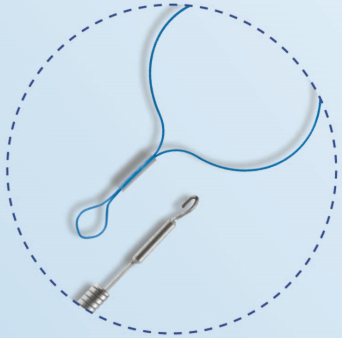
LeClamp™ Ligation Device

Used for endoscopic therapy of gastrointestinal perforation, ESD/EMR assistance, bleeding control and the ligation of polypus.





• Advanced delivery system

The loop does not need to be preloaded prior to insertion and it is designed to realize multi-loop operation at one time.

• Multi-size loops

The loop size range is from 15mm to 40mm, meets most of the clinical requirements.

• Unique ligation loop

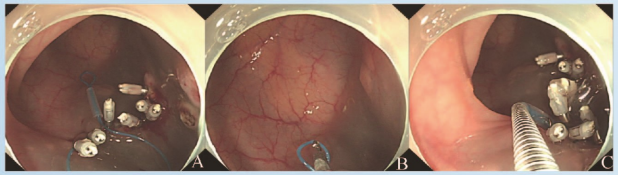
The double circle design complies with clinical requirements and has greater application range compared to conventional type.

• Optimized loop material

The excellent balance of high tensile strength and flexibility will provide a safety ligature operation.

Clinical Perspective

LeClamp™ Ligation Device, the novel endoscopic product idea of purse-string suture comes from the larger perforated closure method by nylon loop combined with hemostatic clips. Originally applied easily by single working channel of any conventional endoscopy, and significantly facilitates the accurate lesion defect wall closure after ESD, EMR or EFR.

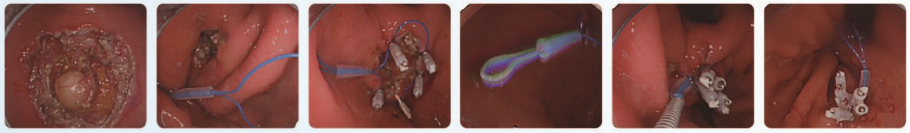


Clinical Evidence

The use of novel endoloop and metallic clips is a relatively safe, easy, and feasible method for repairing large gastric post-EFR defects, which is of good clinical application value.

----Endoscopic closure of gastric full-thickness defects by application of metallic clips combined with a new type of endoloop. Chinese Journal of Digestive Endoscopy, 2015, 32(7)

The Key Steps of Closure:



A. The defect left after EFTR;

B. An endoloop was inserted into the gastric cavity by forceps through the single-channel therapeutic endoscope;

C. The endoloop was anchored onto the full thickness of the defect's distal margin with the clip, followed by insertion of several additional clips to anchor the endoloop at different sides of the margin; D. The delivery system was inserted;

E. The removable hook was connected with the endoloop and the endoloop was tightened by slight pulling of all the edges together;

F. The delivery system was removed from the endoloop and the defect was completely closed.