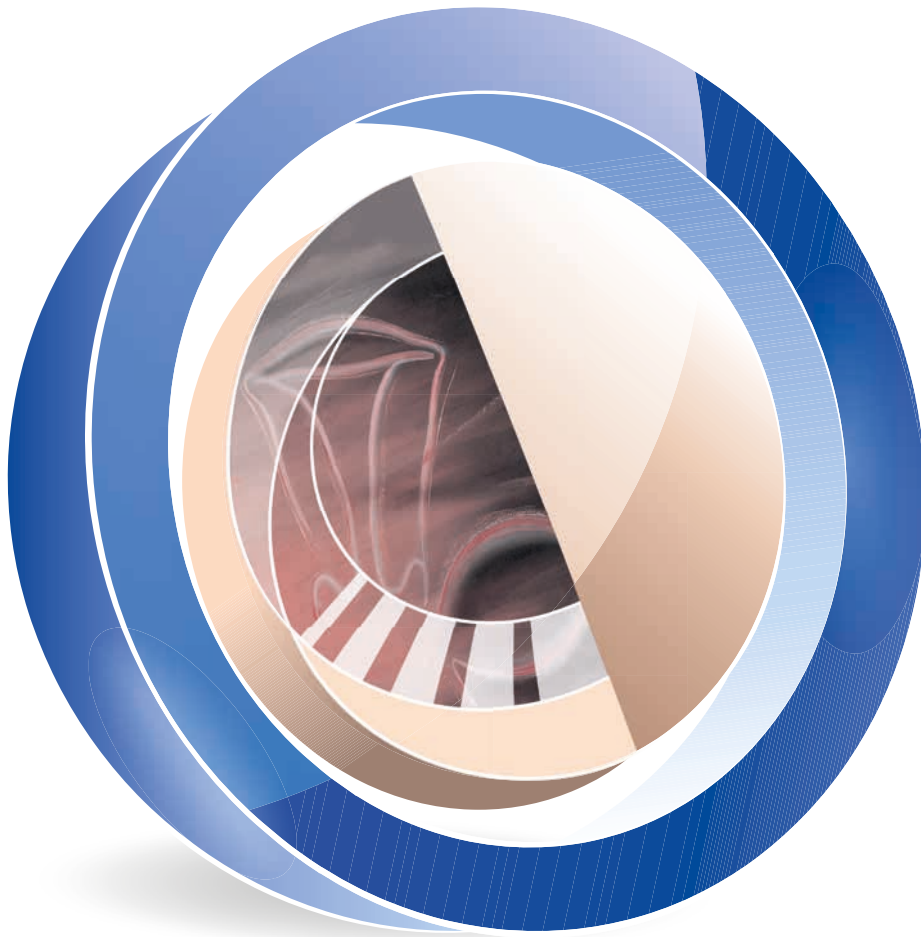


Highlights

GYN 11 1.2 05/2018/-E

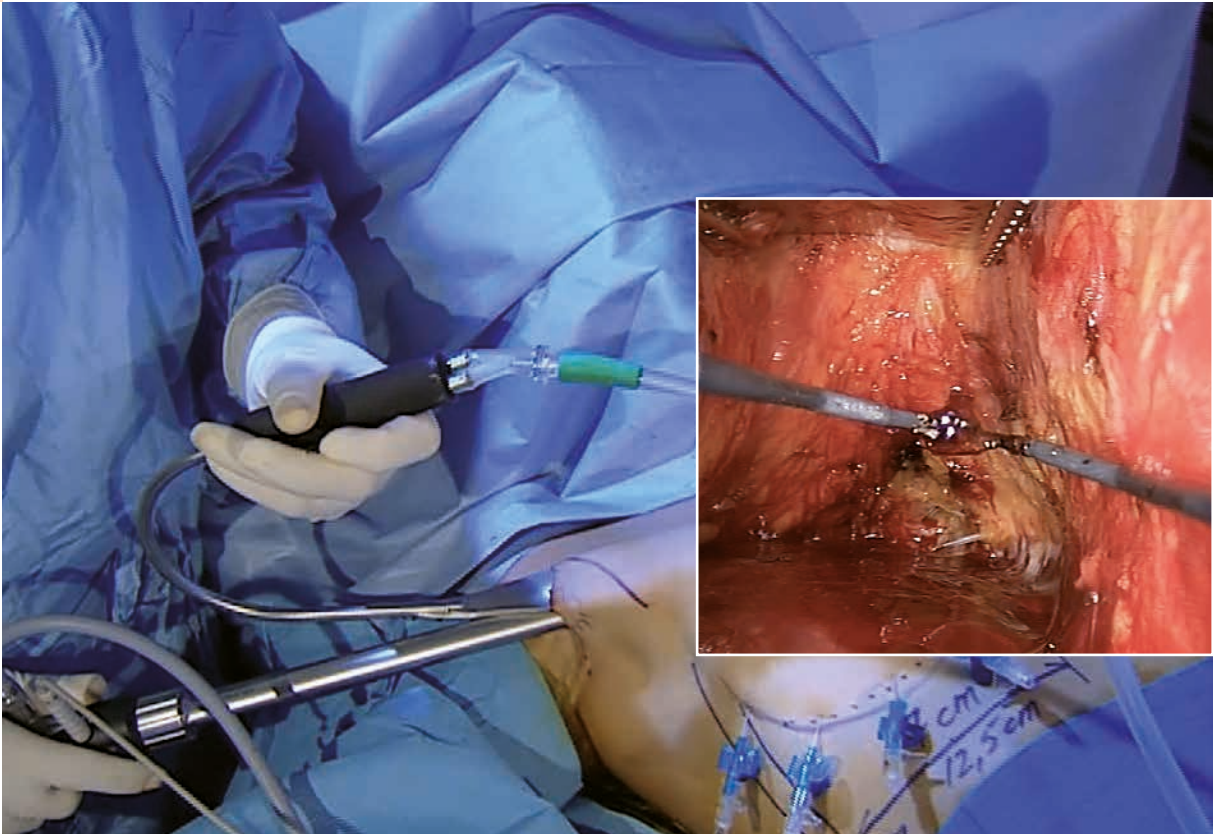


Axillary Endoscopic Breast Augmentation

Recommended Sets

STORZ
KARL STORZ – ENDOSKOPE





DELMAR Unipolar Endo-Dissector

The unipolar endo-dissector was developed for the preparation of implant pockets for breast implants under endoscopic vision. The endo-dissector is used with a 0° telescope with a diameter of 10 mm in order to create a retro-mammary or retro-pectoral pocket through the axillary approach.

In addition, the endo-dissector is equipped with a unipolar coagulation electrode which enables the operating surgeon to dissect and coagulate tissue under visual control.

By means of endoscopic vision, the unipolar endo-dissector facilitates very precise preparation in respect of the shape of the implant. The fact that it is possible to coagulate at the same time means that a bloodless pocket can be maintained, without hematoma. No drainage is necessary.

The characteristics of the unipolar endo-dissector make this method an excellent alternative to other procedures which are carried out either submammary or on the mammilla.

Henry Delmar, M.D.,
Cap d'Antibes, France

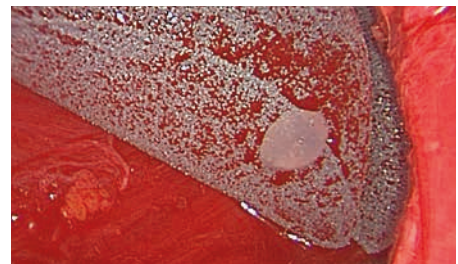


DELMAR Recommended Set for Axillary Endoscopic Breast Augmentation

- 50250 AA **HOPKINS® Straight Forward Telescope 0°**, enlarged view, diameter 10 mm, length 31 cm
- 495 NCSC **Fiber Optic Light Cable**, diameter 4.8 mm, length 250 cm
- 50251 MR **Retractor**, width of spatula 30 mm, length 14 cm
- 50251 M DELMAR **Unipolar Endo-Dissector**, size 20 mm, working length 28 cm, with connector pin for unipolar coagulation including:
 - Handle**
 - Sheath**
- 50251 ML DELMAR **Unipolar Coagulation Electrode**, package of 5
- 26005 M **Unipolar High Frequency Cord**, length 300 cm
- 50251 DE ECKERT **Breast Dissector**, blunt, curved, size 10 mm, length 23 cm
- 33221 MD **CLICKLINE KELLY Dissecting and Grasping Forceps**
- 50251 R **Retractor**, without fiber optic light carrier, width of blade 30 mm, length 9 cm, with teeth, with channel for smoke evacuation

KLÖPPEL Axillary Endoscopic Breast Augmentation

The technique of endoscopic breast augmentation through the axillary approach can be performed safely and very precisely using high-quality FULL HD camera technology.



Source: Markus Klöppel, M.D.

A bow-shaped retractor with suction mechanism is inserted into a 3-4 cm long incision in the natural crease of the skin high in the hair-bearing area of the armpit under visualization with a 30° telescope and a modern FULL HD camera.

High-resolution, brilliant images of the local anatomy and the preparation planes allow the exact determination of the implant position. Implants can be placed either subfascially, subglandularly or preferably submuscularly.

Both round and anatomically profiled implants with sizes up to 600 ml can be used. Implant replacement with capsulectomy or even partial capsulectomy can be performed through the axillary approach if required. The OR time, including set-up time, is between 1 and 1.5 hours. Follow-up studies – both short-term and long-term – show that complication rates were lower in comparison to the alternative submammary incision. The scar in the axilla fades after approx. 6 months, leaving an aesthetically pleasing and shapely breast without visible scars (see image below).

Markus Klöppel, M.D.
Plastic Surgery in Munich, Germany



KLÖPPEL Recommended Set for Axillary Endoscopic Breast Augmentation

- 50251 BA **HOPKINS® Forward-Oblique Telescope 30°**, enlarged view, diameter 5 mm, length 24 cm
- 495 NAC **Fiber Optic Light Cable**, diameter 3.5 mm, length 230 cm
- 50251 LD **Optical Retractor**, width of spatula 30 mm, length 14 cm, including telescope sheath
- 50251 DE **ECKERT Breast Dissector**, blunt, curved, size 10 mm, length 23 cm
- 50251 TC **Coagulation Suction Tube**, spatula-shaped, blunt, curved downwards, spatula turned right by 90°, size 5 mm, length 30 cm
- 26005 M **Unipolar High Frequency Cord**, length 300 cm
- 30804 **Handle with Trumpet Valve**, for suction or irrigation
- 33221 MD **CLICKLINE KELLY Dissecting and Grasping Forceps**
- 34221 MS **CLICKLINE METZENBAUM Scissors**



Recommended Set for Axillary Endoscopic Breast Augmentation with the TÜBINGEN Retractor Model

- 50230 BA **HOPKINS® Forward-Oblique Telescope 30°**, enlarged view, diameter 4 mm, length 18 cm
- 495 NAC **Fiber Optic Light Cable**, diameter 3.5 mm, length 230 cm
- 50251 RS **Illuminated Retractor**, Tübingen model, width of blade 30 cm, length 15 cm
- 50200 LS **Telescope Sheath**
- 50251 DE **ECKERT Breast Dissector**, blunt, curved, size 10 mm, length 23 cm
- 50251 TC **Coagulation Suction Tube**, spatula-shaped, blunt, curved downwards, spatula turned right by 90°, size 5 mm, length 30 cm
- 26005 M **Unipolar High Frequency Cord**, length 300 cm
- 30804 **Handle with Trumpet Valve**, for suction or irrigation
- 33221 MD **CLICKLINE KELLY Dissecting and Grasping Forceps**
- 34221 MS **CLICKLINE METZENBAUM Scissors**

Recommended Units for Endoscopic Breast Augmentation



- TC 200 **IMAGE1 S CONNECT™**, connect module, for use with up to 3 link modules, resolution 1920 x 1080 pixels
- TC 301 **IMAGE1 S™ X-LINK**, link module, for use with flexible video endoscopes and one-chip camera heads (up to FULL HD)
- TH 110 **IMAGE1 HX One-Chip FULL HD Camera Head**, 50/60 Hz, fixed focus, progressive scan, 2 freely programmable camera head buttons, for use with IMAGE1 S™
- 9826 NB **26" FULL HD Monitor**
- 20161401-1 **Cold Light Fountain Power LED 175 SCB**
- UH 300 **AUTOCON® III 300**
- UF 902 **Two-Pedal Footswitch**, with button for switchover function, for use with HF generators

Components for Equipment Cart:

- UG 120 **Equipment Cart**, narrow, tall
- UG 500 **Monitor Holder**, height adjustable
- UG 501 **Monitor Holder Adaptor**
- UG 310 **Isolation Transformer**, 200-240 V, 2000 VA
- UG 410 **Earth Leakage Monitor**, 200-240 V

It is recommended to check the suitability of the product for the intended procedure prior to use.

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