

Highlights 2018

Edition 1/2018



Proctology

STORZ
KARL STORZ – ENDOSKOPE





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.

Special Features:

- 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

- 24941 BA **HOPKINS® Forward-Oblique Telescope 30°**, angled eyepiece, diameter 5 mm, length 21 cm, **autoclavable**, fiber optic light transmission incorporated, color code: red
- 24942 TK **TEO® Operating Rectoscope Tube**, outer diameter 40 mm, working length 7.5 cm, with handle for holding system, LUER-Lock connector for vapor evacuation
- 24942 T **Same**, working length 15 cm
- 24942 OK **TEO® Obturator**, for use with TEO® Operating Rectoscope Tube 24942 TK
- 24942 O **Same**, for use with TEO® Operating Rectoscope Tube 24942 T
- 24942 AK **TEO® Working Attachment**, with attachment for HOPKINS® Telescope 24941 BA, 2 channels for instrument size 5 mm and 1 channel for instruments up to size 12 mm, for use with TEO® Operating Rectoscope Tube 24942 TK
- 24942 A **TEO® Working Attachment**, with attachment for HOPKINS® Telescope 24941 BA, 2 channels for instrument size 5 mm and 1 channel for instruments up to size 12 mm, for use with TEO® Operating Rectoscope Tube 24942 T

Working length 20 cm

- 24941 BAL **HOPKINS® Forward-Oblique Telescope 30°**, angled eyepiece, diameter 5 mm, length 28 cm, **autoclavable**, fiber optic light transmission incorporated, color code: red
- 24942 TL **TEO® Operating Rectoscope Tube**, outer diameter 40 mm, working length 20 cm, with handle for holding system, LUER-Lock connector for vapor evacuation
- 24942 OL **TEO® Obturator**, for use with TEO® Operating Rectoscope Tube 24942 TL
- 24942 AL **TEO® Working Attachment**, with attachment for HOPKINS® Telescope 24941 BAL, 2 channels for instruments size 5 mm and 1 channel for instruments up to size 12 mm, for use with TEO® Operating Rectoscope Tube 24942 TL
- 25370 KG **Dissection Hook Electrode**, proximally and distally bent downwards, needle-shaped
- 25351 MG **CLICKLINE Dissecting and Grasping Forceps**, jaws offset downwards, 2 x 4 teeth

Holding system – U-shaped

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

Further instruments for transanal surgery can be found in the Proctology catalog.



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. A wide-lumen rectoscope enables precise guidance of operating instruments under endoscopic control. In cooperation with Prof. Luigi Boni, Milan, Italy, it was possible to optimize the TEO® platform for TaTME (Transanal Total Mesorectal Excision).

Special Features:

- Great freedom of movement thanks to flexible working attachment
- Instruments up to size 15 mm can be used
- The high-flow adaptor enables a fast and stable pneumorectum as well as effective smoke evacuation
- Straight distal end simplifies the placement of an endoscopic purse-string suture
- Also suitable for TaTME

- 24942 TKG **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
- 24942 OK **TEO® Obturator**, for use with Operating Rectoscope Tube 24942 TK/24942 TKG
- 24943 S **TEO® High-Flow Adaptor**, for S-PORT seal
- 23030 SA **S-PORT Seal**, 4x access 3 mm, 5 mm or 13-15 mm
- 28272 RLD **Holding System**, U-shaped, **autoclavable**, with quick release coupling KSLOCK
- 33362 ON **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 MANHES style ratchet, with larger contact area
Metal Outer Sheath, insulated
Forceps Insert
- 26775 C 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. **26048 BSA**)
- 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 new 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
- Great freedom of movement due to flexible sealing cap
- Small outer diameter of 30 mm facilitates insertion in the anal canal
- Free choice of telescopes (5 mm or 10 mm)
- Reusable and thus cost-effective

To view the application video,
please scan the QR code



- 24944 TS **D-PORT**, DAPRI Operating Rectoscope System
including:
DAPRI Operating Rectoscope Tube
Obturator
Seal, complete
- 24944 SA **Seal**, complete, for DAPRI operating rectoscope tube, 3x access 5 mm,
10 mm and/or 13-15 mm
including:
DAPRI Sealing Cap
3x **A4 Reducer**, 13/5 mm and 13/3 mm
A5 Reducer, 13/10 mm
Valve Seal, size 5 mm, package of 10
Valve Seal, size 10 mm, package of 10
- 26003 BA **HOPKINS® Forward-Oblique Telescope 30°**, enlarged view, diameter 10 mm, length 31 cm,
autoclavable, fiber optic light transmission incorporated,
color code: red
- 23125 ONG **CLICKLINE 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
- 23775 CLG **Coagulation and Dissection Electrode**, L-shaped tip, DAPRI sheath curve, size 5 mm



SAAD 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. The SAAD retrieval tube – which can be introduced both transanally and transvaginally – was designed 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.

Special Features:

- Smooth and gentle insertion thanks to anatomically adapted shape
- The flexible working insert allows instrument use without the 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

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

For resectate retrieval we recommend the following grasping forceps from our product portfolio

- 23451 ABD **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® – The Perfect Combination

The ENDOFLATOR® 50 in conjunction with the KARL STORZ S-PILOT® creates the perfect prerequisites for optimal smoke evacuation. To make full use of the excellent flow rate provided by the insufflator, appropriate accessories are required.

Special Features:

- Stable OR field thanks to innovative regulation
- Gas heating adapts to various ambient conditions and reliably prevents telescope fogging
- Creates optimal viewing conditions and a stable OR field, even in small cavity surgery

UP 501 S1 **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**, 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

UP 004 **S-PILOT® Connecting Cable**, diameter 3.5 mm, length 300 cm, for use with AUTOCON® III 400, ConMed System 2450 or 5000

UP 005 **S-PILOT® Connecting Cable**, diameter 2.5 mm, length 300 cm, for use with Valleylab Force Triad or Valleylab Force FX







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.

Special Features:

- 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,
autoclavable, with straight working channel for instruments up to diameter 2.5 mm, fiber optic light
transmission incorporated,
color code: green
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 
- 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 
- 30251 KJ **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
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



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VAAFT:



E.P.Si.T.:





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.

Special Features:

- 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

Data Storage

USB Flash Drive



20 0402 82

Network

SD Card



81 2703 58



TP 200DE*

Patient Data Report

USB Printer



549 M

USB Silicone Keyboard



20 0402 40 EN

Rigid Endoscopy

Flexible Video Endoscopy

TELECAM One-Chip Camera Heads



PAL 20212030/20212130 NTS

Adaptor, in combination with KARL STORZ light cables



20 045 030

Video Connecting Cable



20 2130 70

PROCTOVISION®



24955 K/24954 F/24954 BA

RECTOVISION®



24995 K/24995 GA/24995 BA

TROIDL Flexible Rectoscope



13912 PKSK/NKSK

* 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 495 NL and 495 NAC.



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.

Special Features:

- Working length of 40 cm ensures easy handling
- Up to 210° inversion improves visualization 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
- Fatigue-free work thanks to ergonomically shaped control unit
- Possibility to combine rigid and flexible endoscopy thanks to modular IMAGE1 S™ camera platform

13912 PKSK TROIDL **Rectoscope**, 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

13912 NKSK **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 video endoscope adaptors is required to connect the flexible TROIDL Rectoscope 13912 PKSK/13912 NKSK to a camera control unit:

For use with **IMAGE1 S™**

TC 001 **IMAGE1 S™ Video Endoscope Adaptor**, color systems PAL/NTSC, length 60 cm,
for use with IMAGE1 S™ X-LINK TC 301

For use with **IMAGE 1 HUB™ HD**

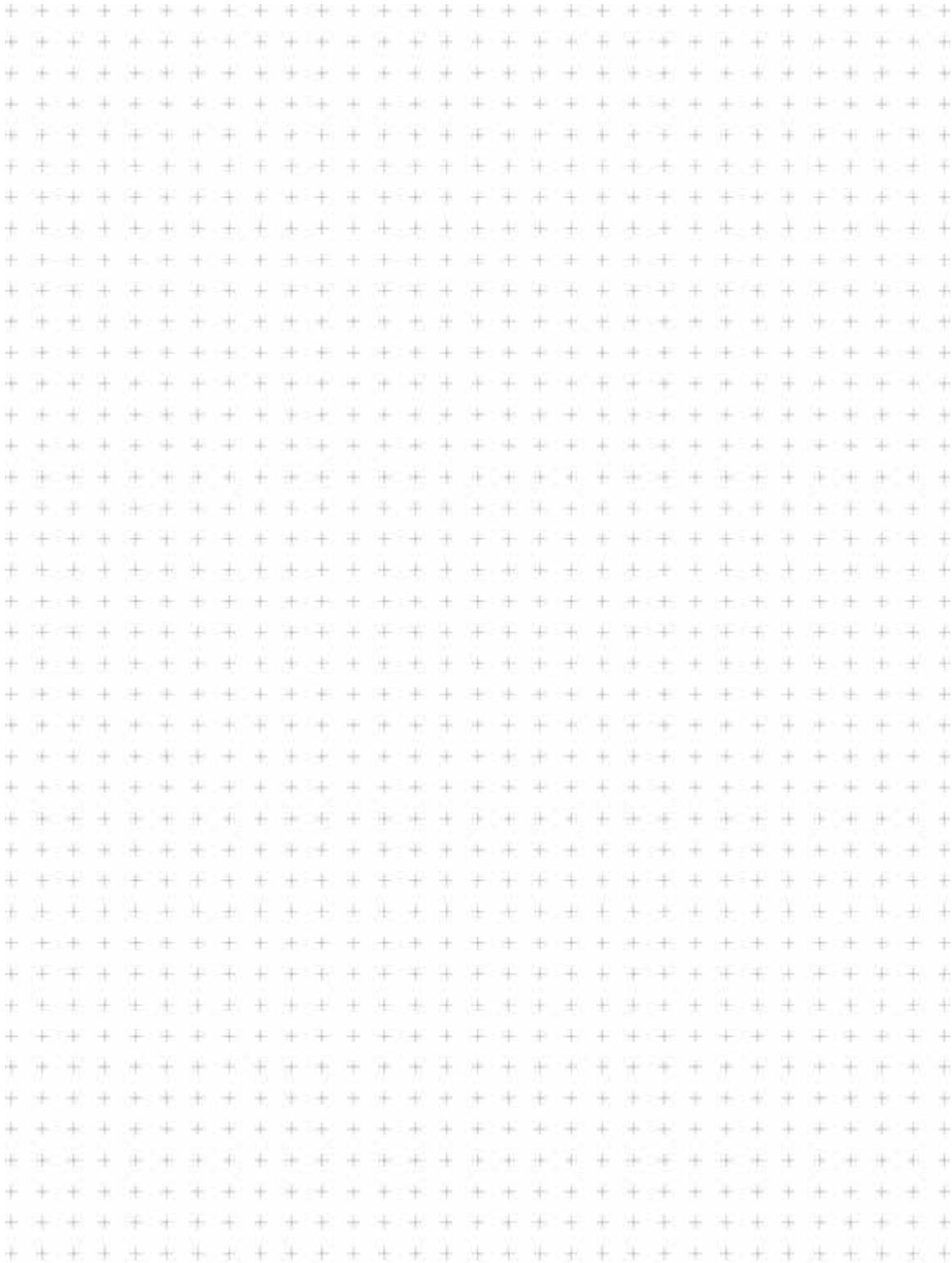
22 2000 77 Video Endoscope Adaptor, color systems PAL/NTSC, length 90 cm

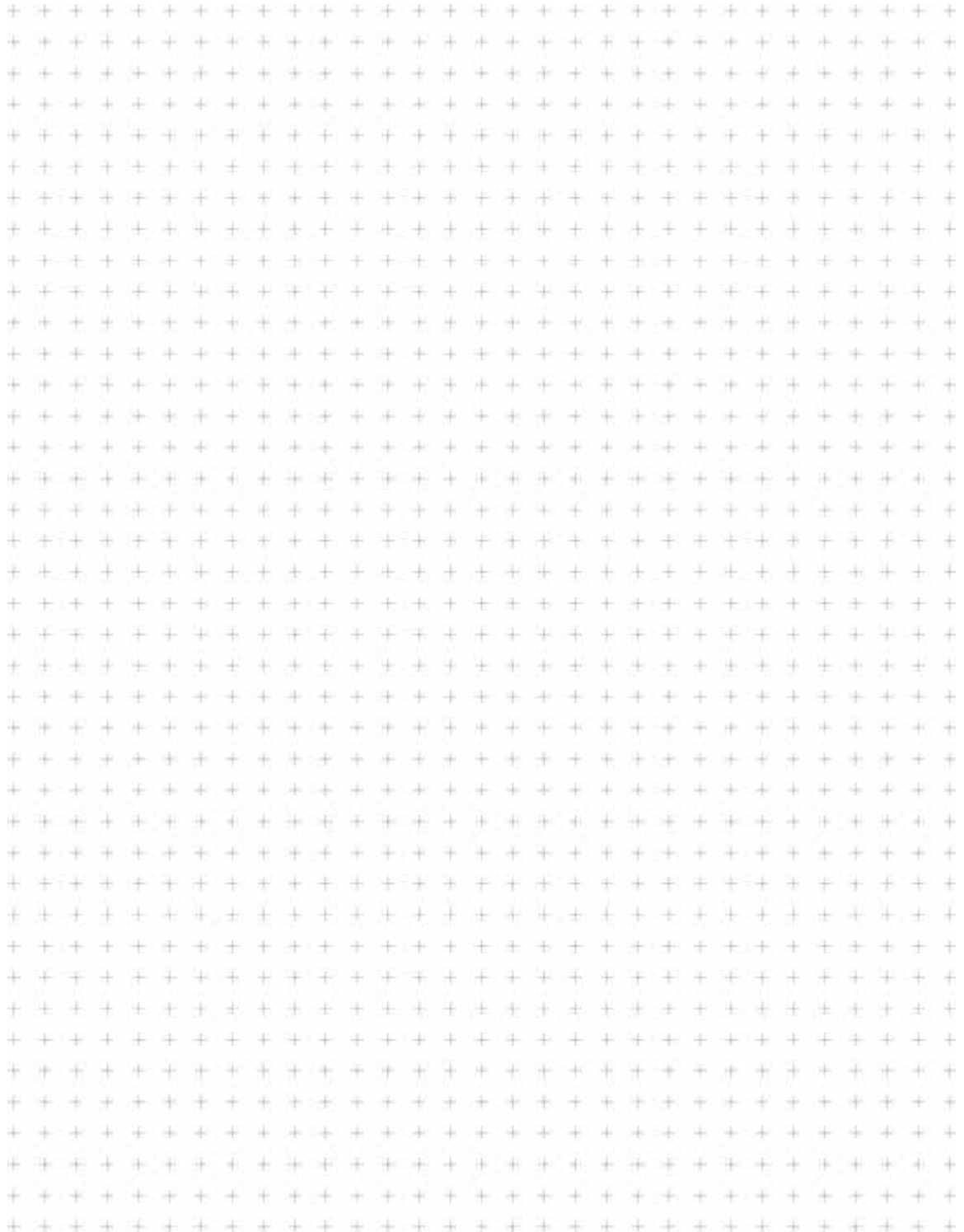
For use with **TELECAM/TELE PACK X GI**

20 2130 70 Video Endoscope Adaptor, for use between KARL STORZ video endoscopes 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.





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



THE DIAMOND STANDARD

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