Highlights 2020

Proctology









E.P.Si.T. - Endoscopic Pilonidal Sinus Treatment

The pilonidal sinus is an acute or chronic inflammatory process in the subcutaneous adipose tissue, often occurring in the sacrococcygeal region¹. E.P.Si.T. – Endoscopic Pilonidal Sinus Treatment – proceeds in two phases. In the first – diagnostic – phase, the sinus cavity and the sinus tracts are examined. The aim of the second – therapeutic – phase is to ablate the abscess cavity and to eliminate the fistula². Both phases are performed under direct endoscopic control.

- E.P.Si.T. can be performed in an outpatient setting
- Ablation of the abscess cavity and elimination of the fistula under direct vision
- High patient satisfaction³
- Straightforward, safe, effective and reproducible method of treatment³
- Instruments can also be used to treat anal fistulas (VAAFT technique)

24511 Fistulectomy Set,

including:

Fistuloscope 8°, angled eyepiece, outer diameter 3.3 x 4.7 mm, working length 18 cm

Handle Obturator

Wire Tray for Cleaning, Sterilization and Storage Sealing Cap "Endoscopic Seal", sterile, package of 10

100020-10* **Sealing Cap "Endoscopic Seal",** for working channels of 4-10 Fr. instruments,

STERILE 2

sterile, for single use, package of 10

24515 **Coagulation Electrode,** unipolar, for fistulectomy, 7 Fr., length 53 cm

24514 Fistula Brush,

including: **3-ring Handle Outer Sheath**

Fistula Brush Insert, outer diameter 4 mm, unsterile, for single use **Fistula Brush Insert,** outer diameter 4.5 mm, unsterile, for single use **Fistula Brush Insert,** outer diameter 5 mm, unsterile, for single use

CLICKLINE REDDICK-OLSEN **Grasping Forceps,** rotating, dismantling, insulated, with connector pin for unipolar coagulation, with LUER-Lock irrigation connector for cleaning, double action jaws,

size 2 mm, length 30 cm

includina:

Plastic Handle, without ratchet, with larger contact area at the finger ring

Outer Sheath, with working insert

Sources:

30251KJ

- ¹ AWMF Summary of the S3 Guidelines 081/009: Sinus pilonidalis
- $^{\rm 2}$ Endoscopic Pilonidal Sinus Treatment: A Prospective Multicentre Trial. P. Meinero et al., 2016
- ³ Endoscopic Pilonidal Sinus Treatment, Giarratano G et al., 2017







VAAFT Set - Video Assisted Anal Fistula Treatment

The VAAFT technique is suitable for the surgical treatment of complex anal fistulas and recurrences. VAAFT – Video Assisted Anal Fistula Treatment – proceeds in two phases. The purpose of the first – diagnostic – phase is to inspect the fistula pathway and to locate the internal fistula opening. The goal of the second – therapeutic – phase is the complete destruction of the fistula epithelium. Both phases are performed under direct endoscopic control.

- Exact localization of the internal fistula opening under visual control
- Complete elimination of the fistula from the inside
- Minimal postoperative trauma
- Significant time and cost-saving potential
- Fully autoclavable

24511 Fistulectomy Set,

including:

Fistuloscope 8°, angled eyepiece, outer diameter 3.3 x 4.7 mm, working length 18 cm

Handle Obturator

Wire Tray for Cleaning, Sterilization and Storage Sealing Cap "Endoscopic Seal", sterile, package of 10

100020-10* **Sealing Cap "Endoscopic Seal"**, for working channels of 4-10 Fr. instruments,

Coagulation Electrode, unipolar, for fistulectomy, 7 Fr., length 53 cm

STERILE 2

sterile, for single use, package of 10

24514 Fistula Brush,

including: **3-ring Handle Outer Sheath**

Fistula Brush Insert, outer diameter 4 mm, unsterile, for single use **Fistula Brush Insert,** outer diameter 4.5 mm, unsterile, for single use **Fistula Brush Insert,** outer diameter 5 mm, unsterile, for single use

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30251KJ CLICKLINE REDDICK-OLSEN Grasping Forceps, rotating, dismantling, insulated, with connector

pin for unipolar coagulation, with LUER-Lock irrigation connector for cleaning, double action jaws,

size 2 mm, length 30 cm

includina:

Plastic Handle, without ratchet, with larger contact area at the finger ring

Outer Sheath, with working insert

Source:

24515

¹ Video-assisted anal fistula treatment (VAAFT): a novel sphincter-saving procedure for treating complex anal fistulas. Meinero et. al. 2011







TEO® – Transanal Endoscopic Operations

The minimally invasive transanal platform for the treatment of rectal neoplasia

Transanal Endoscopic Operations (TEO®) combines the minimal invasiveness of an intervention via a natural body orifice (NOTES) with the precision of resection under endoscopic microsurgery.

- Available in lengths of 7.5, 15 and 20 cm
- Compatible with all standard camera systems for laparoscopy
- Mechanical holding arm enables the platform to be placed in a very stable position

Working lengths 7.5 and 15 cm

24941BA **HOPKINS® Forward-Oblique Telescope 30°,** angled eyepiece, diameter 5 mm, length 21 cm, **autoclavable,** fiber optic light transmission incorporated,

color code: red

24942TK **TEO® Operating Rectoscope Tube,** outer diameter 40 mm, working length 7.5 cm,

with handle for holding system, LUER-Lock connector for vapor evacuation

24942T Same, working length 15 cm

24942OK **TEO® Obturator,** for use with TEO® Operating Rectoscope Tube 24942TK

249420 **Same,** for use with TEO® Operating Rectoscope Tube 24942T

24942AK **TEO® Working Attachment,** with attachment for HOPKINS® Telescope 24941BA,

2 channels for instrument size 5 mm and 1 channel for instruments up to size 12 mm,

for use with TEO® Operating Rectoscope Tube 24942TK

24942A Same, for use with TEO® Operating Rectoscope Tube 24942T

Working length 20 cm

24941BAL HOPKINS® Forward-Oblique Telescope 30°, angled eyepiece, diameter 5 mm, length 28 cm,

autoclavable, fiber optic light transmission incorporated,

color code: red

24942TL **TEO® Operating Rectoscope Tube,** outer diameter 40 mm, working length 20 cm,

with handle for holding system, LUER-Lock connector for vapor evacuation

24942OL **TEO® Obturator,** for use with TEO® Operating Rectoscope Tube 24942TL

24942AL **TEO® Working Attachment,** with attachment for HOPKINS® Telescope 24941BAL,

2 channels for instruments size 5 mm and 1 channel for instruments up to size 12 mm,

for use with TEO® Operating Rectoscope Tube 24942TL

25370KG **Dissection Hook Electrode,** proximally and distally bent downwards, needle-shaped

25351MG CLICKLINE Dissecting and Grasping Forceps, rotating, dismantling, insulated, with connector pin

for unipolar coagulation, with LUER-Lock irrigation connector for cleaning, single action jaws, jaws

offset downwards, 2 x 4 teeth, size 5 mm, length 36 cm

Holding system - U-shaped

28272RLD Holding System, U-shaped, autoclavable, with quick release coupling KSLOCK



TEO® Platform with Flexible Working Attachment and High-Flow Adaptor – B-PORT

TEO® (Transanal Endoscopic Operations) combines the minimal invasiveness of an intervention via a natural orifice (NOTES) with the precision of resection under visual control. In cooperation with Prof. Luigi Boni, Milan, Italy, it was possible to optimize the TEO® platform for TaTME (Transanal Total Mesorectal Excision).

- Flexible working attachment
- Instruments up to size 15 mm can be used
- High-flow insufflation adaptor
- Straight distal end
- Suitable for TaTME

24942TKG	TEO® Operating Rectoscope Tube, outer diameter 40 mm, working length 7.5 cm, straight distal end, with handle for holding system, LUER-Lock connector for vapor evacuation				
249420K	TEO® Obturator, for use with Operating Rectoscope Tube 24942TK/24942TKG				
24943S	TEO® High-Flow Adaptor, for S-PORT seal				
23030SA	S-PORT Seal, 4x access 3 mm, 5 mm or 13-15 mm				
28272RLD	PRLD Holding System, U-shaped, autoclavable, with quick release coupling KSLOCK				
33362ON	System, U-shaped, autoclavable, with quick release coupling KSLOCK INE Grasping Forceps, rotating, dismantling, without connector pin for unipolar ion, with LUER-Lock irrigation connector for cleaning, single action jaws, with especially fine tic serration, fenestrated, size 5 mm, length 36 cm in andle, with ratchet, with large contact area outer Sheath, insulated is Insert				
26775C	CADIERE Coagulation and Dissection Electrode, insulated sheath, with connector pin for unipolar				

coagulation, L-shaped, with cm-marking, distal tip tapered, size 5 mm, length 36 cm

For use with:

- A standard telescope in size 5 mm or 10 mm, e.g., HOPKINS® Forward-Oblique Telescope 30°, diameter 5 mm, length 50 cm (art. no. 26048BSA)
- Standard instrumentation for laparoscopy or alternatively with instruments specially adapted for Transanal Endoscopic Operations (jaws offset downwards)

Further telescopes and standard instrumentation for laparoscopy can be found in the Laparoscopy catalog.

Instruments specially adapted for Transanal Endoscopic Operations can be found in the Proctology catalog.



D-PORT

The reusable D-PORT was designed and optimized for transanal surgery. It is also possible to perform Transanal Total Mesorectal Excision (TaTME) with this platform.

- Simultaneous CO₂ insufflation and smoke/gas evacuation possible
- Flexible sealing cap
- Small outer diameter of 30 mm
- Free choice of telescopes (5 mm or 10 mm)
- Reusable and thus cost-effective



24944TS DAPRI **D-PORT Operating Rectoscope System**

including:

DAPRI Operating Rectoscope Tube

Obturator Seal

24944SA **Seal,** for DAPRI operating rectoscope tube, 3x access 5 mm, 10 mm and/or 13-15 mm

including: **Sealing Cap**

3x Reducers, 13/5 mm and 13/3 mm

Reducer, 13/10 mm

Valve Seal, for instruments size 5 and 5.5 mm, package of 10 **Valve Seal,** for instruments size 10 mm, package of 10

26003BA HOPKINS® Forward-Oblique Telescope 30°, enlarged view, diameter 10 mm, length 31 cm,

autoclavable, fiber optic light transmission incorporated,

color code: red

23125ONG CLICKLINE Dissecting and Grasping Forceps, non-rotating, dismantling, insulated,

with connector pin for unipolar coagulation, with LUER-Lock irrigation connector for cleaning, single action jaws, fenestrated, with especially fine serration, DAPRI sheath curve, size 5 mm

including:

Metal Handle, without ratchet, with 4 locking positions

Outer Sheath, with working insert

23775CLG Coagulation and Dissection Electrode, L-shaped tip, DAPRI sheath curve, size 5 mm



Retrieval Tube

For avoiding minilaparotomy in laparoscopic colon resection

Laparoscopic techniques in colorectal resection have become increasingly established in recent years as a standard procedure in colorectal surgery^{1,2} although a minilaparotomy is still necessary to recover the specimen. With the development of a retrieval tube, which is introduced transanally, it is possible to avoid minilaparotomy and thus significantly reduce the morbidity of the abdominal wall in the form of wound infections, postoperative pain and the formation of abdominal hernias³.

- Anatomically adapted shape
- The flexible working insert allows instrument use with the minimal loss of CO₂

¹ Kuhry E, Schwenk W, Gaupset R, Romild U, Bonjer HJ (2012) Long-term results of laparoscopic colorectal cancer resection

² Schwenk W, Haase O, Neudecker JJ, Müller JM (2008) Short-term benefits of laparoscopic colorectal resection

³ Brockhaus AC, Politt D, Lindlohr C, Saad S (2016) Transanal extraction vs. minilaparotomy for laparoendoscopic left-sided colon resection

23040T	Retrieval Tube, for retrieval of resected tissue, for use with Obturator 230400, Adaptor 23040A, ENDOCONE Port Attachment 23010AS and S-PORT Seal 23030SA
230400	Obturator, for use with Retrieval Tube 23040T
23040A	Adaptor, for use with ENDOCONE Port Attachment 23010AS and Retrieval Tube 23040T
23010AS	ENDOCONE Port Attachment, for use with S-PORT Seal 23030SA
23030SA	S-PORT Seal, 4x access 3 mm, 5 mm or 13-15 mm

For retrieval of resected tissue, we recommend the following grasping forceps from our product portfolio

23451ABD **ROTATIP® Grasping Forceps,** rotating, dismantling, insulated, with connector pin for unipolar coagulation, with LUER-Lock irrigation connector for cleaning, with revolving jaw design, double action jaws, atraumatic, fenestrated, CARUS sheath curve, size 5 mm, length 36 cm



ENDOFLATOR® 50 and S-PILOT® - An Ideal Combination

The ENDOFLATOR® 50 creates ideal prerequisites for optimal insufflation with smoke gas management. To make full use of the excellent flow rate provided by the insufflator, appropriate accessories are required.

- Gas heating adapts to various ambient conditions and helps to prevent telescope fogging
- Creates optimal viewing conditions and a stable OR field, even in small cavity surgery

UI500S1 **ENDOFLATOR® 50 SCB,** with integrated SCB module,

power supply 100-240 VAC, 50/60 Hz

including:

SCB Connecting Cable, length 100 cm

Universal Wrench

Heated Insufflation Tubing Set*, with gas filter, sterile, for single use,

package of 3

UP501S1 S-PILOT®, including footswitch, power supply 100-240 VAC, 50/60 Hz

including:

One-Pedal Footswitch

Tubing Set Suction*, sterile, for single use, package of 5

SCB Connecting Cable, length 100 cm

031210-10* Insufflation Tubing Set with Gas Filter, length 300 cm, heatable, hydrophobic on both sides,

sterile, for single use, package of 10, for use with ENDOFLATOR® 50

031447-10* Tubing Set for Smoke, Gas and Fluid Suction, with connector for second suction tube,

sterile, for single use, package of 10, for use with S-PILOT®, for laparoscopy

031111-10* Smoke Evacuation Filter, unsterile, for single use, package of 10

UP004 S-PILOT® Connecting Cable, diameter 3.5 mm, length 300 cm,

for use with AUTOCON® III 400, ConMed System 2450 or 5000

UP005 S-PILOT® Connecting Cable, diameter 2.5 mm, length 300 cm,

for use with Valleylab Force Triad or Valleylab Force ${\sf FX}$



STERILE (2)

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Rectoscope for Video Documentation – RECTOVISION® with Sliding Cap

The combination of laparoscopic and rectoscopic technologies permits visualization and documentation of the intraluminal conditions in patients undergoing coloproctological interventions. RECTOVISION® is intended for use in both outpatient settings and surgical departments.

- Clear, high-resolution display of even the finest details
- Fully reusable; long service life
- Can be used with all 10 mm telescopes also in conjunction with NIR/ICG for intraluminal perfusion assessment
- · Airtight sliding cap

24912K HEINKEL **Rectoscope Tube**, outer diameter 20 mm, working length 20 cm

including: **Obturator**

24920 **Illumination Head,** for HEINKEL rectoscope tubes, with fiber optic light transmission,

LUER-Lock hub for rubber insufflation bulb

24886SOW Airtight Sliding Cap, for centering a 10 mm telescope in HEINKEL rectoscope tubes

≥ 20 mm during documentation

30103CS **Telescope Stopper,** size 11 mm, sterile, for single use, package of 12

40924 Rubber Insufflation Tube, with detachable tube, with LUER-Lock

Rubber Tube

031123-10* Gas Filter, for fluid irrigation, with male LUER-Lock connector and

female LUER-Lock connector, sterile, for single use, package of 10

26003AA **HOPKINS® Straight Forward Telescope 0°,** enlarged view, diameter 10 mm, length 31 cm,

autoclavable, fiber optic light transmission incorporated,

color code: green

or

26003ARA HOPKINS® RUBINA 0°, NIR/ICG, straight forward telescope, enlarged view, diameter 10 mm,

length 31 cm, autoclavable, for indocyanine green (ICG), fiber optic light transmission incorporated,

color code: green

Note: The gas filter is positioned between the rubber ball and the rubber tube to prevent instrument contamination. Reprocessing of the rubber tube is nevertheless required when using Filter 031123-10*.



STERILE (2)

STERILE (2)



KARL STORZ TROIDL SILVER SCOPE® Flexible Rectoscope

The flexible TROIDL SILVER SCOPE® rectoscope combines the fundamental advantages of flexible endoscopy with the application possibilities of rectoscopy.

- Short working length of 40 cm
- Inversion up to 210° improves visualization compared to rigid rectoscopy and, consequently, diagnostic and therapeutic options thanks to forward and retrograde viewing
- Field of application especially suited for surgical conditions and procedures in the rectal area
- Possibility to combine rigid and flexible endoscopy thanks to modular IMAGE1 S™ camera platform

13912PKSK TROIDL Rectoscope, Set, flexible, 11.8 mm x 40 cm, color system PAL,

Direction of view: 0°
Sheath diameter: 11.8 mm
Working channel diameter: 3.4 mm
Deflection up/down: 210°/120°
Deflection left/right: 120°/120°
Field of view: 140°
Working length: 40 cm

13912NKSK Same, color system NTSC

For use with the following camera systems

- IMAGE1 S™
- IMAGE 1 HUB™ HD
- TELECAM/TELE PACK X GI

Please note:

One of the following videoendoscope adaptors is required to connect the flexible TROIDL Rectoscope 13912PKSK/13912NKSK to a camera control unit:

For use with IMAGE1 S™

TC001 **IMAGE1 S™ Videoendoscope Adaptor,** color systems PAL/NTSC, length 60 cm,

for use with IMAGE1 S™ X-LINK TC301

For use with IMAGE 1 HUB™ HD

22200077 Videoendoscope Adaptor, color systems PAL/NTSC, length 90 cm

For use with TELECAM/TELE PACK X GI

20213070 Videoendoscope Adaptor, for use between KARL STORZ videoendoscopes and

TELECAM Camera Control Units (CCU) or TELE PACK video units

Further information on the TROIDL flexible rectoscope and other flexible endoscopes, e.g., gastroscopes and colonoscopes, is available in the Proctology catalog.

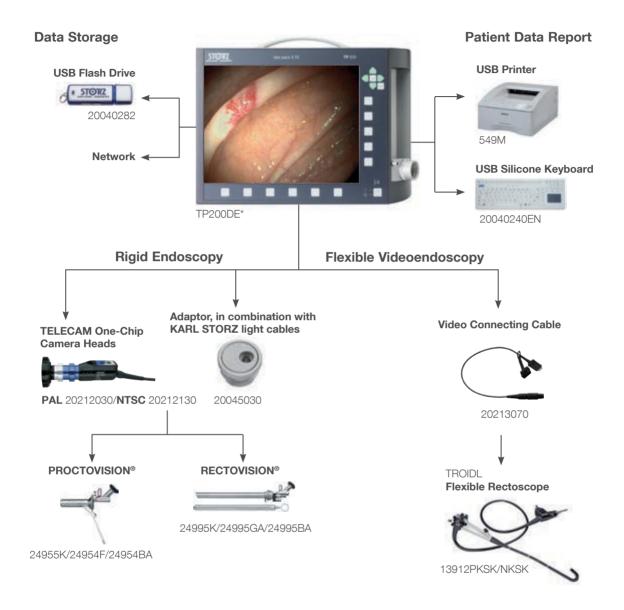
Further information on camera systems is available in the Telepresence catalog.



Documentation in Proctology

The mobile all-in-one solution TELE PACK X GI provides clear patient information for procto-and/or rectoscopic examinations. The flexible TROIDL resectoscope as well as the rigid systems PROCTOVISION® and RECTOVISION® allow the visualization and documentation of all examination and/or therapy steps.

- The mobile all-in-one solution combines a monitor, camera control unit, LED light source, data management and an insufflation pump in one unit
- Universal use in doctors' offices, emergency rooms and intensive care units
- Flexible and rigid endoscopes can be easily connected with suitable adaptors
- As well as presenting clear patient information, the documentation can be an effective aid for proctological training
- The integrated network function allows straightforward export of patient images and videos to the hospital or practice network



^{*} Also available in the following languages: CH, EN, ES, FR, IT, PL, PT, RU and SE

Note: We recommend the use of Adaptor 20045030 in combination with the KARL STORZ Light Cables 495NL and 495NAC.



Proctoscopes

KARL STORZ offers a wide range of proctoscopes in various sizes for rigid proctoscopy.

- Plastic obturator
- Completely reusable, durable
- With the proper working attachment can also be utilized for video-assisted proctoscopy and documentation

MORGAN Proctoscope Tube, available in the following sizes:

MORGAN Proctoscope Tube with Obturator							
Art. No.	Outer Diameter	Working Length					
24950K	17 mm	6.5 cm					
24951K	17 mm	8 cm					
24952K	20 mm	6.5 cm					
24953K	20 mm	8 cm					
24956K	20 mm	15 cm					
24954KK	24 mm	6.5 cm					
24955K	24 mm 8 cm						
24959K	27 mm	n 7 cm					
24957K	24957K 30 mm 8 cm						

24960 Fiber Optic Light Carrier, with fiber optic light cable connector

25200 **Swab Forceps,** length 20 cm

25195 ARNOLD **Fistula Hook**, length 18 cm

Optional components for video-assisted proctoscopy (PROCTOVISION®), for use with Proctoscope 24955K

24954F Working Attachment, for use with MORGAN Proctoscope Tube 24955 and HOPKINS® Telescope

24954BA

24954BA **HOPKINS® Forward-Oblique Telescope 30°,** eyepiece angled 45°, diameter 4 mm, length 9.5 cm, **autoclavable,** filber optic light transmission incorporated, color code: red



Instrumentation for proctoscopy (e.g., instruments for hemorrhoid ligature) as well as suitable light sources and fiber optic light cables can be found in the Proctology catalog.



Rectoscopes

KARL STORZ offers a wide range of rectoscopes in various sizes for rigid rectoscopy.

- Completely reusable, durable
- Illumination head unit with fiber optic light cable connector
- With the proper working attachment can also be utilized for video-assisted rectoscopy and documentation

HEINKEL **Rectoscope Tube**, available in the following sizes:

HEINKEL Rectoscope Tube with Obturator								
Art. No.	Outer Diameter	Working Length	Art. No.	Outer Diameter	Working Length			
24918K	12 mm	20 cm	24912K	20 mm	20 cm			
24916K	16 mm	20 cm	24911K	20 mm	25 cm			
24914K	16 mm	30 cm	24910K	20 mm	30 cm			
24915K	18 mm	25 cm	24919K	24 mm	20 cm			
24913K	18 mm	30 cm						

24920K Illumination Head Unit, for HEINKEL rectoscope tubes, with fiber optic light transmission,

LUER-Lock hub for rubber insufflation bulb, including Glass Window Plug 24920FK

40924 Rubber Insufflation Bulb, with detachable tube, with LUER-Lock connector

> includina: **Rubber Bulb Rubber Tube**

031123-10* Gas Filter, sterile, for single use, package of 10 STERILE (2)



25215 Sponge Forceps, working length 40 cm

25239 Suction Tube, with cut-off hole, working length 40 cm

34351B CLICKLINE Biopsy Forceps, rotating, dismantling, insulated, with connector pin for unipolar

coagulation, with LUER-Lock irrigation connector for cleaning, single action jaws, medium jaws,

standard model for mucosal biopsy, size 5 mm, length 36 cm

Plastic Handle, without ratchet, with large contact area

Metal Outer Sheath, insulated

Forceps Insert

Note: The gas filter is positioned between the rubber ball and the rubber tube to prevent instrument contamination. Reprocessing of the rubber tube is nevertheless required when using Filter 031123-10*.

Components for video-assisted rectoscopy (RECTOVISION®)

24995K Rectoscope Tube, outer diameter 20 mm, length 25 cm, LUER-Lock hub for rubber insufflation bulb and obturator

24995GA Working Attachment, with locking ring for Rectoscope Tube 24995 and 2 channels for instruments with diameters up to 5 mm

24995BA HOPKINS® Forward-Oblique Telescope 30°, eyepiece angled 45°, diameter 4 mm, length 28.5 cm, for use with Rectoscope Tube 24995 and Working Attachment 24995GA





Instrumentation for rectoscopy as well as suitable light sources and fiber optic light cables can be found in the Proctology catalog.





Hemorrhoid Treatment

KARL STORZ offers a wide range of suction ligature instruments for the treatment of hemorrhoids

- Available with integrated mechanical vacuum pump or with connector pin for external vacuum pump
- Replaceable, ergonomic handle
- Available with lateral or straight suction openings

With integrated vacuum pump

25211NS Suction Ligature Instrument, for the treatment of hemorrhoids, suction opening diameter 10 mm,

working length 14 cm, with integrated vacuum pump

including:

Ligature Attachment

Handle

Loading Cone

25212NS Suction Ligature Instrument, for the treatment of hemorrhoids, suction opening diameter 8 mm,

working length 19 cm, with integrated vacuum pump

including:

Ligature Attachment

Handle

Loading Cone

With connector pin for external vacuum pump

25211N Suction Ligature Instrument, for the treatment of hemorrhoids, suction opening diameter 10 mm,

working length 14 cm, with connector pin for external vacuum pump

including:

Ligature Attachment

Handle

Loading Cone

25212N Suction Ligature Instrument, for the treatment of hemorrhoids, suction opening diameter 8 mm,

working length 19 cm, with connector pin for external vacuum pump

including:

Ligature Attachment

Handle

Loading Cone

Suitable Rubber Ligature Ring

25210RP Rubber Ligature Ring, extra strong, containing latex, package of 100

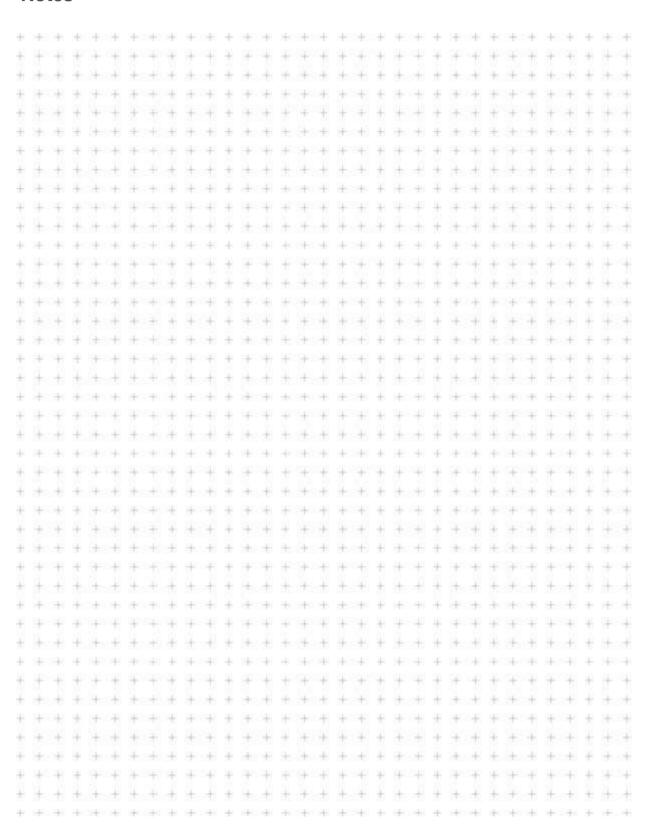
25210RL

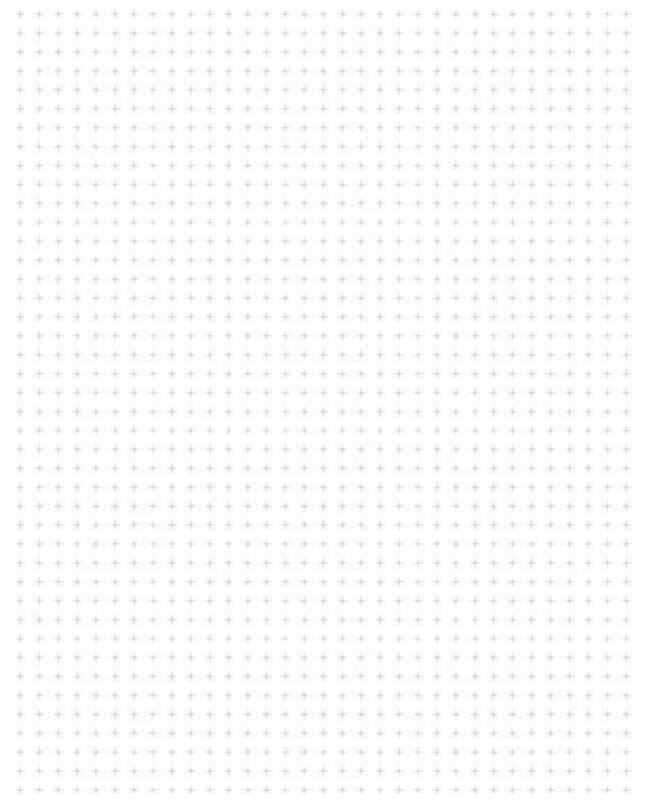


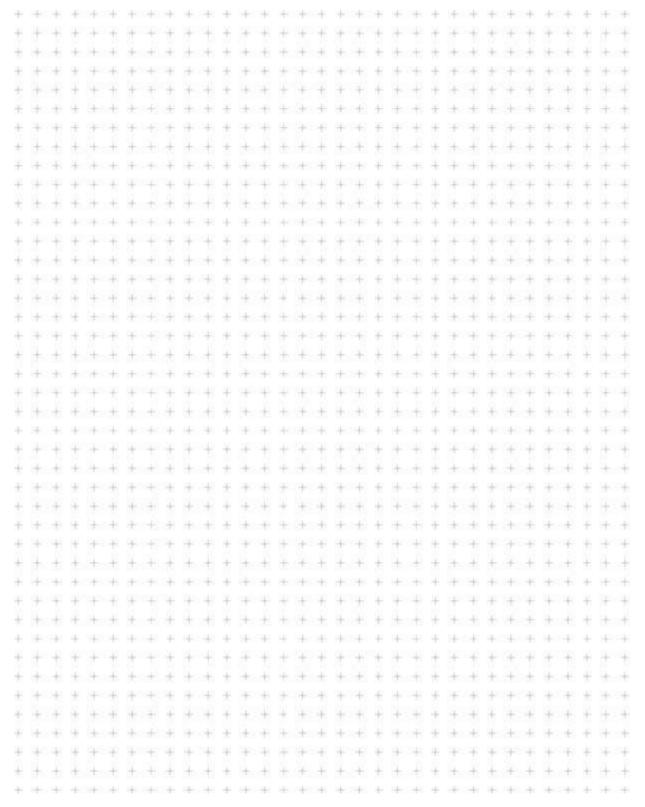




Notes









Shaping the Future of Endoscopy with you



THE DIAMOND STANDARD

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