Highlights 2021 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 cmFistuloscope 8°, angled eyepiece, outer diameter 3.3 x 4.7 mm, working length 18 cmHandleObturatorSterilization and StorageWire Tray for Cleaning, Sterilization and StorageSterilization and StorageSealing Cap "Endoscopic Seal", sterile, package of 10Steril	
100020-10*	Sealing Cap "Endoscopic Seal", for working channels of 4-10 Fr. instruments, 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 	8 8
30251KJ	CLICKLINE REDDICK-OLSEN Grasping Forceps , rotating, dismantling, insulated, with compin for unipolar coagulation, with LUER-Lock irrigation connector for cleaning, double action jasize 2 mm, length 30 cm including:	

Plastic Handle, without ratchet, with larger contact area at the finger ring Outer Sheath, with working insert

Sources:

- ¹ AWMF Summary of the S3 Guidelines 081/009: Sinus pilonidalis
- 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 cmHandleObturatorWire Tray for Cleaning, Sterilization and StorageSealing Cap "Endoscopic Seal", sterile, package of 10	2
100020-10*	Sealing Cap "Endoscopic Seal", for working channels of 4-10 Fr. instruments, STERILE sterile, for single use, package of 10 Sterile, for single use, package of 10 Sterile, for single use, package of 10	2
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	8 8 8
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 including: Plastic Handle , without ratchet, with larger contact area at the finger ring	r

Outer Sheath, with working insert

Source:

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







To view the application video, please scan the QR code



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
- 24942OK **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 Holding System, U-shaped, autoclavable, with quick release coupling KSLOCK
- 33362ON
 CLICKLINE Grasping Forceps, rotating, dismantling, without connector pin for unipolar coagulation, with LUER-Lock irrigation connector for cleaning, single action jaws, with especially fine atraumatic serration, fenestrated, size 5 mm, length 36 cm including:
 Metal Handle, with ratchet, with large contact area
 Metal Outer Sheath, insulated
 Forceps 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 5.5 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.

Special Features:

- 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



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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

Further instruments for use with the D-PORT can be found in ENDOWORLD[®] PRO 5 "D-PORT – A new reusable platform for transanal laparoscopic surgery".



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 23040O, 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

33356AF CLICKLINE Dissecting and Grasping Forceps, rotating, with connector pin for unipolar coagulation, double action jaws, atraumatic, fenestrated, size 5 mm, length 36 cm including:
 Plastic Handle, with disengageable ratchet, with larger contact area
 Metal Outer Tube, insulated
 Forceps Insert



ENDOFLATOR[®] 50 and S-PILOT[®] – The solution for your insufflation and smoke evacuation management

The ENDOFLATOR® 50 with gas heating offers:

- Gas flow up to 50 I/min in combination with KARL STORZ HICAP® trocars
- Gas heating to body temperature
- With two insufflation modes for high flow and pediatric applications
- SECUVENT® safety system for reducing any intracavitary overpressure that may occur
- Communication with the IMAGE1 S™ camera platform for control from the sterile field
- Procedure list: Own procedures can be saved (pressure: xx mmgh, flow: xx l/min)

The ENDOFLATOR[®] 50 can be used in transanal treatments and endoscopic vessel harvesting. It can be combined with the S-PILOT[®] system that regulates the suction and filtration of surgical smoke during endoscopic interventions.

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	2
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	2
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	2
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	2
031111-10*	Smoke Evacuation Filter, unsterile, for single use, package of 10	2
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 FX	





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

color code: green

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 STERILE
40924	Rubber Insufflation Tube, with detachable tube, with LUER-Lock including: 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 10STERILE
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 indocvaning green (ICG), fiber optic light transmission incorporated.

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*.





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.

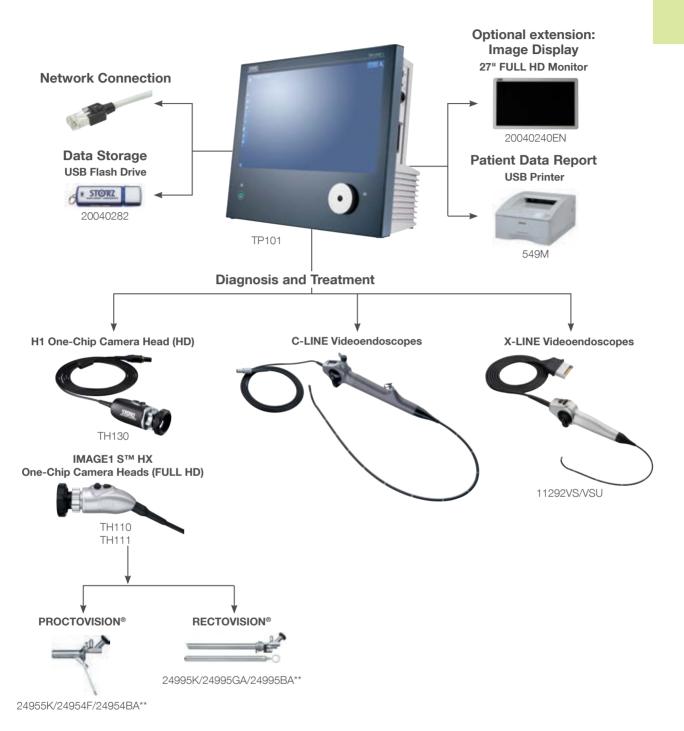
Further information on camera systems is available in the Telepresence catalog.



TELE PACK+ Compact Endoscopy for Documentation in Proctology

The mobile all-in-one solution TELE PACK+ enables the user to share real-time images with the patient what can be seen during procto- or rectoscopic examinations. 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 documentation unit with integrated network function
- Image display in FULL HD quality
- Universal use in doctors' offices, outpatient clinics, emergency rooms and intensive care units
- Compatibility with a wide range of rigid, flexible and single-use endoscopes beneficial for interdisciplinary use for instance
- As well as presenting clear patient information, documentation (with storage capability on USB and free internal memory of 50 GB) can aid proctological training
- Advanced functions in combination with SCENARA[®]: Import of patient data from HIS, image and video processing and the transfer of data to PACS or a network storage device



For Network Connection options, see OR1TM software solution SCENARA®

** Note: We recommend the use of 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 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	7 cm	
24957K	30 mm	8 cm	

MORGAN Proctoscope Tube, available in the following sizes:

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,** fiber 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 R	ectoscope 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	24915K 18 mm		24919K	24 mm	20 cm
24913k	(18 mm	30 cm			
40924	Rubber Insufflation Bulb, with detachable tube, with LUER-Lock connector including: Rubber Bulb Rubber Tube				
031123-10*	Gas Filter, sterile, for single use, package of 10				
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 including:				

HEINKEL Rectoscope Tube, available in the following sizes:

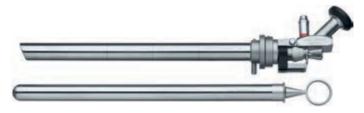
Plastic Handle, without ratchet, with large contact area Metal Outer Sheath, insulated

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 Rubber Ligature Ring, latex-free, package of 100

It is recommended to check the suitability of the product for the intended procedure prior to use. Please note that the described products in this medium may not be available yet in all countries due to different regulatory requirements.



Shaping the Future of Endoscopy with you



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