Highlights 2019

Proctology







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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

(<u>3</u>) (<u>3</u>) (<u>3</u>)

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

includina:

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 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

(A) (A)

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

includina:

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

Outer Sheath, with working insert







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

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

Working length 20 cm

working ie	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, 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

28272 RLD 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. 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).

- 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 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
- 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



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

includina:

DAPRI Operating Rectoscope Tube

Obturator Seal

24944 SA **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

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



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.

- 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

UI 500 S1

includina: SCB Connecting Cable, length 100 cm **Universal Wrench** Heated Insufflation Tubing Set*, with gas filter, sterile, for single use, STERILE 2 package of 3 HICAP® Trocar, size 11 mm UP 501 S1 S-PILOT®, including footswitch, power supply 100-240 VAC, 50/60 Hz includina: **One-Pedal Footswitch** Tubing Set Suction*, sterile, for single use, package of 5 STERILE 3 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

ENDOFLATOR® 50 SCB, with integrated SCB module, power supply 100-240 VAC, 50/60 Hz





Rectoscope for Video Documentation – RECTOVISION® with Sliding Cap

The combination of laparoscopic and rectoscopic technologies permits exceptionally good visualization and documentation of the intraluminal conditions in patients undergoing coloproctological interventions. Video rectoscopy is a straightforward and convenient procedure. 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
- Stable examination field thanks to airtight sliding cap

24912 K 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

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

≥ 20 mm during documentation

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

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 10

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

autoclavable, fiber optic light transmission incorporated,

color code: green

or

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

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

for use with Fiber Optic Light Cable 495 NCSC, Fluid Light Cable 495 FQ/FR and Cold Light Fountain

D-LIGHT P SCB **20** 1337 01-1,

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



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.

- 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.

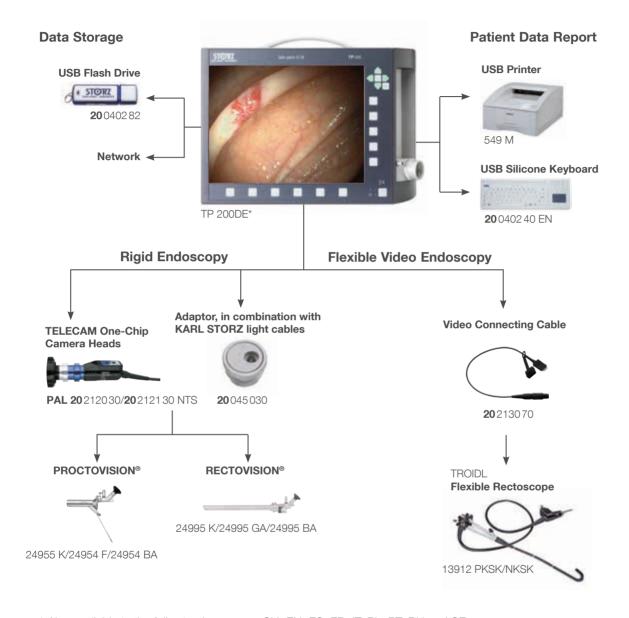
Further information on camera systems is available in the Telepresence catalog.



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 **20** 0450 30 in combination with the KARL STORZ Light Cables 495 NL and 495 NAC.

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Imaging and OR Integration



Storage and administration of image and video data

OR1 68 1.0 01/2019/A-E



Flexible support for image sources







Centralized communication interface



KARL STORZ OR1™

Future-oriented integration meets innovative data management



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Further information and an overview of Proctology products from KARL STORZ can be viewed on



www.karlstorz.com
in the Human Medicine section,
Proctology



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