Main Features

- Large instrument channel measures 3.7 mm across for expanded treatment options in the bile and pancreatic ducts.
- Innovative V-Groove forceps elevator offers reliable duodenoscopic treatment capability in combination with dedicated V-System ERCP devices.
- 5 mm design — measuring 12.6 mm across at the distal end and 11.3 mm across at the insertion tube — for excellent insertion capability.
- Four-way angulation (120° Up, 90° Down, 11° Right, and 9° Left) facilitates approach to the papilla of Vater.
- Ergonomically designed grip enhances long-term performance and scope maneuverability while easy-to-access controls improve operability.
- Detachable distal cap for easier cleaning of the scope tip.
- Fully compatible with the CV-260, CV-240, and CTV-20.
- Scope ID function retains individual scope information in the memory chip and displays it on the monitor. Also stores settings such as auto white balance to facilitate endoscopy suite management.

Specifications

- **Fiber Optic System**
  - Fiber Optic Type: 200°
  - Fiber Optic Direction: Up
- **Insertion Tube**
  - Diameter: 12.6 mm
- **Bending Section**
  - Angle: 11° Down
  - Length: 1700 mm
- **Diameter**
  - 3.7 mm
- **Length**
  - 1700 mm

**JF-260V**

Wide 3.7 mm Channel Suits a Wide Spectrum of ERCP Procedures Including Placement of a 10 Fr Stent

For a complete listing of sale and distribution locations visit:
www.olympus.com

OLYMPUS MEDICAL SYSTEMS CORP.
Shinjuku, Shinjuku, Tokyo 163-8034, Japan

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Larger Channel Supports More Versatile Instrumentation

Incorporating a large 3.7 mm diameter channel, the JF-260V can be used in a wide range of ERCP procedures — from cannulation to placement of a 10 Fr stent. It’s also easier to use thanks to the innovative V-Groove forceps elevator which simplifies device manipulation and replacement.

V-Groove forceps elevator

The innovative design of the forceps elevator on the JF-260V allows it to be raised at a sharper angle than a conventional scope elevator, while its unique V-shaped guidewire locking groove combines with the dedicated guidewire’s reactive force to securely lock the guidewire in position.

Confirm the position of the V-Marking on the Endo-Therapy accessory.

When the V-Marking is completely visible above the instrument channel part, raise the forceps elevator to lock the guidewire.

Be sure that the guidewire is locked in the V-Groove.

Completely remove the device.
EVIS LUCERA DUODENOVideoscope

OLYMPUS JF TYPE 260V

Main Features

- Large instrument channel measures 3.7 mm across for expanded treatment options in the bile and pancreatic ducts.
- Innovative V-Groove forceps elevator offers reliable duodenoscopic treatment capability in combination with dedicated V-System ERCP devices.
- Slim design — measuring 12.6 mm across at the distal end and 11.3 mm across at the insertion tube — for excellent insertion capability.
- Four-way angulation (120° Up, 90° Down, 11° Left, and 90° Right) facilitates approach to the papilla of Vater.
- Ergonomically designed grip enhances torque performance and scope maneuverability while easy-to-access control knobs improve operability.
- Detachable distal cover for easier cleaning of the scope tip.
- Fully compatible with the CV-260, CV-260i, and CV-260c.
- Scope ID function retains individual scope information in the memory chip and displays it on the monitor. Also stores settings such as auto white balance to facilitate endoscopy suite management.

Specifications

- **Optical System**
  - Field of view: 120°
  - Reduction of min: 2°
  - Backward oblique viewing
- **Bending Section**
  - Length: 1,700 mm
  - Angulation range: 11° Up, 90° Down, 11° Left, and 90° Right
- **Bending Radius**
  - Flex: 1,700 mm
- **Installation Channel**
  - Inner diameter: 2.6 mm
  - Diameter of outer tube: 3.7 mm
  - Dimensions of outer tube: 3.7 mm
- **Material**
  - Flexible body: Polyurethane
  - Flexible body: Stainless steel

EVIS LUCERA DUODENOVideoscope

**JF-260V**

Wide 3.7 mm Channel Suits a Wide Spectrum of ERCP Procedures Including Placement of a 10 Fr Stent