



## THE ESSENTIAL tool for liver stiffness measurement



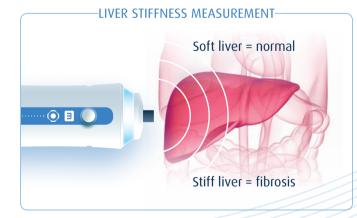
# FibroScan<sup>®</sup> 402

THE ESSENTIAL tool for liver stiffness measurement

## A ROBUST TECHNOLOGY Vibration-Controlled Transient Elastography (VCTE<sup>™</sup>)

- → Assess liver stiffness
- → Provide reproducible and operator independent examination
- → Explore a large volume (100 times larger than the biopsy)





FibroScan<sup>®</sup> measures liver stiffness that is directly related to liver conditions such as fibrosis, inflammation.

## EASY TO USE & TO INTEGRATE into your routine practice

- → Quantitative & immediate result in kPa
- → Plug & play device
- → Start your training online

## An extra clinical **CONFIDENCE**

- → Same technology as FibroScan<sup>®</sup>502
- → Proven clinical data

# FibroScan<sup>®</sup> 402 OFFERS\*:

Section

Fibro

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→ NON INVASIVE LIVER STIFFNESS MEASUREMENT
 → DECISION MAKING ASSISTANCE FOR TREATMENT
 → ENHANCED PATIENT FOLLOW-UP

Fibro

ERGONOMIC



2 echosers

User-friendly TACTILE INTERFACE

INTEGRATED Drinter

LIGHT & EASY to handle device

\*Liver stiffness measurement examination is limited to people who have succeeded in the dedicated training. It is essential in order to use the equipment correctly and to get reliable and reproducible measurements.

# **TECHNICAL** parameters

### FibroScan<sup>®</sup> 402

- $\rightarrow$  Size:
- 275 x 434 x 252 mm (H x D x W)
- $\rightarrow$  Weight: 8 kg
- → Power: 110 220 Volts

#### m PROBE

- → Size: 158 x 52 mm (L x Ø)
- $\rightarrow$  Weight: 0.5 kg
- → Transducer diameter: 7 mm

- → Connection: Ethernet, USB, Video (DVI)
- $\rightarrow$  Dedicated software
- → Touch screen: 10,4"
- → Frequency: 3.5 MHz
- $\rightarrow$  Cable: 1.5 m
- $\rightarrow$  Connection: Push Pull



M probe needs to be calibrated every 6 MONTHS to maintain proper performance

#### OPTIONS

- → Connectivity
- → Contracts

# **RECOMMENDATIONS** for use

#### **EXAMINATION**

- $\rightarrow$  10 stiffness measurements at the same measurement point
- $\rightarrow$  Inter-quartile range (IQR [2]) less than 30 % of the median result
- $\rightarrow$  Success rate [1] must be higher than 60%

FibroScan<sup>®</sup>402 should not be used on PREGNANT WOMEN, patient with PACEMAKERS and people with ASCITES

#### BIBLIOGRAPHY

[1] Ziol, M., A. Handra-Luca, et al. (2005). Non-invasive assessment of liver fibrosis by stiffness measurement: a prospective multicentre study in patients with chronic hepatitis C. Hepatology 41(1): 48-54.
[2] Lucidarme, D., J. Foucher, et al. (2009). Factors of accuracy of transient elastography (FibroScan®) for the diagnosis of liver fibrosis in chronic hepatitis C. Hepatology 49(0): 1-7.





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