

Instruments for Intraoperative Video Cholangioscopy

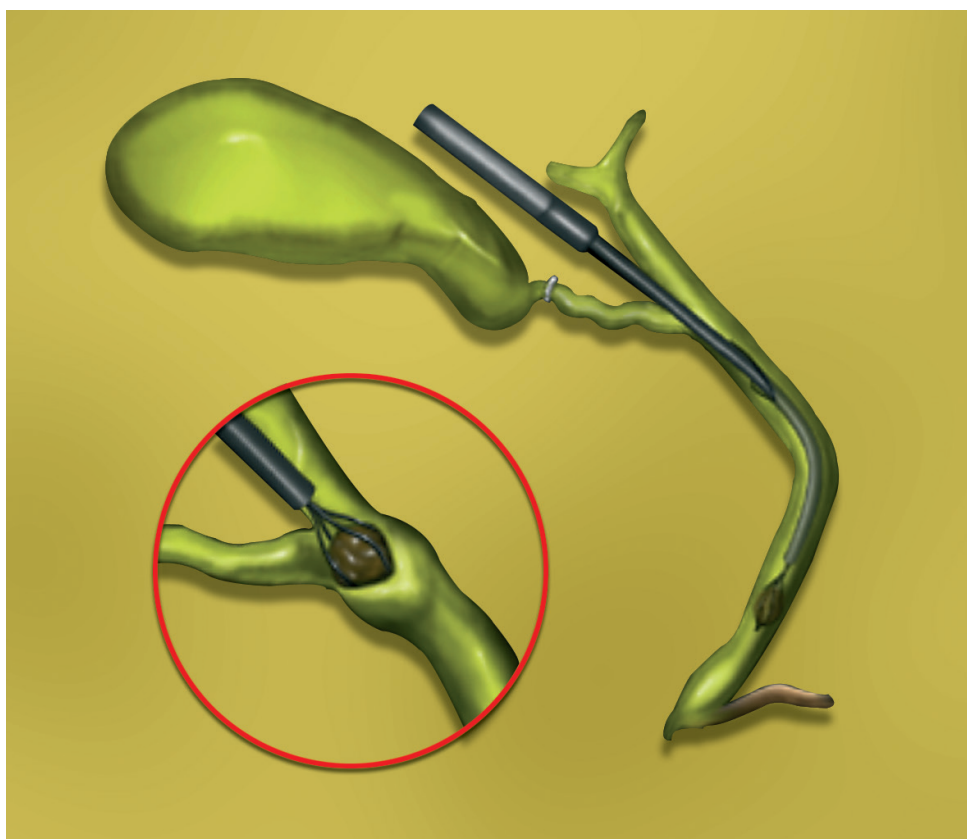


Laparoscopic Exploration of the Common Bile Duct

The surgical technique for the common bile duct, first described by Courvoisier in 1889, has changed considerably. Following the introduction of laparoscopic cholecystectomy in 1988, the laparoscopic approach to the bile ducts has been continuously developed. An important aspect of this development has been the minimally invasive exploration of the common bile duct.

There are two techniques for the intraoperative removal of concretions from the common bile duct: The transcystic and choledochal approach. Independent of the technique selected, choledochoscopy permits complete exploration of the intra- and extrahepatic bile ducts and, if necessary, the surgical removal of gallstones. The intraoperative choledochoscopy technique is the same for both minimally invasive or open surgical techniques.

KARL STORZ offers the instrument set described below for carrying out intraoperative choledochoscopy and cholangiography.



Intuitive Deflection Mechanism

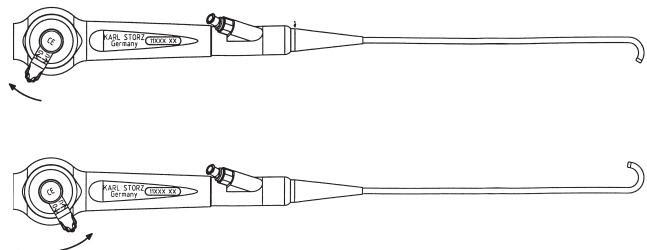
To meet the preferences of all users, two different deflection mechanisms are available.

With the **positive** (or “logical”) deflection, a downward movement of the lever mechanism causes an upward movement of the endoscope tip and vice versa.

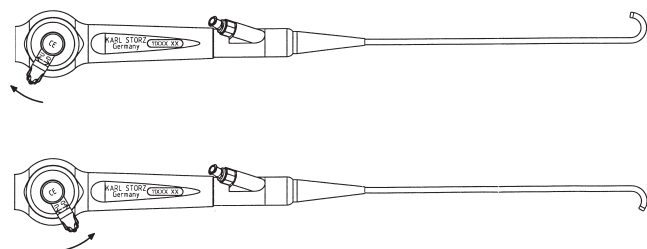
With the **contrapositive** mechanism this is reversed: A downward movement of the lever mechanism causes a downward movement of the endoscope tip.

Either way, a simple flexion of the thumb on the deflection lever sweeps the endoscope tip into some of the most challenging areas of the anatomy.

Positive deflection mechanism



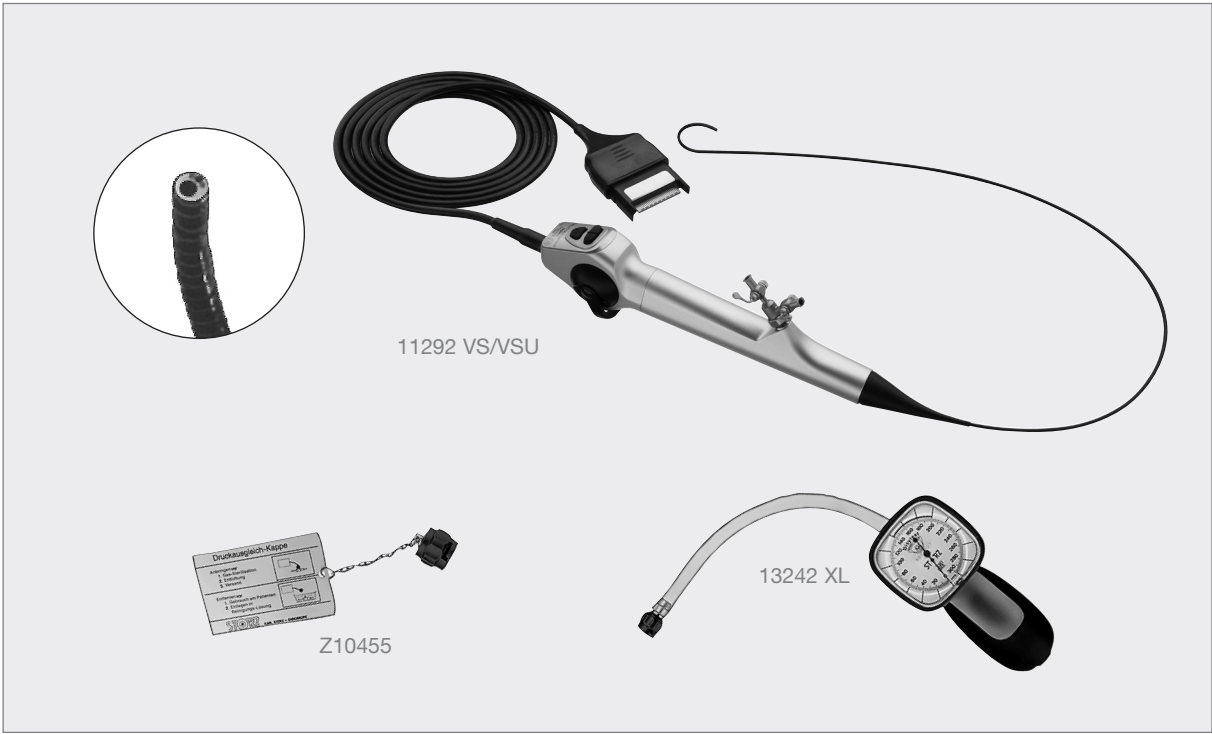
Contrapositive deflection mechanism

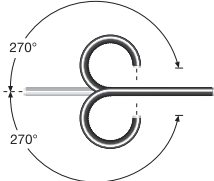


Video Choledochoscope, 8.5 Fr. diameter

Special Features:

- Excellent image quality due to CMOS technology
- Homogeneous illumination thanks to LED technology
- Direct transmission of hand movements through to the distal end thanks to high torque stability
- Integrated LED light source allows easier work – requires no additional light cable
- Sterilizable with EtO, STERIS SYSTEM 1E (SS1E) and Vaporized Hydrogen Peroxide.
- Video choledochoscope for use with IMAGE1 SPIES™ and IMAGE 1 HUB™ HD (in conjunction with Adaptor TC 002)



Art. No.	Deflection of distal tip	Direction of view	Angle of view	Working length	Working channel inner diameter	Distal tip outer diameter
11292 VS		0°	90°	50 cm	3.6 Fr.	8.5 Fr.
11292 VSU*						

* with contrapositive deflection mechanism
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Instruments and Accessories

The following accessories are included in the delivery of 11292 VSK and 11292 VSUK:

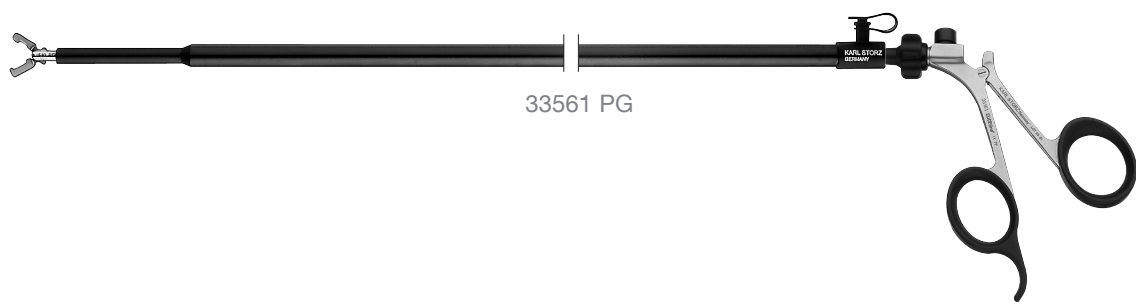
27677 VC	Case
13242 XL	Leak Tester
29100 BK	Luer Plug w/ Strap, (10) pkg
Z10455	Pressure Compensation Cap
Z13080	Box and Foam Inserts
Z13088	Leak Test Procedure
Z15847	Instructions for Use, (Manual)

The following adaptor is required in order to use IMAGE1 HUB™ HD:

TC 002	IMAGE1 HUB Video Endoscope Adaptor, color systems PAL/NTSC, for use with IMAGE1 HUB
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Accessories for Intraoperative Choledochoscopy

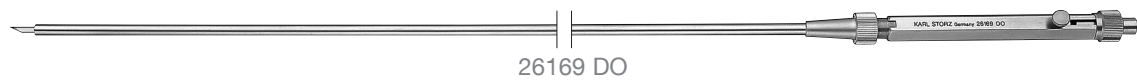
Grasping Forceps for guiding the video choledochoscope



33561 PG

CLICKLINE Berci Grasping Forceps, size 10 mm, double action jaws, with silicone pads, for introduction of the choledochoscope in the biliary duct including:
Metal Handle, without ratchet, with larger contact area
Outer Sheath, insulated
Berci Forceps Insert, with silicone pads
Silicone Pad, for Berci forceps insert, package of 10

Micro Knife, opening the hepatic duct and the bile duct



26169 DK

Micro Knife, straight, distendable, size 5 mm, length 31 cm



26169 DO

Berci Micro Knife, pointed, distendable, size 5 mm, length 31 cm

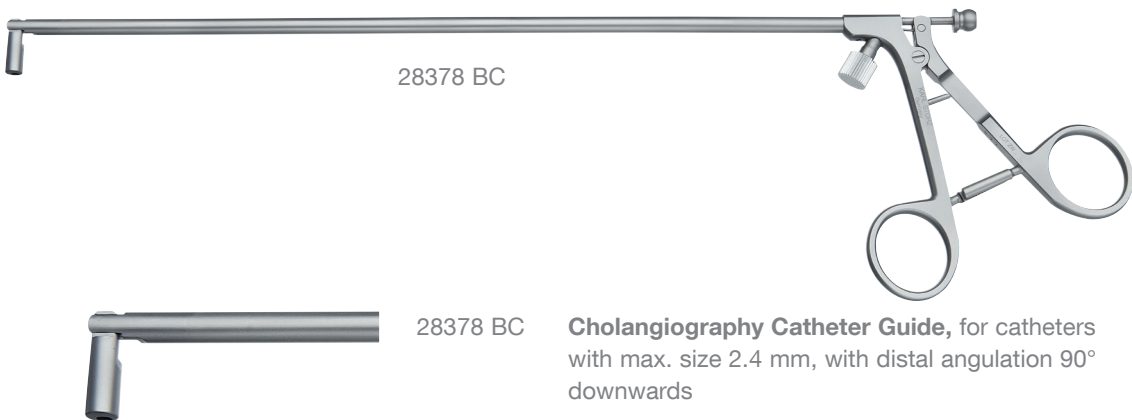
Instruments for Intraoperative, Laparoscopically Assisted Cholangiography

Cholangiography Catheter Guide

Of the approx. 750,000 laparoscopically assisted cholecystectomies performed annually in the USA, around 10% present gallstones. Unfortunately, only a small amount can be removed during a laparoscopic intervention so that the patient has to undergo a second operation (ERCP).

Catheterization of the cystic duct can be time-consuming and, in many cases, several attempts are necessary. This is frustrating for the surgeon and prolongs the OR time unnecessarily.

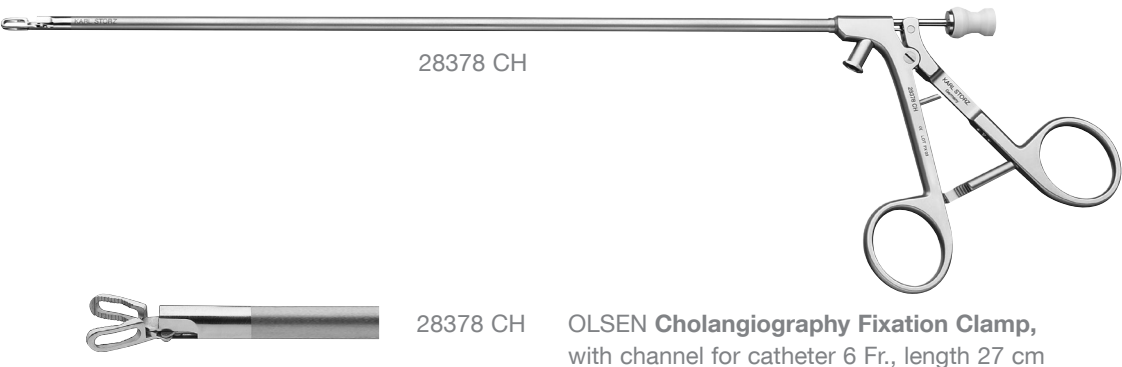
For this reason, a new cholangiography catheter guide was developed that can be used with various catheter sizes. The tip is movable and can, therefore, be precisely adapted to the anatomy of the bile ducts. This simplifies catheterization of the cystic duct and also decreases surgery time.



Cholangiography Fixation Forceps

Size 5 mm

Operating instrument, length 27 cm, for use with trocars size 6 mm



Accessories



28035 H **Two-Way Stopcock**, for contrast medium and saline solution

26113 E **Tubing**, flexible, with 2 LUER-Lock connectors

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



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