

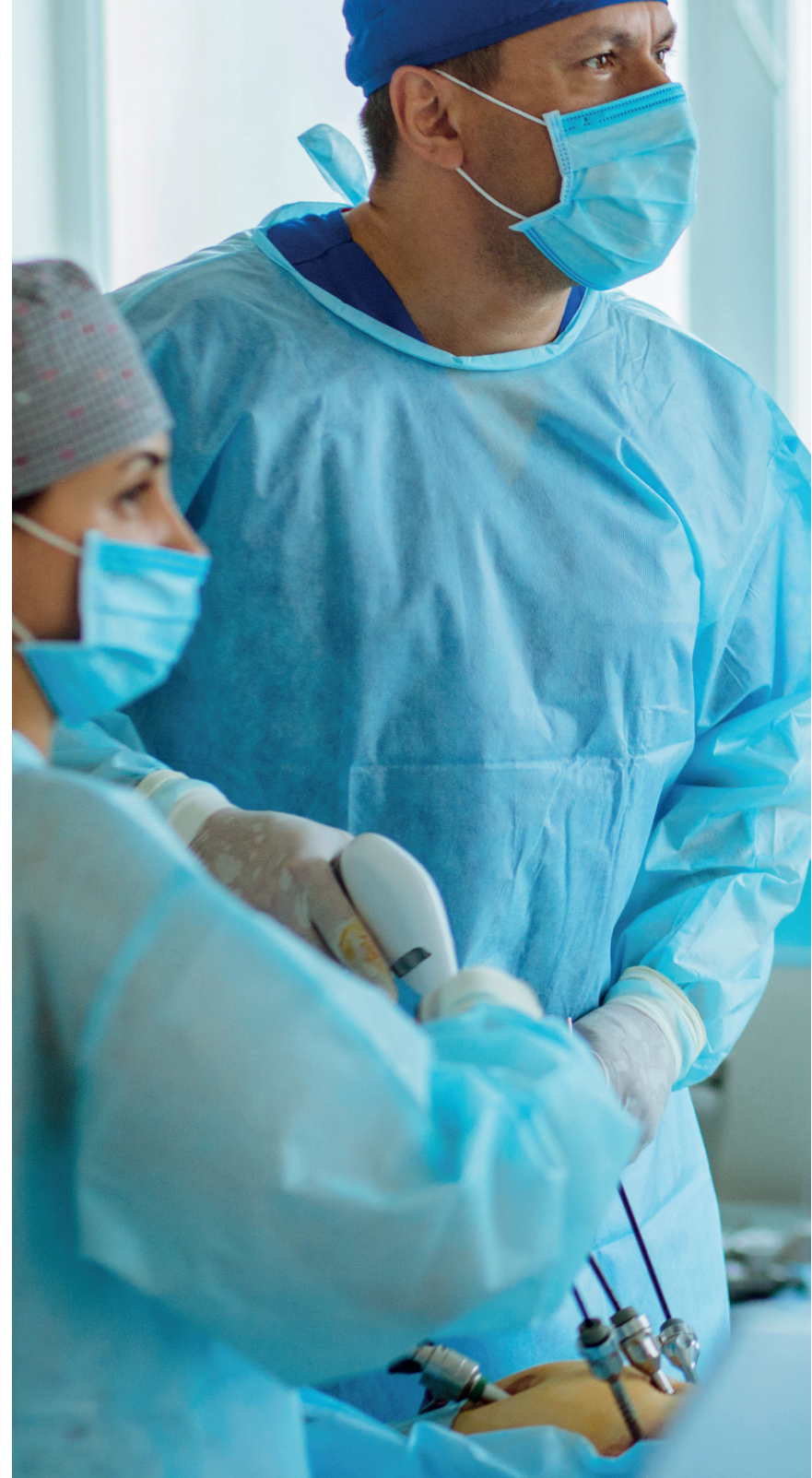
Gynecological Surgery.





The laparoscopic gynecological surgery allows:

- A reduction of the procedure time, of the hospital stay and of the time off work.
- A precise surgical procedure thanks to the endoscope.
- More comfortable postoperative outcomes for the patient as well as a clear aesthetic benefit (vs laparotomy).
- A reduction of infection risk.
- A decreased risk of adhesion in the peritoneum.



Peters Surgical in gynecology
guides you throughout your procedure.



At each **step.**

The single use is a Must:

- Constant technical reliability of the device, renewed for each use.
- Immediate and permanent availability.
- Prevention of the infectious risks.
- Time saving: Ready-to-Use.
- No additional costs (sterilization, maintenance, assembly/disassembly).

Uterine manipulation.



Uterine manipulators are frequently used to expose the uterus and thanks to anteverted/retroverted movements, to visualize the uterus completely together with its adnexa, the exposition of the different utero-sacred ligaments as well as the Douglas pouch during endometriosis surgical treatment.

Uterine manipulators also allow during total hysterectomies, to maintain the pneumoperitoneum and to mark off the plans of the vaginal fornices.

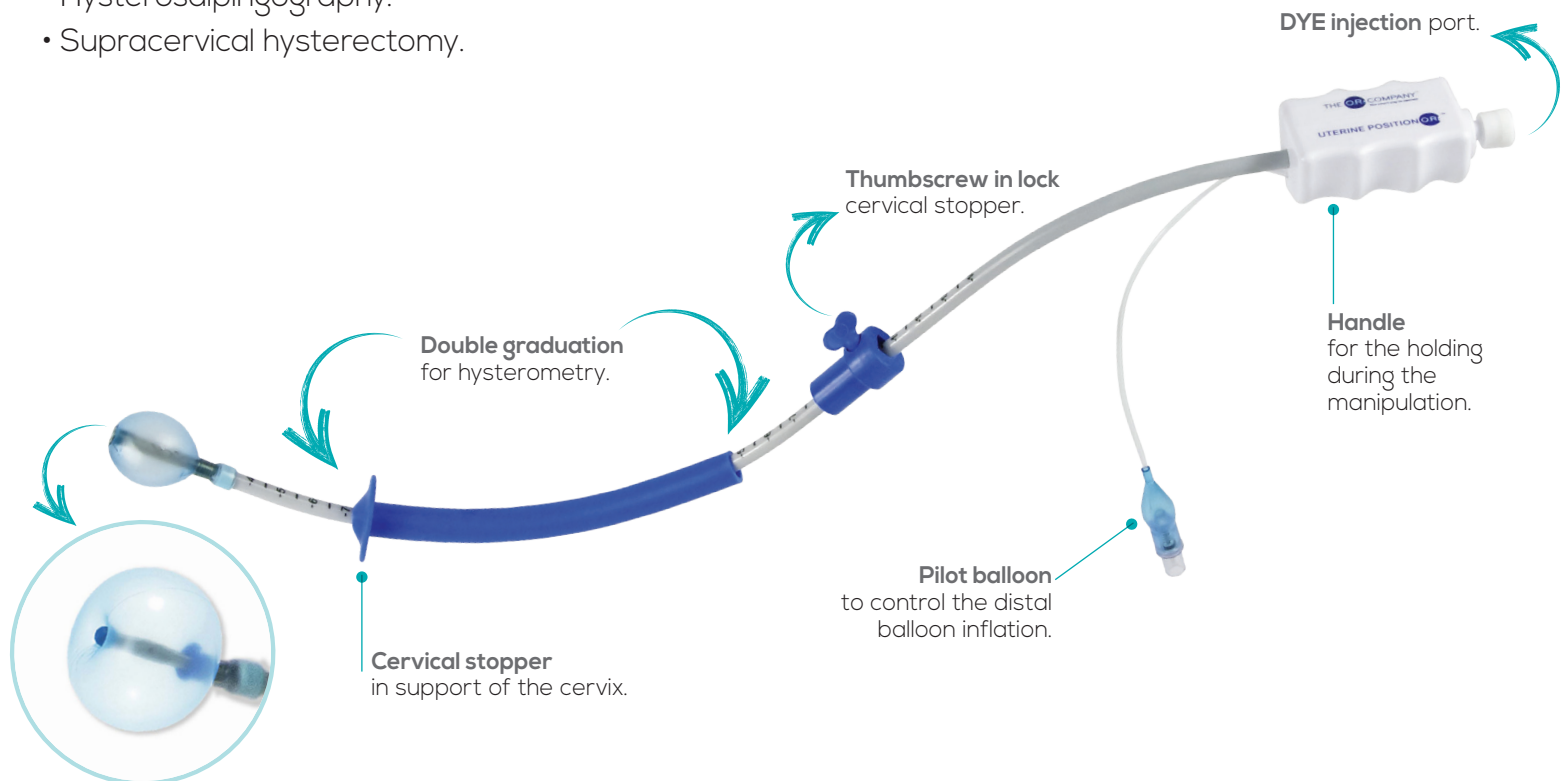
Uterine Manipulation.

Uterine Position OR™

Atraumatic intra-uterine balloon.

Mainly used for:

- Hysterosalpingography.
- Supracervical hysterectomy.

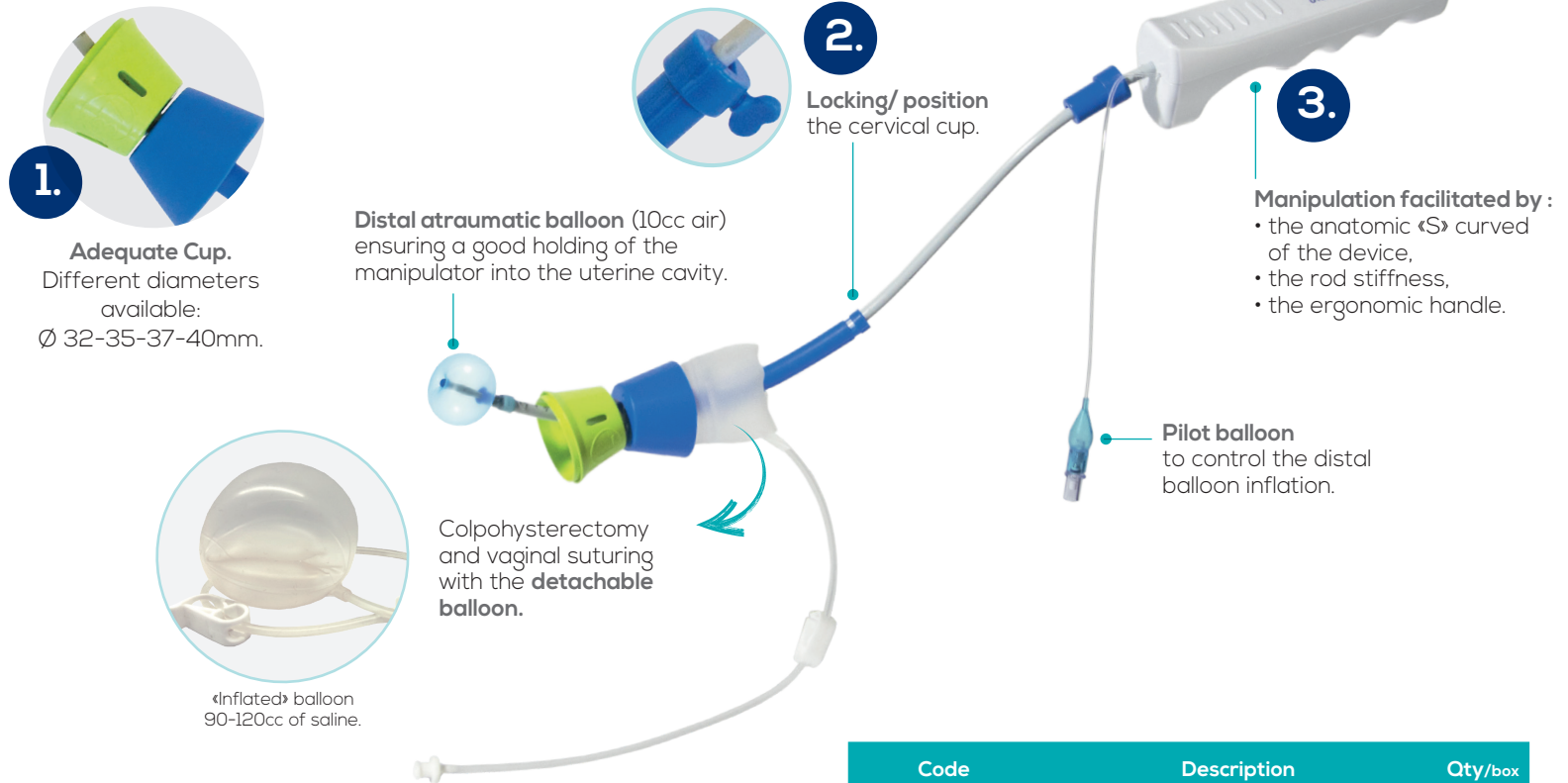


Distal atraumatic Balloon fully covering the tip (10cc air).

Code	Description	Qty/box
UE-POR	Uterine manipulator	8

Uterine manipulation for total hysterectomy.

Uterine Elevator Pro™ with detachable balloon Easy installation.

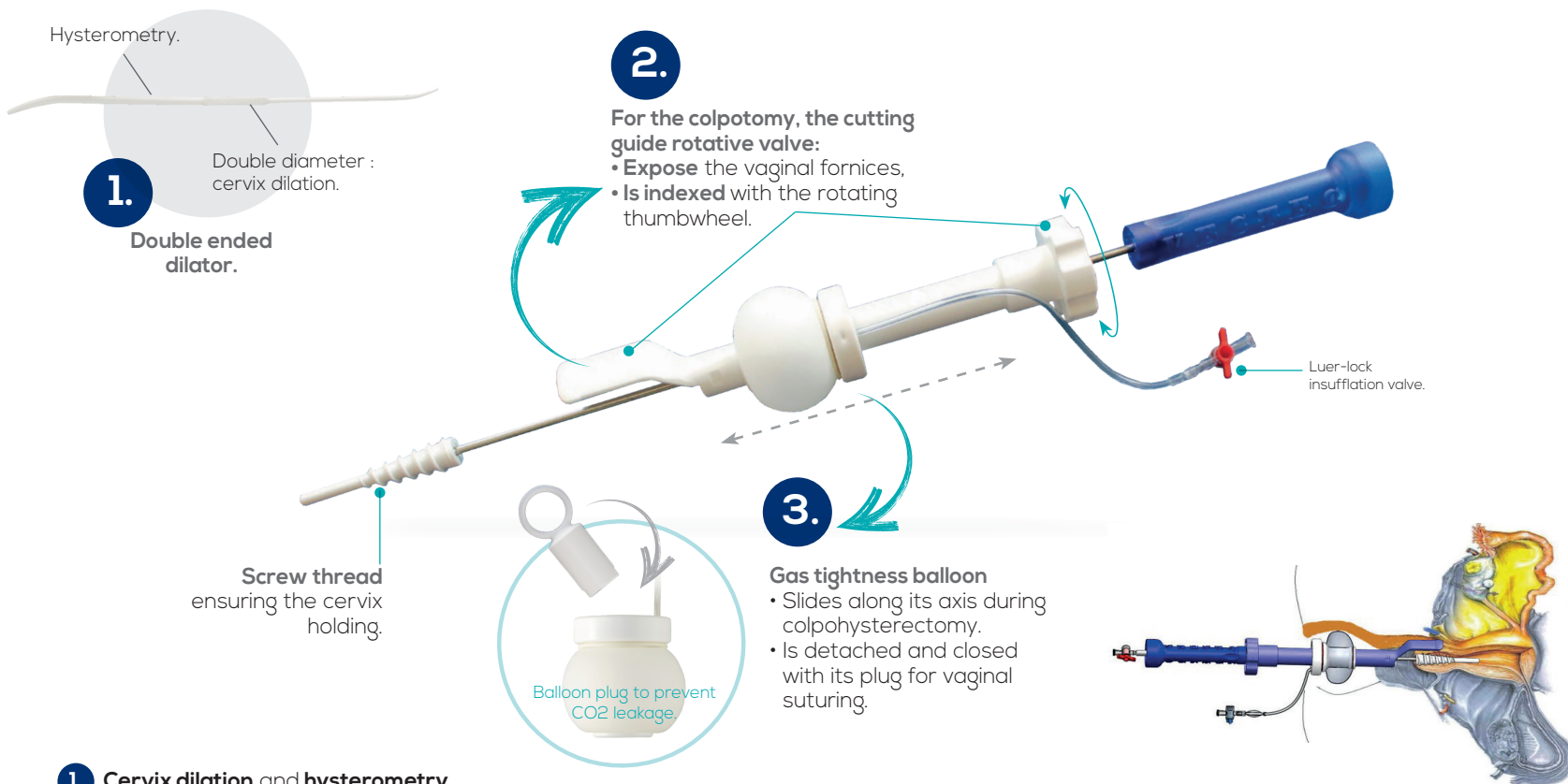


- 1. Cup diameter** selection.
- 2. Cup positioning** onto the cervix and **locking**.
- 3. Manipulation** thanks to an **ergonomic handle**.

Code	Description	Qty/box
UE-OBPRO-32	Uterine manipulator • Cup ø 32 mm	8
UE-OBPRO-35	Uterine manipulator • Cup ø 35 mm	8
UE-OBPRO-37	Uterine manipulator • Cup ø 37 mm	8
UE-OBPRO-40	Uterine manipulator • Cup ø 40 mm	8

MAUT60 with detachable balloon

Cutting guide valve: a precise colpotomy.



1. **Cervix dilation and hysteroscopy.**
2. **Colpohysterectomy** with the cutting valve and the gas tightness is sealed by the balloon.
3. **Vaginal suture** thanks to the detachable balloon and its plug.



Code	Description	Qty/box
MAUT60	Uterine manipulator • Double ended dilator • Balloon plug	10

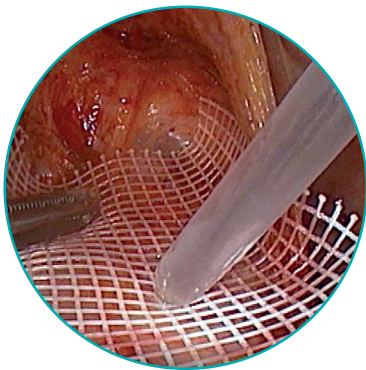
Mesh fixation.

In case of genital prolapse.

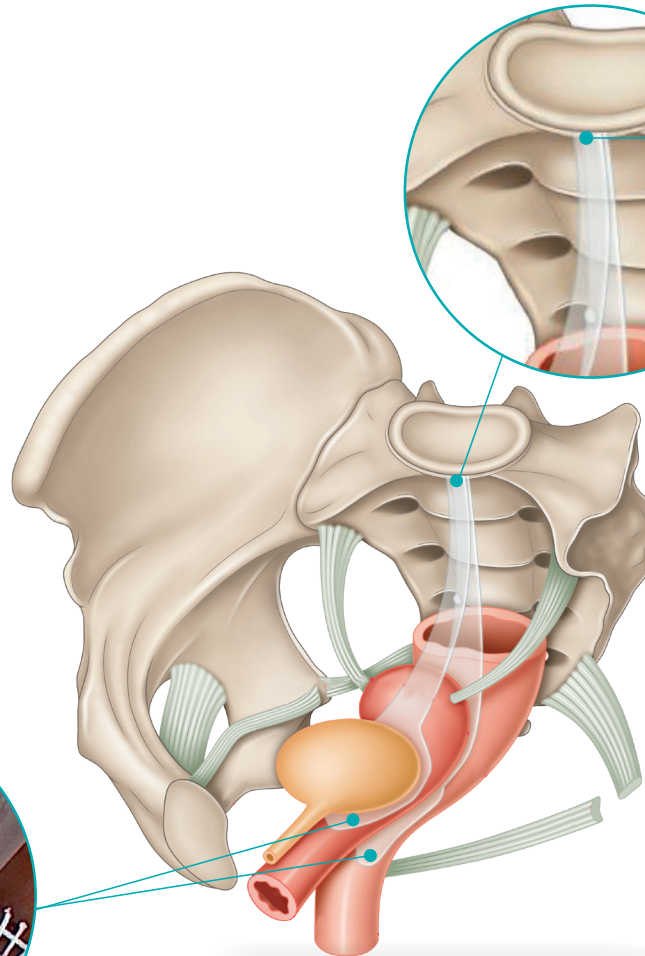
Sacrocolpopexy with a synthetic prosthesis by laparoscopic approach is recommended by the HAS*.

2 of the recommendations concerning the treatment of prolapse by laparoscopic sacrocolpopexy

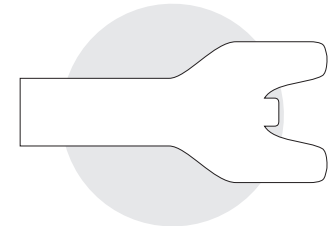
- The use of non-absorbable type I mesh (macroporous polypropylene) or type III (polyester) mesh**.
- The laparoscopic approach is recommended over laparotomy**.



Fixation to the vaginal isthmus with Optime® and Ifabond®.
USP 2/0 - 0, 1/2c,
26 à 40 mm

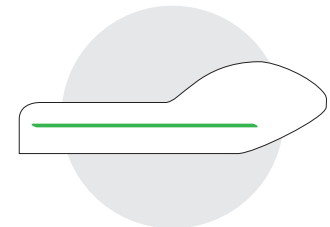


Fixation to the sacral promontory with Polytrousse® suture
USP 0, 1/2c, 36 at 40mm.



Posterior mesh

Around the rectum, fixed onto the levator ani and utero-sacral ligaments.



Anterior mesh

Spread over the anterior vaginal wall, then fixed onto the vaginal isthmus and promontory.

Ifabond® surgical glue for mesh fixation



Designed for surgeon.

- Immediate polymerization initiation with visible process : glue whitening color.
- Adhesive effect after only 40 seconds¹.
- Different sizes of applicators with curvable distal tip.
- No rippling effect during the mesh fixation (vs tension exerted by a thread).

Optimized for OR staff.

- Ready to use product: no mix nor preparation of component is requested.
- All in one kit: glue vial, syringe and extraction needle included.
- 3 volumes of glue available to match with surgery needs.
- Significant reduction of operating time².

Secured for patient.

- Atraumatic glue, designed to prevent any transfixion during the mesh fixation.
- Resorption³: partial from 3 to 6 months.
- Flexible glue⁴ after its polymerization (N-Hexyl) absorbing potential stress.
- Slow degradation without emission of toxic products⁵.
- Post operative pains significant reduction².

Code	Volumes/Lenght	Description	Qty/box
IB05	0,5 ml	N-hexyl cyanoacrylate glue + 2.5ml Luer-lock syringe + 18G puncture needle	6
IB	1 ml		
IB+	1,5 ml		
MB15G	15 cm	Drop-by-drop applicator for Ifabond® glue	12
MB37G	37 cm		
MB45G	45 cm		



¹ Trial Report 2222

² Moreno-Egea et al. «Is It Possible to Eliminate Sutures in Open (Lichtenstein Technique) and Laparoscopic (Totally Extraperitoneal Endoscopic) Inguinal Hernia Repair? DOI: 10.1177/1553350613517944

³ MEMO RD-11-001/2011-Std NF EN ISO 10993 : « IFABOND® properties (purity, elasticity, polymerization temperature) »

⁴ Dr JP. Estrade et al, 2015, «Laparoscopic sacrocolpopexy with a vaginal prosthetic adhesive» Gynecol Obstet Fertl 43(6): 419-423.

⁵ Rapport NAMSA-2013/14 : « Surgical glue local tissue effects and degradation evaluation ».

Endoway Trocars.

Single use trocars for laparoscopic surgery.



> The **Open laparoscopy** trocar.



> The **Shielded** trocar.



A ø 12mm range.



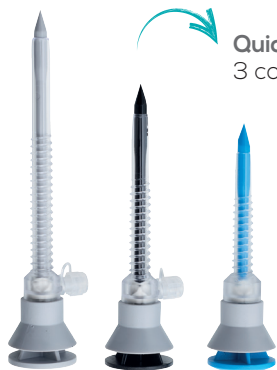
Excellent hold into the abdominal wall.



Conical tip with lateral edge.
Peritoneum dilation from one single point of perforation.

Bevelled thread
(atraumatic screwing)
+ flat portion (holding).

A ø 5mm range.



Quick identification.
3 colors = 3 lengths.



Conical head.
Facilitate instruments insertion.



Duckbill Valve.

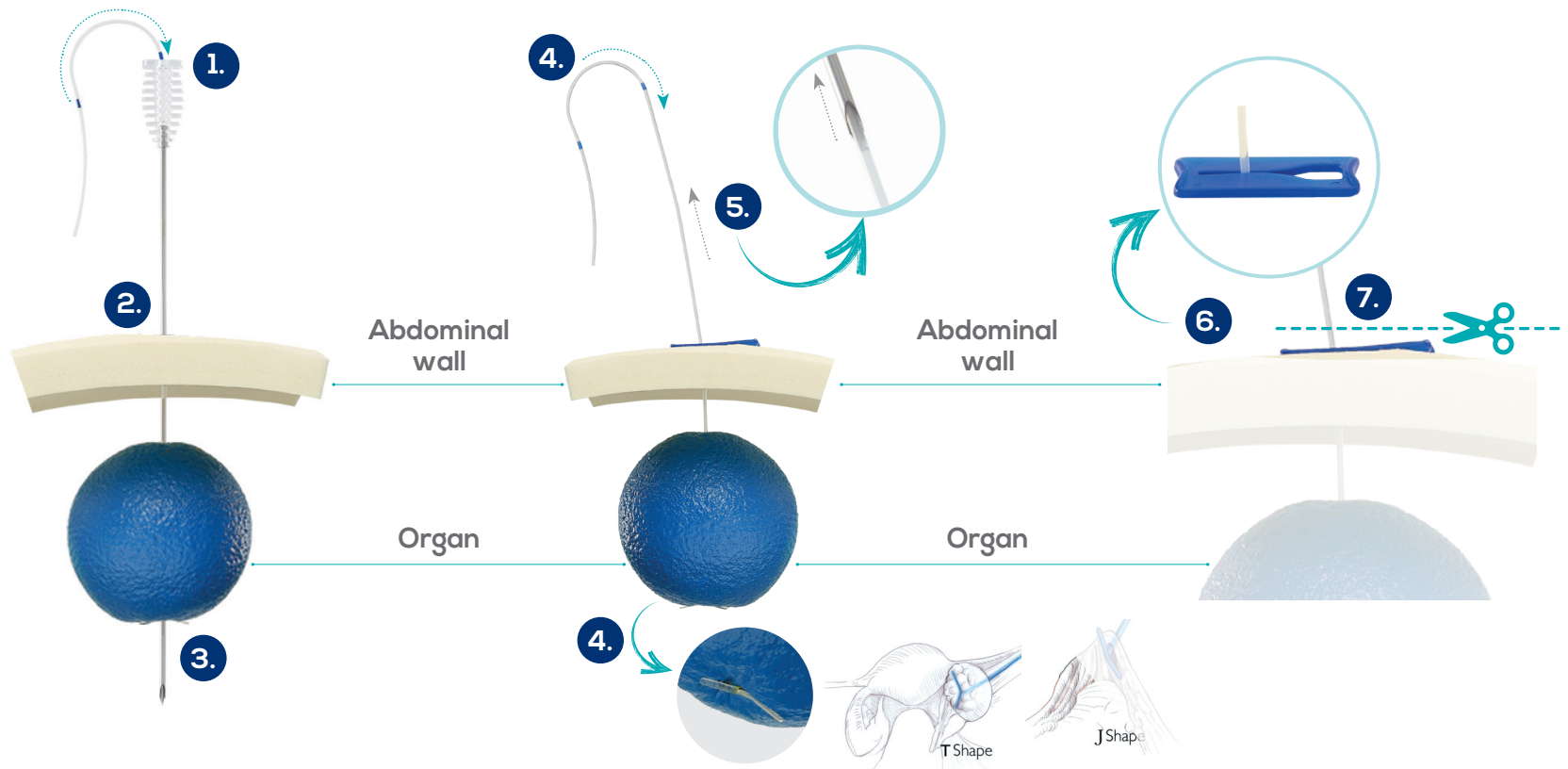


Cross-slit Valve.

Code	Length & diameter	Tip	Cup seal + type Valve	Luerlock
5053	53 mm ø 5 mm	Conical + lateral edge	Cross-slit	-
5068	68 mm ø 5 mm	Conical + lateral edge	Cross-slit	Screwed cap
5100	100 mm ø 5 mm	Conical + lateral edge	Cross-slit	Screwed cap
12060	60 mm ø 12 mm	Conical + lateral edge	Duckbill	Screwed cap
12100	100 mm ø 12 mm	Conical + lateral edge	Duckbill	Screwed cap
11060	60 mm ø 12 mm	Conical + lateral edge	Cross-slit	Screwed cap
11100	100 mm ø 12 mm	Conical + lateral edge	Cross-slit	Screwed cap
11100S	100 mm ø 12 mm	Conical + lateral edge (shield)	Cross-slit	Screwed cap
12100H	100 mm ø 12 mm	Blunt	Duckbill	Screwed cap

T'Lift® Organs retractor.

Single use tissue retraction system.



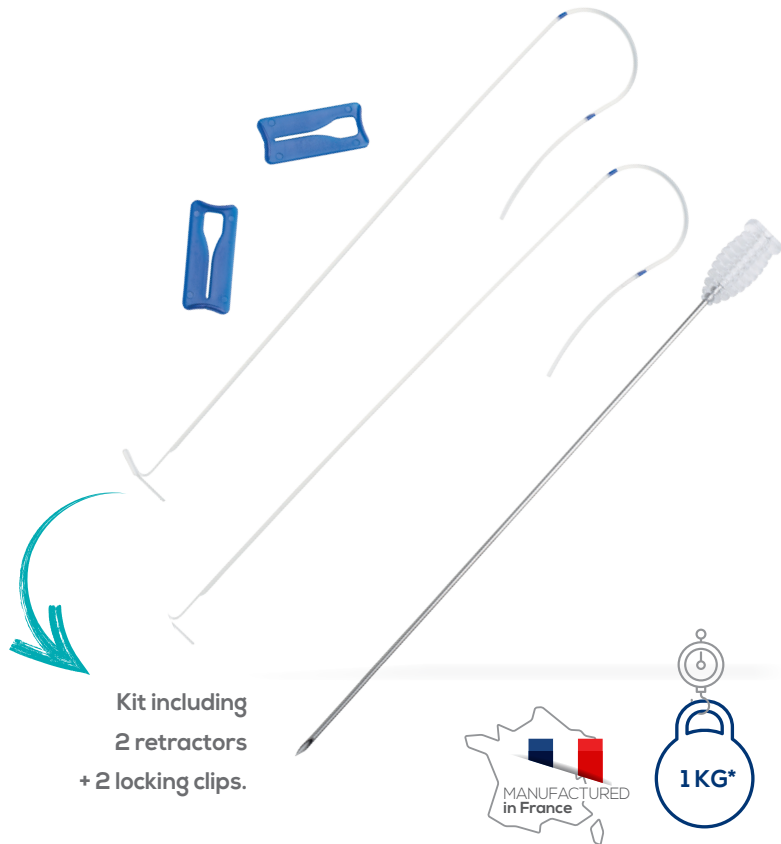
1. **Loading the T'Lift®** inside the applicator till the 1st blue mark.
2. **Perforation** of the abdominal wall.
3. **Thorough perforation of the organ** to be suspended.

4. **T'Lift® deployment** in its distal part (2nd blue mark).
5. **Extraction** of the applicator and suspension height adjustment.

6. **T'Lift® locking.**
7. **At the end of the procedure,** cut the T'Lift® at the level of the abdominal wall and extract it through a trocar.

Device allowing the operating space opening through organs suspension, facilitating so the access and the visibility for the surgeon.

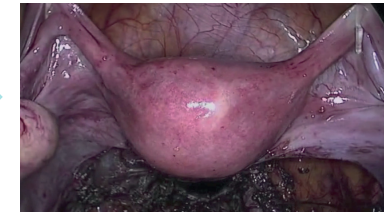
- Avoid the use of an additional trocar or grasping forceps.
- Adapted to conventional or robotic surgeries.



Code	Description	Qty/bxe
AW16280	2 TLIFT® retractors, 1 stainless steel applicator, 2 locking clamps	25

*Tensile strength claimed at 0,8Kgs & systematic control criteria for each manufacturing batch.

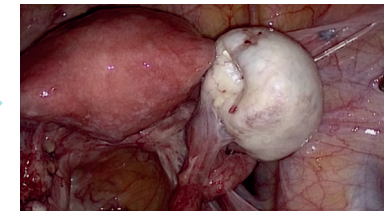
UTERUS SUSPENSION
 • Deep endometriosis
 • Sacrocolpopexy



BLADDER SUSPENSION
 • Radical hysterectomy



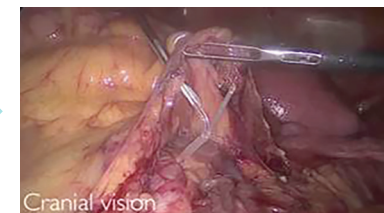
OVARY SUSPENSION
 • Deep endometriosis



INTESTINAL TRACTS SUSPENSION
 • Sacrocolpopexy
 Reducing TRENDELENBURG position



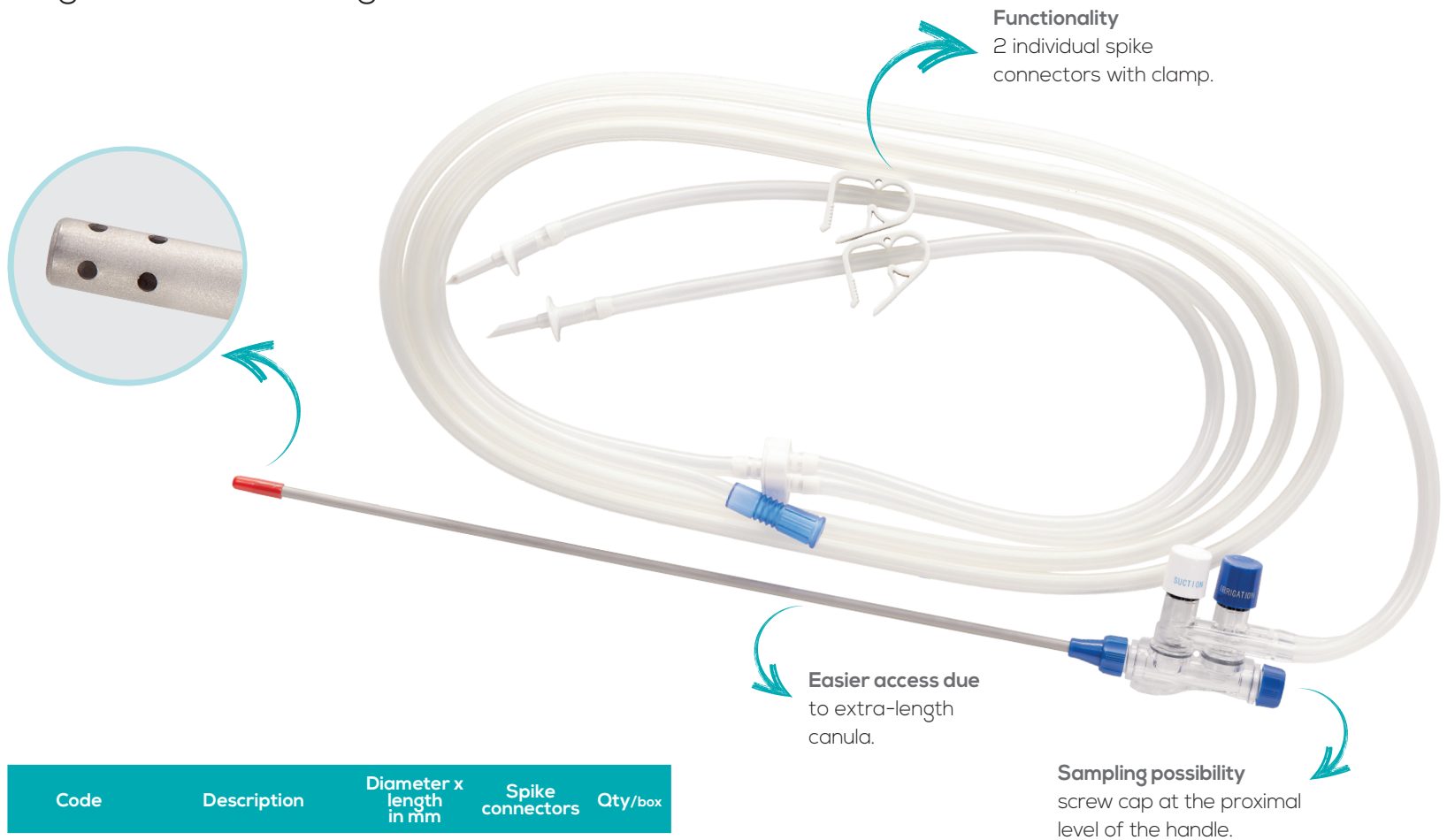
PERITONEUM SUSPENSION
 • Transperitoneal para-aortic lymphadenectomy



Suction irrigation sets.

ASI Advanced Suction Irrigator

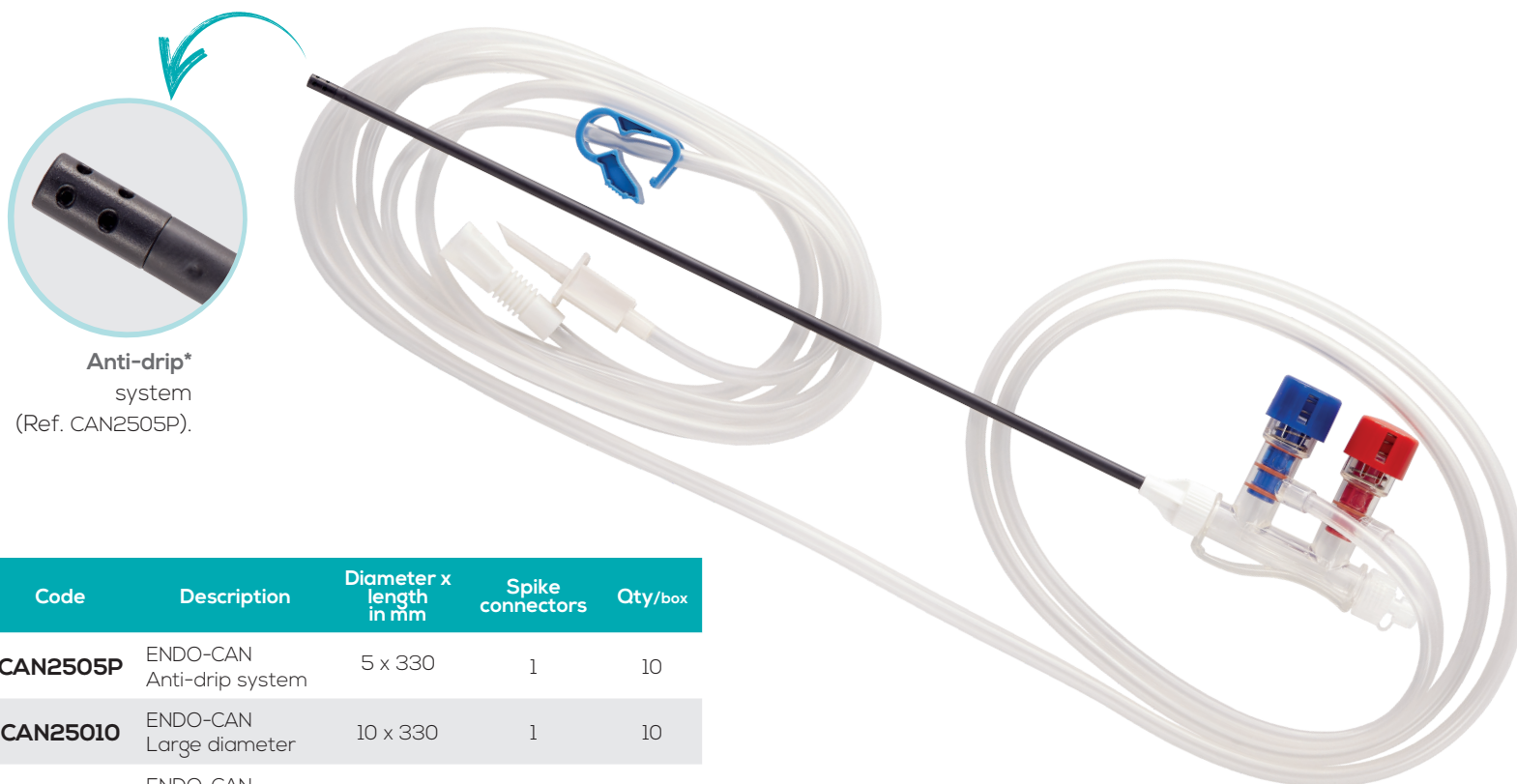
Single use suction irrigation set.



Code	Description	Diameter x length in mm	Spike connectors	Qty/box
ASI2200TB	ASI Advanced Suction Irrigation	5 x 385	2	12

ENDO-CAN Suction Irrigation Set

Wide portfolio offering different configurations in lengths and diameters.



Anti-drip*
system
(Ref. CAN2505P).

Code	Description	Diameter x length in mm	Spike connectors	Qty/box
CAN2505P	ENDO-CAN Anti-drip system	5 x 330	1	10
CAN25010	ENDO-CAN Large diameter	10 x 330	1	10
CAN2505GL	ENDO-CAN Long length	5 x 450	1	10
CAN10	Single canula compatible	5 x 330	-	10

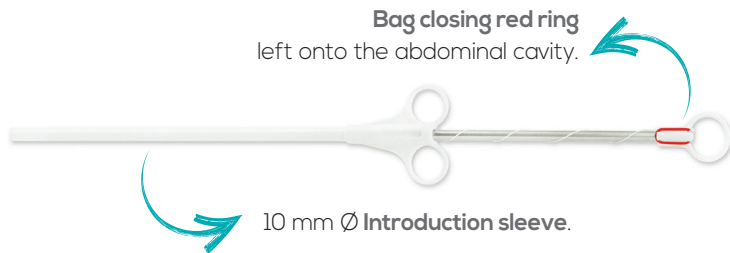
Other references available: CAN2505, CAN2505DP

*Internal study-FF-Product information/Anti-drip cannula-6th June 2013.

Extraction bags.

Self-opening bag

With handle.



Device description.

- Applicator diameter: 10 mm.
- TPU made bag.
- Volume: 170 or 260 ml.
- Self-opening with detachable bag (Ø 65 or Ø 80 mm).
- Immediate or deferred bag extraction.



Detachable bags

Without handle.



Device description.

- Introduction sleeve diameter: 10 mm.
- Detachable bag in Polyurethane & Nitinol pullback wire.
- Volume: 200 or 800 ml.



Code	Description	Opening	Shape	Ø Sleeve	Volume	Qty/box
ALB4000TB	Self-opening bag with ring	65 mm	V	10 mm	170 ml	10
ALB4100TB	Self-opening bag with ring	80 mm	V	10 mm	260 ml	10
B04-01-100604	Detachable extraction bag	70 mm	U	10 mm	200 ml	10
B04-01-100605	Detachable extraction bag	100 mm	U	10 mm	800 ml	10

Sutures.

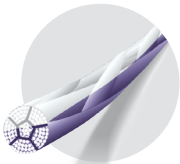
Absorbable sutures

Time management in your hands



Optime R®

- Undyed Polyglycolic Acid (PGA) braid.
- Solution for short-term support (10-14 days) and rapid absorption in soft tissue approximation and/or ligation.



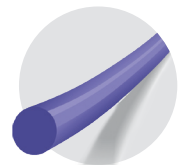
Optime®

- Violet/Undyed Polyglycolic Acid (PGA) coated braid.
- Solution for mid-term approximation and/or ligation of tissue in general surgery (28-35 days).



Advantime®

- Violet/Undyed Poliglecaprone 25 (PGACL) monofilament.
- Solution for mid-term approximation and/or ligation of tissue in general surgery (21-28 days).
- Available with Extracut® cutting needle – needle with precision point.

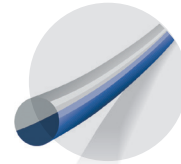


Monotime®

- Violet Polydioxanone monofilament.
- Solution for long-term approximation and/or ligation of tissue (until 6 weeks) in general surgery.

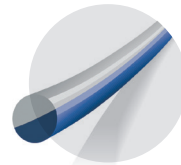
Non absorbable sutures

Stable resistance with time



Corolène®

- Undyed/Blue Polypropylene monofilament.
- Intended for use in general soft tissue approximation and/or ligation.
- Low shape memory thanks to Coropak® & Great glide.



Filapeau®

- Blue/Undyed Polyamide monofilament.
- Intended for use to suture superficial cutaneous skin and in plastic surgery
- Good tolerance for the tissue, great glide and flexibility.



Polytresse®

- Green/undyed Polyester coated braid.
- Solution for abdominal wall suturing and mesh fixation (sacrocolpopexy).
- Very good knot strength, great glide du to silicone coating and flexibility.

Examples of use

Peritoneum closing	Advantime®	USP 0 - 2/0, 1/2c, 25 at 40 mm
Aponevrosis closing	Monotime®	USP 2/0 - 3/0, 1/2c, 35 at 65 mm
Deep sub-cutaneous	Optime®	USP 2/0 - 2, 1/2c, 26 at 40mm
Superficial sub-cutaneous	Optime R®	USP 3/0 - 2/0, 3/8c, 13 at 26mm
Skin	Advantime® or Filapeau®	USP 3/0 - 2/0, 3/8c, 13 at 26 mm
Mesh fixation	Corolene® or Optime®	USP 2/0; 1/2c
Promontory fixation	Polytresse®	USP 0, 1/2c, 36 at 40mm

Ventral hernias & Eventration prevention.

Suture PASSO.R.™ & Suture PASSO.R. Pro™

Trocar valves cleaning swabs (2 diameters).

Suture passer.

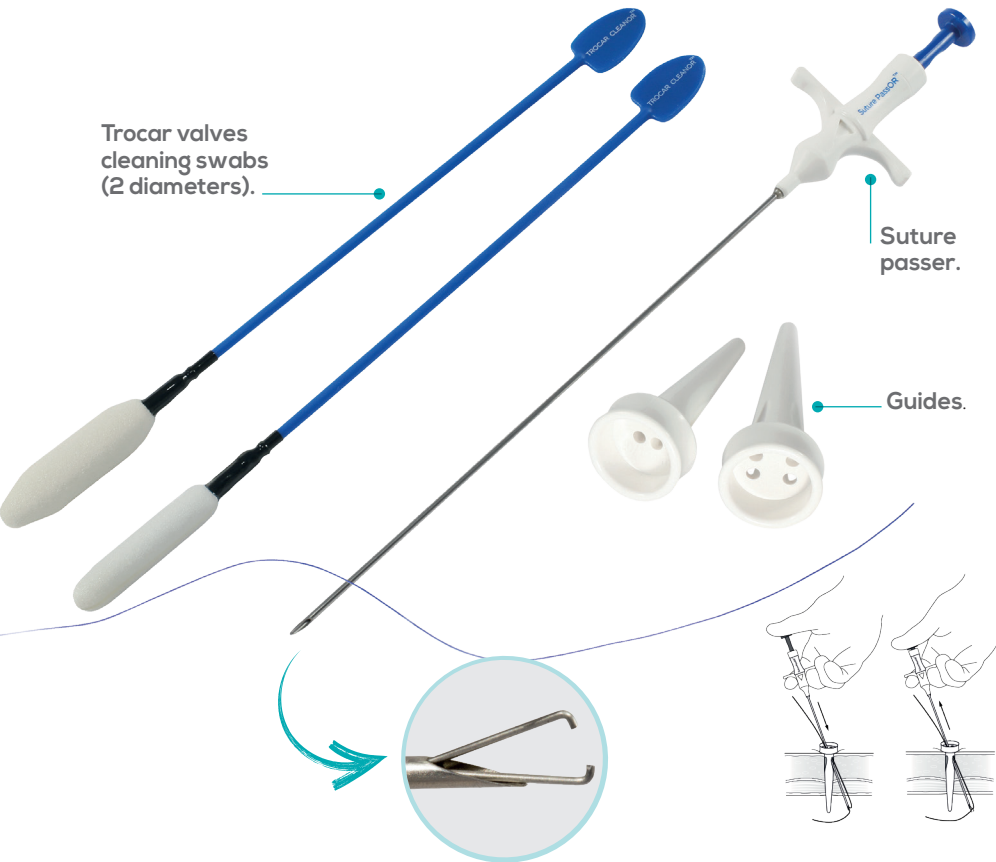
Guides.

Ports closing Systems*.

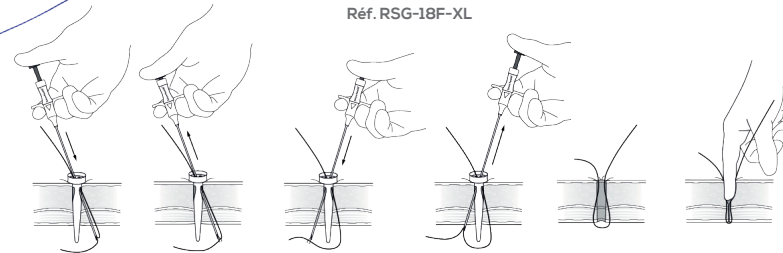
- Avoid post-operative incisional hernias.
- Optimized vision thanks to the 2 foam tips swabs cleaning the trocar valves and avoiding laparoscope smudging during its reinsertion.

Can also be used for mesh traction

during laparoscopic hernia repair to facilitate adequate positioning of the implant.



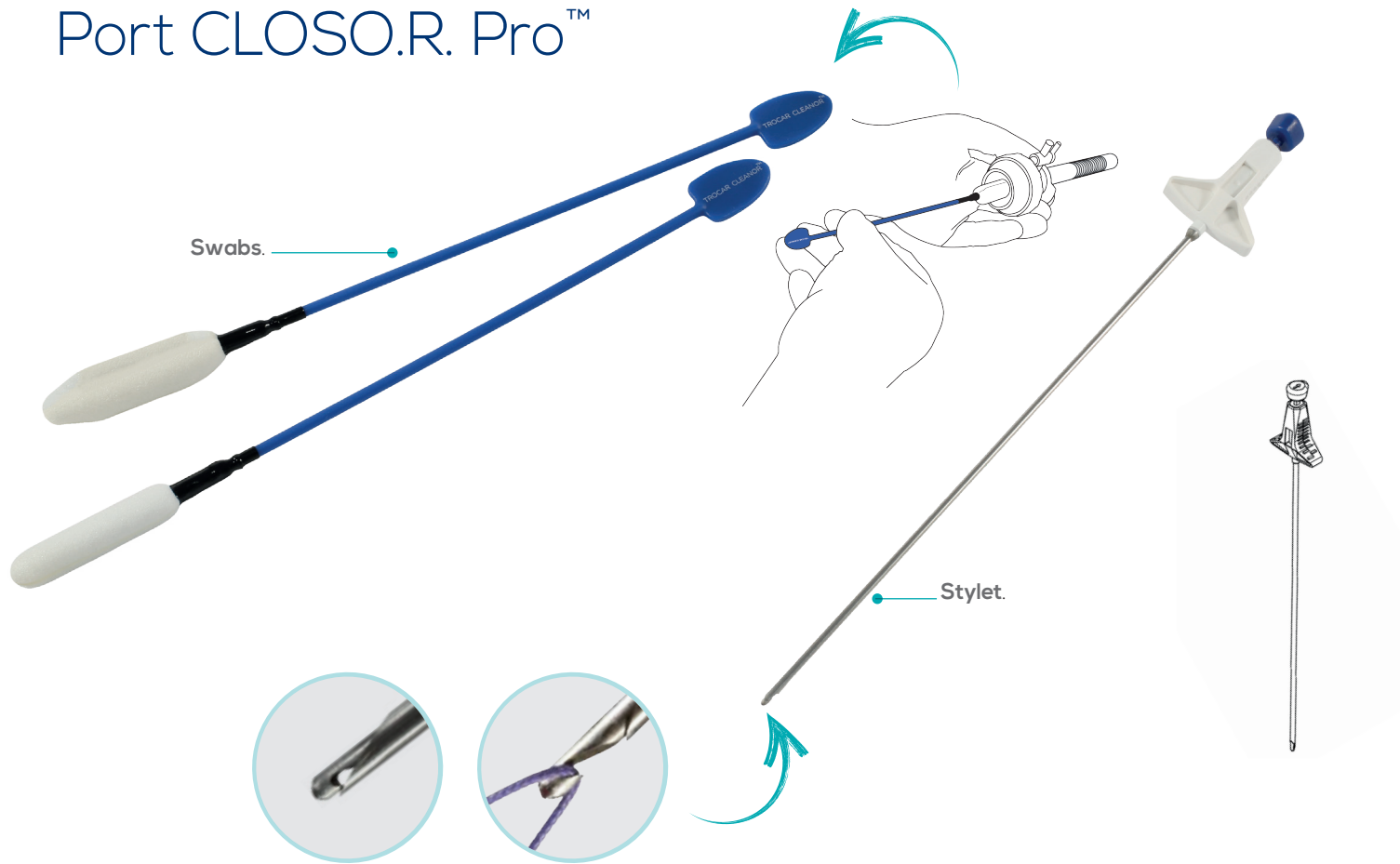
Réf. RSG-18F-XL



Code	Description	Qty/box
RSG-18F-XL	14G suture passer, length 180mm, 2 guides ø10/12mm (2 holes) & 15mm (4 holes) length 113mm, 2 swabs (ø 8 & 13mm)	10
RSG	14G Suture passer, length 150mm	10

*Different Port Closure Techniques in Laparoscopy Surgery - September 2009- World Journal of Laparoscopic Surgery. Authors: Majid A Homood, RK Mishra.

Port CLOSO.R. Pro™



Code	Description	Qty/box
PC-120	Stylet length 150mm 2 swabs (ø 8 & 13mm)	10

References.

Laparoscopic Instruments.

Trocarts Endoway®^{1b}

INDICATIONS

Peters Surgical trocars are instruments designed exclusively for laparoscopic surgery. They allow the passage of laparoscopic instruments.

T'Lift® Organ suspensor^{1b}

INDICATIONS

The T'Lift® is an instrument exclusively designed for laparoscopic surgery. It should only be used by qualified practitioners having gained due experience thereof. The T'Lift® is designed to enable the suspension and presentation of anatomical sections during laparoscopic surgery.

Uterine ElevatOR PRO™ avec OccludOR Balloon⁴

INDICATIONS

The Uterine ElevatOR PRO™ with OccludOR Balloon is indicated for manipulation of the uterus, and injection of fluids or gasses during laparoscopic procedures including total laparoscopic hysterectomy, laparoscopic assisted vaginal hysterectomy, laparoscopic tubal occlusion, and diagnostic laparoscopy. The Uterine ElevatOR PRO™ with OccludOR Balloon maintains pneumoperitoneum during laparoscopic procedures by sealing the vagina once colpotomy is performed.

Surgical uterine manipulator MAUT60^{1b}

INDICATIONS

The PETERS SURGICAL surgical uterine manipulator is a single-use medical instrument, exclusively designed for gynaecological surgery. It should only be used by qualified practitioners having gained due experience. The surgical uterine manipulator is designed to expose the uterus (for moving in and around the abdominal cavity). It further enables to facilitate presentation of the rear of the vagina during a full hysterectomy, while preserving pneumoperitoneum.

Uterine Position OR™⁴

INDICATIONS

The Uterine PositionOR™ is indicated for manipulation of the uterus, and injection of fluids during laparoscopic procedures including laparoscopic supracervical hysterectomy, minilap tubal ligation, laparoscopic tubal occlusion or diagnostic laparoscopy.

ENDO-CAN⁵

INDICATIONS

The irrigation-suction kit with cannula is a single-use device for laparoscopic surgery, serving to cleanse the abdominal cavity and to suck up any waste. It should only be used by qualified practitioners having gained due experience.

ASI (Advanced Suction Irrigator)²

INDICATIONS

The suction/irrigation kit is indicated for use in laparoscopy surgery to suction residual fluids and for irrigation during a procedure.

SUTURE PassO.R.™⁴

INDICATIONS

The SUTURE PassO.R.™ is indicated to be used during endoscopic and laparoscopic surgery to keep trocar valves free of debris and facilitate the placement of sutures for secure closure to trocar sites as determined by a licensed physician familiar with the possible side effects, typical finding, limitations, indications or contraindications of performing such procedure.

SUTURE PassO.R. Pro™⁴

INDICATIONS

The SUTURE PassO.R. PRO™ is indicated to be used during endoscopic and laparoscopic surgery to keep trocar valves free of debris and facilitate the placement of sutures for secure closure to trocar sites as determined by a licensed physician familiar with the possible side effects, typical finding, limitations, indications or contraindications of performing such procedure.

Port CLOSO.R. Pro™⁴

INDICATIONS

The Port ClosOR PRO™ is indicated to be used during endoscopic and laparoscopic surgery to keep trocar valves free of debris and to facilitate the placement of sutures for secure closure to trocar sites as determined by a licensed physician familiar with the possible side effects, typical finding, limitations, indications or contraindications of performing such procedure.

Surgical glue.

Ifabond®^{1a}

INDICATIONS

IFABOND® is indicated for its adhesive action and its role as hemostatic sealant agent for:

- Mesh fixation in digestive surgery for treatment of hernia and in uro-gynecological surgery for sacrocolpopexy.
- Staple-line reinforcement in bariatric surgery for sleeve and closure of mesenteric defects in bariatric surgery for bypass.

Ifabond® glue applicators^{1b}

INDICATIONS

These devices are designed to control the application of IFABOND® surgical glue. The 15cm applicators are for open surgery, the 37cm and 45cm applicators are for laparoscopic surgery. Refer to IFABOND® instructions for use for indications related to the use of the surgical glue.

Sutures.

Optime® \mathcal{R} ^{1a}

INDICATIONS

The synthetic absorbable surgical sutures Optime® \mathcal{R} are indicated for use in soft tissue approximation, when short time wound support is acceptable and when rapid absorption is needed. They are indicated for general surgery in skin and mucous membrane closure, particularly in pediatric surgery, stomatology, episiotomies, circumcisions and in ophthalmic surgery for conjunctival sutures.

Optime®^{1a}

INDICATIONS

The synthetic absorbable surgical sutures Optime® are indicated for use in general tissue approximation and/or ligation, including use in ophthalmic surgery.

Advantime®^{1a}

INDICATIONS

The synthetic absorbable surgical sutures Advantime® are indicated for use in general soft tissue approximation and/or ligation where an absorbable suture is indicated.

Monotime®^{1a}

INDICATIONS

The synthetic absorbable surgical sutures Monotime® are indicated for use in general soft tissue approximation and/or ligation, particularly when long time support is required (until six weeks), including use in pediatric cardiovascular and vascular surgery, in peripheral vascular surgery, in ophthalmic surgery and in microsurgery.

Corolène®^{1a}

INDICATIONS

Sutures are intended for use in general soft tissue approximation and/or ligation, including use in cardiovascular and vascular surgery, in ophthalmic surgery, in plastic surgery and in neurological surgery. Corolene® sutures can be used for laparoscopic surgery and abdominal aorta surgery.

Filapeau®^{1c}

INDICATIONS

Sutures are intended for use to suture superficial cutaneous skin and in plastic surgery.

Polytresse®^{1a}

INDICATIONS

Polytresse® sutures are intended for use in general soft tissue approximation and/or ligation, including use in orthopaedic surgery, in cardiovascular and vascular surgery and in ophthalmic surgery.

Extraction bags.

Detachable bags³

INDICATIONS

This retrieval bag is for simple and safe minimally invasive resection of specimens, offers safety for surgeon and patient alike.

Self-opening bag²

INDICATIONS

The Lap Bag with Auto-Retrieval system has applications in minimally invasive abdominal procedures for the safe, convenient removal of tissue specimens such as the appendix, gallbladder, gallstones, lymph nodes, an ectopic pregnancy, ovaries, small sections of bowel and other tissue structures.

- 1a. Medical device Class III.
Manufacturer: Peters Surgical.
CE 0459.
- 1b. Medical device Class IIa.
Manufacturer: Peters Surgical.
CE 0459.
- 1c. Medical device Class IIb.
Manufacturer: Peters Surgical.
CE 0459.
2. Medical device Class IIa.
Manufacturer: Advanced Medical
Design Co.
CE 2460.
3. Medical device Class IIa.
Manufacturer: Jiangsu Brightness
Medical Devices Co Ltd.
CE 0197.
4. Medical device Class IIa.
Manufacturer: The OR Company.
CE 2797.
5. Medical device Class IIa.
Manufacturer: PROMEPLA.
CE 0459.

**Read carefully the instructions
of the devices before use.**



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Peters Surgical Benelux

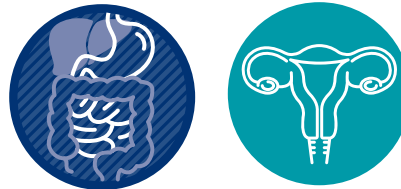
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Read the instructions carefully before using the products.

Presentation to Peters Surgical employees and distributors as well as health care professionals.



peters-surgical.com