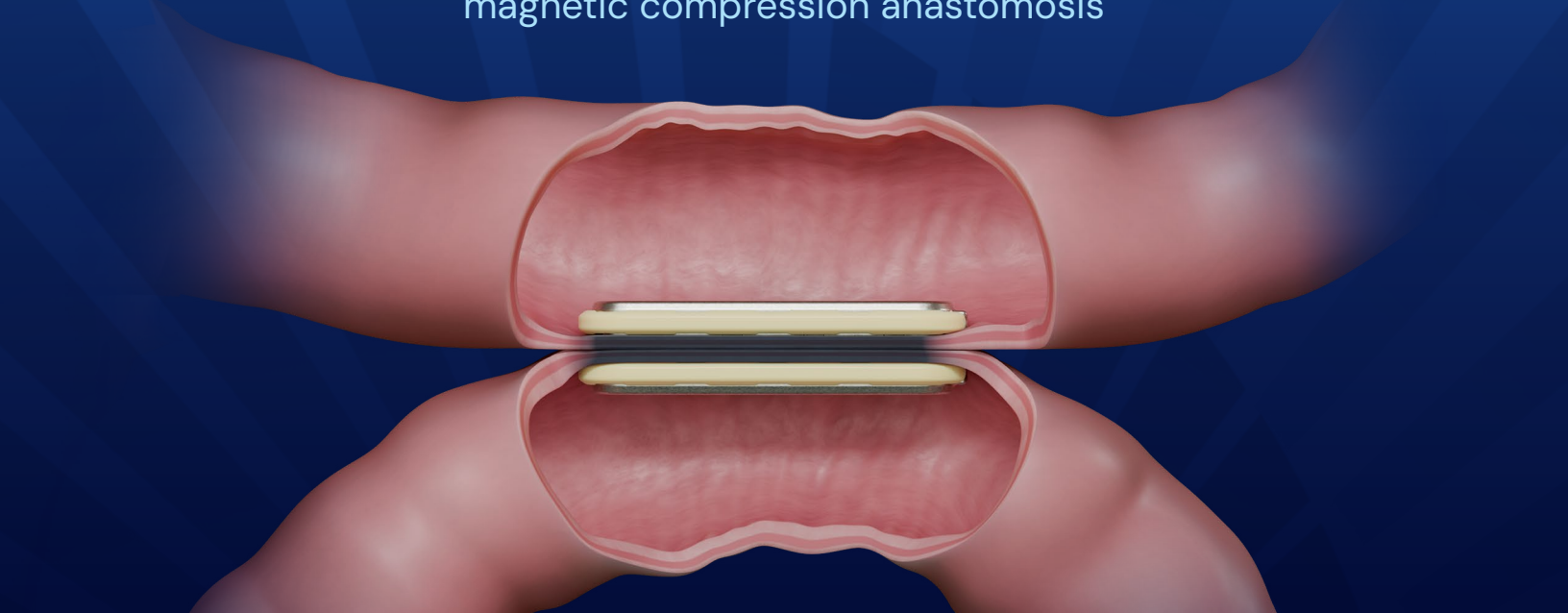


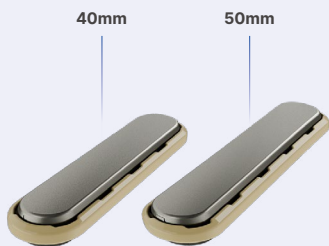
Breakthrough

Welcome to the new age of
magnetic compression anastomosis

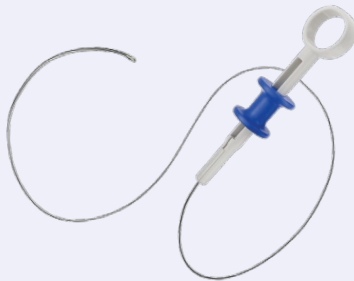


GT Metabolic™ is leading the world with the **GT Metabolic™ MagDI™ System**, a proprietary linear magnetic technology (LMT) designed for magnetic compression anastomosis.¹ This incisionless, sutureless, and staple-free technique¹⁻⁴ is intended for use in creating side-to-side duodeno-ileal anastomosis in minimally invasive and laparoscopic surgeries.¹ Once the tissue has healed sufficiently to maintain the anastomosis, the device is naturally passed from the body, leaving no foreign material behind to impede the natural healing process.¹⁻⁴ The **MagDI™ System** is the only FDA-cleared and commercially available product for magnetic compression anastomosis.¹

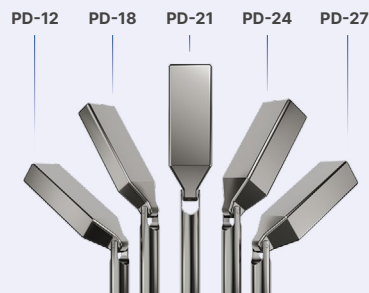
MagDI™ Magnets



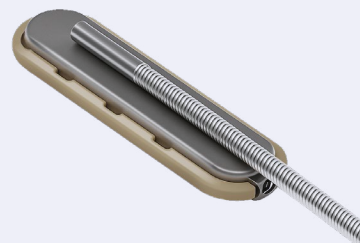
MagDI™ Delivery System



MagDI™ Laparoscopic Positioning Device



MagDI™ Magnetic Retrieval Device



MagDI™ System by GT Metabolic™

A gentle, minimally invasive surgery tool

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MagDI™ System by GT Metabolic™

A gentle, minimally invasive surgery tool

MagDI™ Magnet

- The 40mm¹ or 50mm⁵ **Parylene-C coated neodymium magnet** is encased in a titanium shell with a PGLA bio-fragmentable flange.
- A **delivery system connect/release mechanism** is located at one end of the magnet.
- The device is **intended for use for side-to-side duodeno-ileal anastomosis** in minimally invasive and laparoscopic surgery.¹
- Sterile; disposable.

MagDI™ Delivery System

- The delivery system is a **disposable, flexible, orogastric delivery catheter 198cm in length** that attaches to the linear MagDI™ magnet for placement and positioning.
- The proximal end of the catheter consists of a **ring-handle pull-trigger for easy deployment of the magnet**.
- The **delivery system catheter must be paired with a flexible endoscope** with a working channel of at least 2.8mm or greater.
- Sterile; disposable.

MagDI™ Laparoscopic Positioning Device

- The **41cm-long reusable laparoscopic positioning device (LPD)** is compatible with a 12mm trocar.
- The instrument is **comprised of a Parylene-C coated neodymium magnet** encased in a titanium housing, non-magnetic shaft, and positioning handle detailing the strength of the instrument.
- **Offered in five magnetic strengths**, the LPD provides surgeon with options depending on the patient's bowel morphology. (A higher number indicates greater magnetic strength.)
- The **LPD is used to position the linear magnetic technology (LMT)** at the desired anastomotic site.
- Reusable; requires sterilization.

MagDI™ Magnetic Retrieval Device

- The **magnetic retrieval device (MRD)** is a 200cm-long, flexible orogastric catheter with a magnetic tip.
- The **MRD enables retrieval of a MagDI™ magnet if removal is required** after release from the delivery system during the procedure.
- The **MRD catheter must be paired with a flexible endoscope** with a working channel of at least 2.8mm or greater.
- Sterile; disposable.

Code	Description	Quantity
MAG-01	GT Metabolic™ MagDI™ magnet – 40mm	1 ea / 1 box
MAG-02	GT Metabolic™ MagDI™ magnet – 50mm	1 ea / 1 box
DS-01	GT Metabolic™ delivery system	1 ea / 1 box
PD-12	GT Metabolic™ laparoscopic positioning device (LPD)	1 ea / 1 box
PD-18	GT Metabolic™ laparoscopic positioning device (LPD)	1 ea / 1 box
PD-21	GT Metabolic™ laparoscopic positioning device (LPD)	1 ea / 1 box
PD-24	GT Metabolic™ laparoscopic positioning device (LPD)	1 ea / 1 box
PD-27	GT Metabolic™ laparoscopic positioning device (LPD)	1 ea / 1 box
PD-SET	GT Metabolic™ laparoscopic positioning device (LPD) set	5 ea / 1 box
MRD-02	GT Metabolic™ magnetic retrieval device (MRD)	1 ea / 1 box

REFERENCES

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3. Gagner M, Abuladze D, Koiava L, et al. First-in-human side-to-side magnetic compression duodeno-ileostomy with the Magnet Anastomosis System. Obes Surg. 2023;33(8):2282-2292. doi:10.1007/s11695-023-06708-x.
4. Gagner M, Cadiere GB, Sanchez-Pernaute A, et al. Side-to-side magnet anastomosis system duodeno-ileostomy with sleeve gastrectomy: Early multi-center results. Surg Endosc. 2023;37(8):6452-6463. doi:10.1007/s00464-023-10134-6.
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