NEW CLINICAL STUDY SHOWS COVIDIEN CIRCULAR STAPLER LOWERS RATE OF STOMAL STENOSIS BY MORE THAN 75% DURING LAPAROSCOPIC GASTRIC BYPASS

Shorter staple height demonstrates statistically significant benefits in multi-center, prospective, randomized trial

NORTH HAVEN, Connecticut, June 25, 2009—Covidien (NYSE: COV), a leading global provider of healthcare products, has released clinical data from a multi-center, prospective, randomized study on the company’s DST Series™ EEA™ stapler and OrVil™ device. The findings were presented at the 26th Annual Meeting of the American Society for Metabolic and Bariatric Surgery (ASMBS) today in Grapevine, Texas.

The Covidien study was conducted at six academic medical centers and enrolled 357 patients who underwent laparoscopic gastric bypass (LGB) surgery between January 2007 and February 2009. The study was designed to measure the impact of the circular staple height (3.5 mm vs. 4.8 mm) on clinical outcomes, including the incidence of GI hemorrhage, stomal stenosis and wound infection. The findings showed that the DST Series™ EEA™ stapler and OrVil™ device with a staple height of 3.5mm reduces the rate of stomal stenosis by more than 75% (p<0.01) while trending toward a decrease in staple-line bleeding (p=0.06).

Dr. Ninh T. Nguyen, the lead study investigator at University of California Irvine Medical Center, said, “Anastomotic stricture is the most frequent complication after gastric bypass. Although it can be easily treated with endoscopic dilation, it often requires multiple sessions, and there is a small risk for perforation. The finding of a reduction in the rate of anastomotic stricture with the use of the 3.5 mm circular stapler in this study will make a huge impact on our patient satisfaction for the operation and a reduction in the total cost for the procedure.”

“Additionally, the study showed that transoral placement of the anvil using the OrVil was simple and safe. I believe that the OrVil will revolutionize the way surgeons perform the gastrojejunal anastomosis in gastric bypass. With this innovative technology, there may be a preponderance shift by surgeons toward performing the gastrojejunal anastomosis using the circular stapler technique,” Dr. Nguyen added.

The DST Series™ EEA™ stapler is the only device available to offer two staple height options, including the 3.5mm used in the study, DST Series™ stapling technology and a transoral configuration for LGB called OrVil™. In an October 2008 research article in Obesity Surgery*, OrVil™ was clinically proven to reduce OR time, procedure cost and the learning curve in transoral versus transabdominal bariatric surgery.
The DST Series™ EEA™ places a circular, double staggered row of titanium staples using Covidien’s proprietary DST Series™ stapling technology in choices of 3.5mm and 4.8mm staple heights configurations available on all 21, 25, and 28 lumen sizes. It also offers standard and extra large (XL) shaft length options on all its lumen sizes.

More information on DST Series™ EEA™ and OrVil™ can be found by visiting [www.covidien.com/eea](http://www.covidien.com/eea)

**ABOUT COVIDIEN:**
Covidien is a leading global healthcare products company that creates innovative medical solutions for better patient outcomes and delivers value through clinical leadership and excellence. Covidien manufactures, distributes and services a diverse range of industry-leading product lines in four segments: Medical Devices, Imaging Solutions, Pharmaceutical Products and Medical Supplies. With 2008 revenue of nearly $10 billion, Covidien has more than 41,000 employees worldwide in 59 countries, and its products are sold in over 140 countries. Please visit [www.covidien.com](http://www.covidien.com) to learn more about our business.

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*Transoral Technique for Gastrojejunostomy in Laparoscopic Roux-en-Y Gastric Bypass (LRYGBP) Can Accelerate Learning Curve and Reduce Cost; *Obesity Surgery*; Received: 19 May 2008 / Accepted: 29 October 2008; Springer Science + Business Media, LLC 2008*