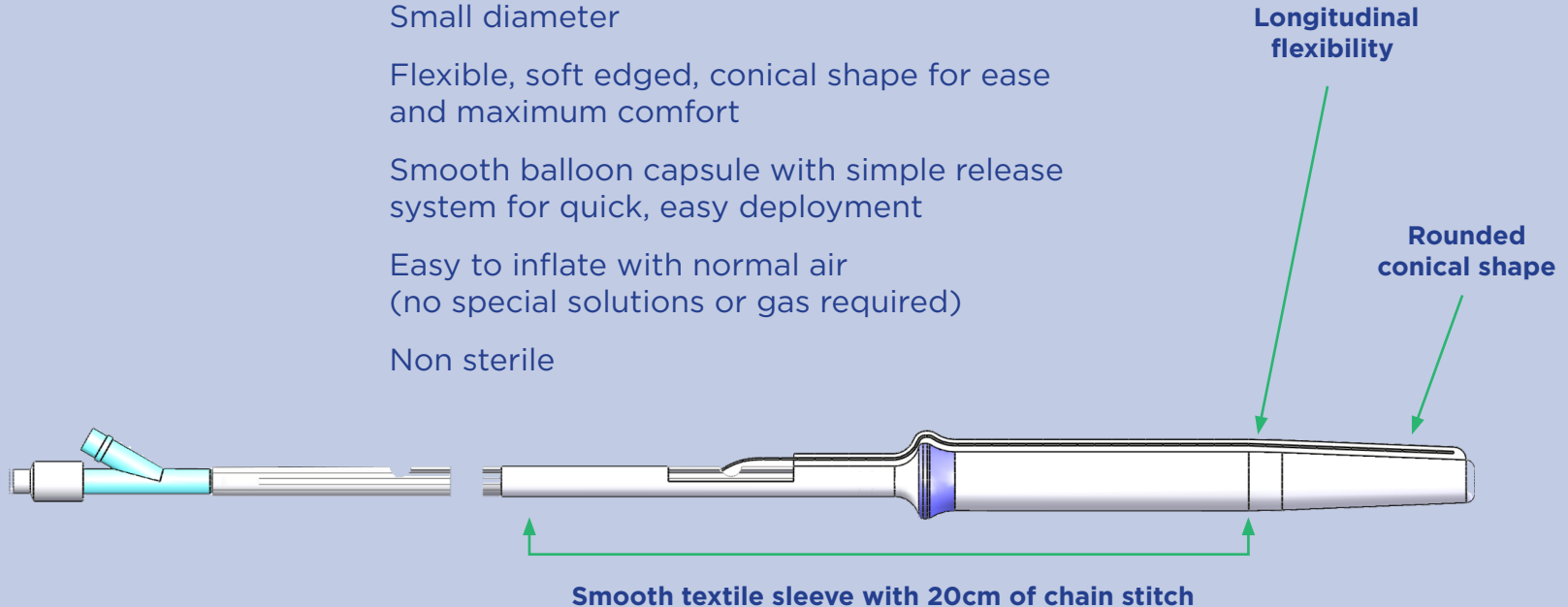
Small diameter

Flexible, soft edged, conical shape for ease and maximum comfort

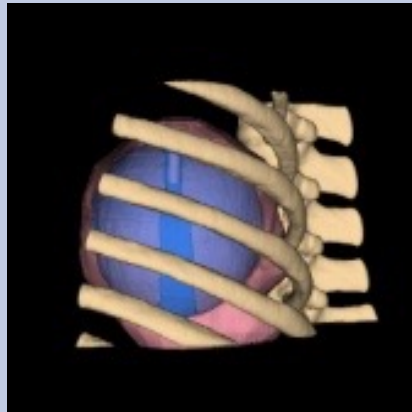
Smooth balloon capsule with simple release system for quick, easy deployment

Easy to inflate with normal air
(no special solutions or gas required)

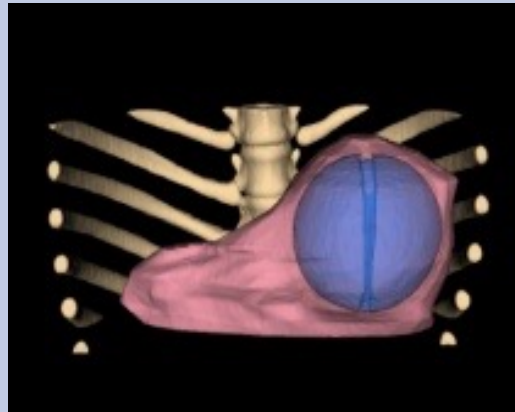
Non sterile



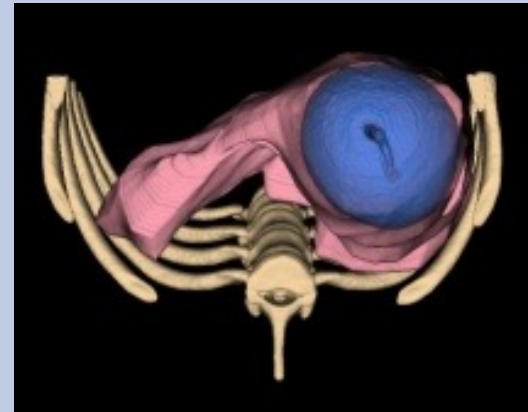
View of Heliosphere balloon 3 months post insertion



Side View



Front View



Top View

Fitting the Heliosphere Balloon



Generously lubricate the balloon capsule with surgical gel (KY or other)

Observe the natural curve of the balloon capsule and use and that to aid orientation with the patient's throat

You can use your finger to lower the tongue to ease the tip into position

The patient must be encouraged to swallow the balloon on its way though the oesophagus

Use of a bite block is recommended once the balloon is on its way



Whilst the patient is swallowing gently push the balloon catheter through the oesophagus into the stomach

The scale on the catheter helps you to judge the distance

Avoid bending the inflation canular by pushing on the catheter as close to where it enters the mouth as possible

If you need to withdraw the balloon for any reason, gently pull slowly and continuously on the catheter

NB. Don't twist or bend the balloon capsule or bend the balloon catheter beyond 90°

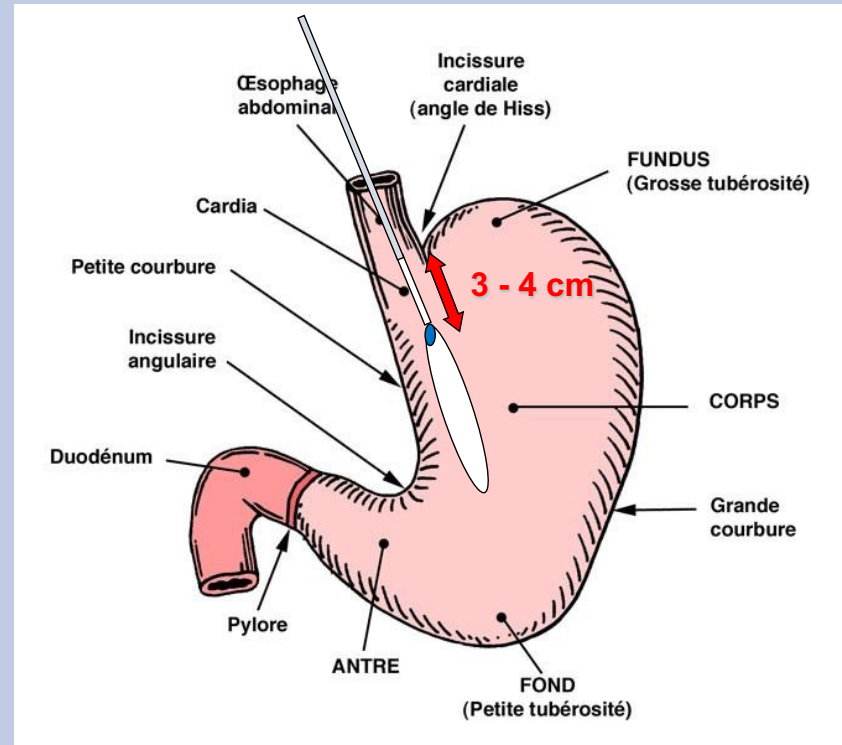


Using an endoscope check the balloon capsule is correctly positioned in the stomach

The balloon should be located in the fundus, below the lower oesophageal sphincter

The end connected to the catheter should be located 3 to 4 cm below the cardia

The balloon should be straight and not bent in the stomach



Deploying the balloon

1



Peel off the blue tape at the end of the catheter

2



Undo the release string using the white label

3



Gently pull the release string all the way out to open the balloon capsule

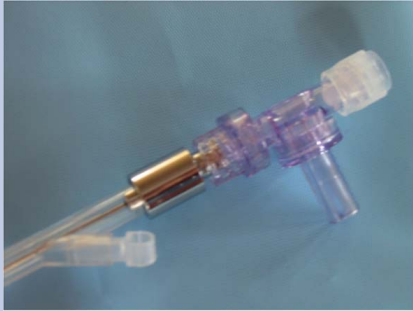
The opened balloon capsule



Inflating the Balloon



1



Unscrew the cap on the dual check valve

2



Connect a 60 ml Luer-lock syringe to the valve

3

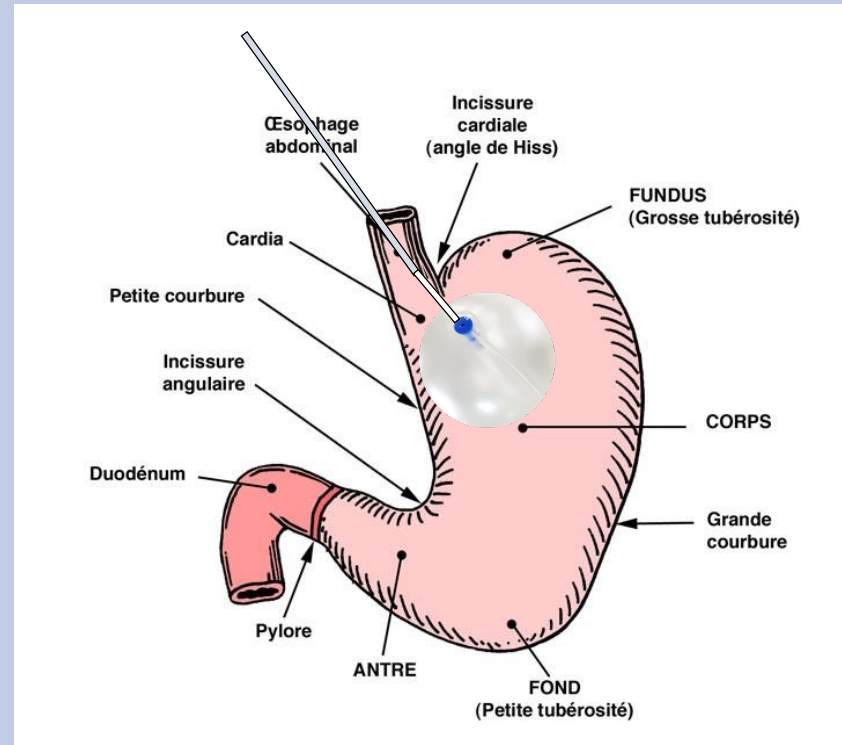


Use the syringe to inflate the balloon

Correctly inflated balloon:

10 x 60ml for the 600cc balloon

12 x 60ml for the 720cc balloon



Once the balloon is fully inflated

Unscrew the syringe

Retract the inflation cannula until a black mark can be seen on the cannula

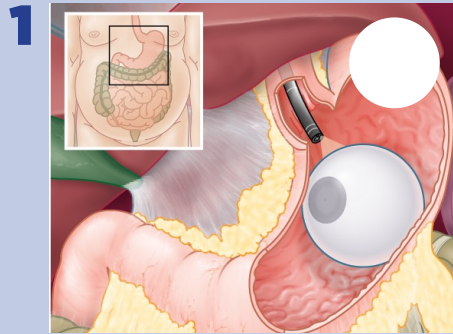
Release the balloon by gently pulling on the catheter

Once the balloon is released, do an endoscopic check

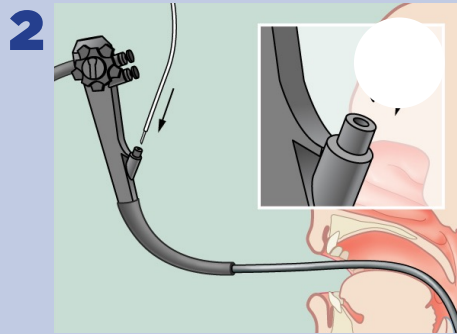


Extraction

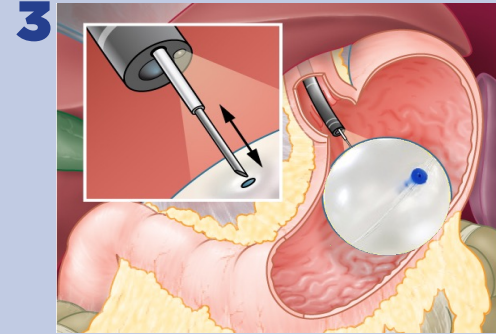




Using an endoscope, locate the blue valve on the balloon



Insert the needle provided with the extraction kit, with the needle retracted, to avoid damaging the channel of the endoscope



Position the needle near the blue valve and perpendicular to the balloon wall

Puncture the balloon by pushing the needle firmly inside the double skinned wall

Lock the needle in place by twisting the grey end of the needle cannula

The needle is hollow to allow suction

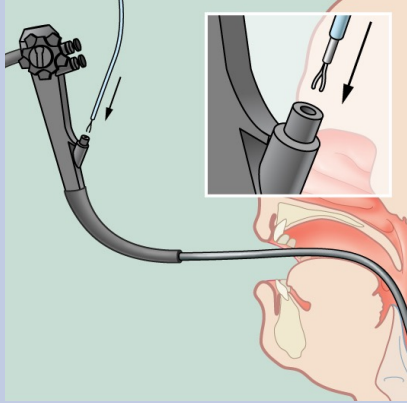
With the needle locked in the balloon,
unscrew the grey cap and use the white
adapter supplied to connect suction to the
end of the needle cannula

Suck the air out of the balloon

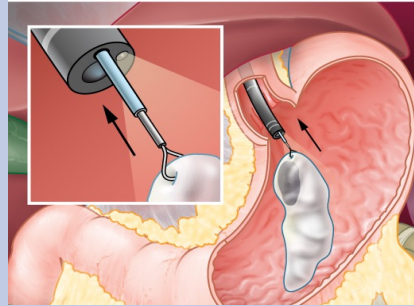
**NB because it is air filled and made of
polyurethane it will deflate completely and
quickly revert to its original narrow cylindrical
shape**

**However, to ensure complete deflation we
recommended continuing the suction for
a further 60 seconds after the balloon has
assumed its cylindrical shape**

**Once the suction is complete, remove the
needle from the endoscope and insert the
forceps supplied with the extraction kit**



Slide the closed grasper forceps into the working channel of the endoscope



Grasp the end of the deflated balloon either directly around the blue valve or a pronounced fold near the blue valve

You can also grasp the balloon from the opposite end

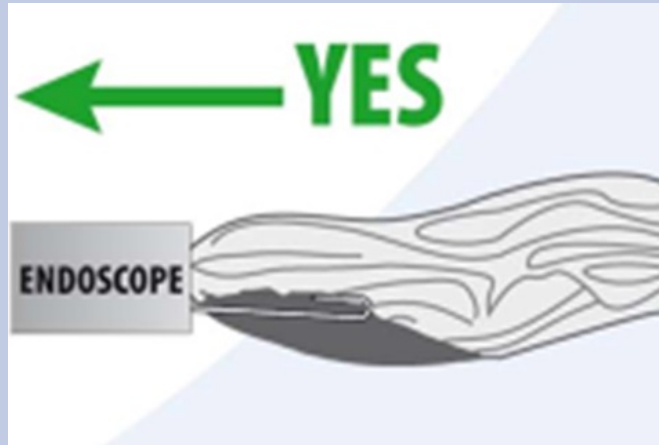
Close the forceps firmly and pull on the cord until the balloon is pulled tight up against the end of the endoscope

NB. It is not easy to release the balloon once gripped firmly

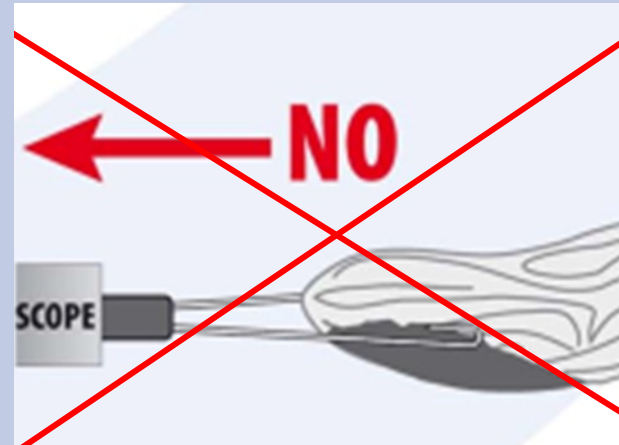
However, with care the balloon can be removed whatever its orientation



Tip: Wrapping the cord of the forceps around your finger helps to keep the balloon tight against the end of the endoscope



Making sure the balloon is pulled up against the end of endoscope will allow the balloon to pass easily through the cardia



Leaving a gap between the endoscope and the deflated balloon will make the extraction less easy

Withdraw the endoscope as normal, keeping the deflated balloon up against the end

If you feel any unexpected resistance, wait a moment to allow the balloon to align itself with the endoscope and then continue

Once extracted, release the balloon from the forceps

Close the forceps completely and remove them from the endoscope



Questions

