

Алматы (7273)495-231
Ангарск (3955)60-70-56
Архангельск (8182)63-90-72
Астрахань (8512)99-46-04
Барнаул (3852)73-04-60
Белгород (4722)40-23-64
Благовещенск (4162)22-76-07
Брянск (4832)59-03-52
Владивосток (423)249-28-31
Владикавказ (8672)28-90-48
Владимир (4922)49-43-18
Волгоград (844)278-03-48
Вологда (8172)26-41-59
Воронеж (473)204-51-73
Екатеринбург (343)384-55-89

Иваново (4932)77-34-06
Ижевск (3412)26-03-58
Иркутск (395)279-98-46
Казань (843)206-01-48
Калининград (4012)72-03-81
Калуга (4842)92-23-67
Кемерово (3842)65-04-62
Киров (8332)68-02-04
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Кострома (4942)77-07-48
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Липецк (4742)52-20-81

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Нижний Новгород (831)429-08-12
Новокузнецк (3843)20-46-81
Ноябрьск (3496)41-32-12
Новосибирск (383)227-86-73
Омск (3812)21-46-40
Орел (4862)44-53-42
Оренбург (3532)37-68-04
Пенза (8412)22-31-16
Петрозаводск (8142)55-98-37
Псков (8112)59-10-37

Пермь (342)205-81-47
Ростов-на-Дону (863)308-18-15
Рязань (4912)46-61-64
Самара (846)206-03-16
Саранск (8342)22-96-24
Санкт-Петербург (812)309-46-40
Саратов (845)249-38-78
Севастополь (8692)22-31-93
Симферополь (3652)67-13-56
Смоленск (4812)29-41-54
Сочи (862)225-72-31
Ставрополь (8652)20-65-13
Сургут (3462)77-98-35
Сыктывкар (8212)25-95-17
Тамбов (4752)50-40-97

Тверь (4822)63-31-35
Тольятти (8482)63-91-07
Томск (3822)98-41-53
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Тюмень (3452)66-21-18
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Череповец (8202)49-02-64
Чита (3022)38-34-83
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Россия +7(495)268-04-70

Казахстан +7(7172)727-132

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Технические характеристики на принадлежности для закрытия ран Pro-Set, Supramid, Elasyн, Dafilon, Endo-SPONGE, Eso- SPONGE, OP-Magnet КОМПАНИИ **B. BRAUN**

Виды товаров: наборы электродов, наборы для лечения ран, специальные наборы швов, хирургические петли, нерассасывающийся синтетический шовный материал, воск для костей, кровоостанавливающие средства, губки для лечения несостоятельности анастомозов, устройства для обращения с иглами и др.

Pro-Set

Customized Suture Sets for particular needs



Pro-Set

Individually tailored to your needs during surgery

- Reduces preparation time
- Simplifies the surgical procedure
- Content and packaging appropriate for the specific surgical procedures
- Sutures placed in the order of the utilisation
- Provided with an adhesive label describing the set content in order to simplify patient documentations

Cost reduction

- Standardises procedure
- Relieves clinical staff of organizational tasks
- Reduces administrative costs

Ecological benefits

- Reduces packaging
- Minimises disposal time and costs

Available as Mini-Pack

- For up to 8 suture foils
- A peel pack guarantees the sterile transfer

Guaranteed quality and safety

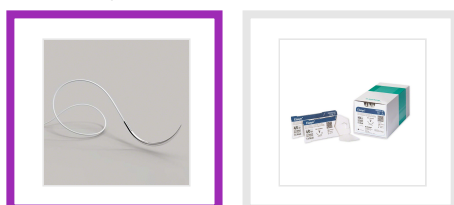
Our Suture Set production is CE-certified according to Medical Device Directive 93/42 and the processes performed under requirements of Quality System ISO 9001:2000 and ISO 13485:2003.

Elasyn®

Non-absorbable undyed monofilament suture made of polytetrafluorethylene (PTFE) polymer



Elasyn®



Elasyn®

The PTFE suture for happy smiles

Elasyn® is recommended for any periodontal, bone graft or implant surgery, where a soft and biologically inert suture material is required.

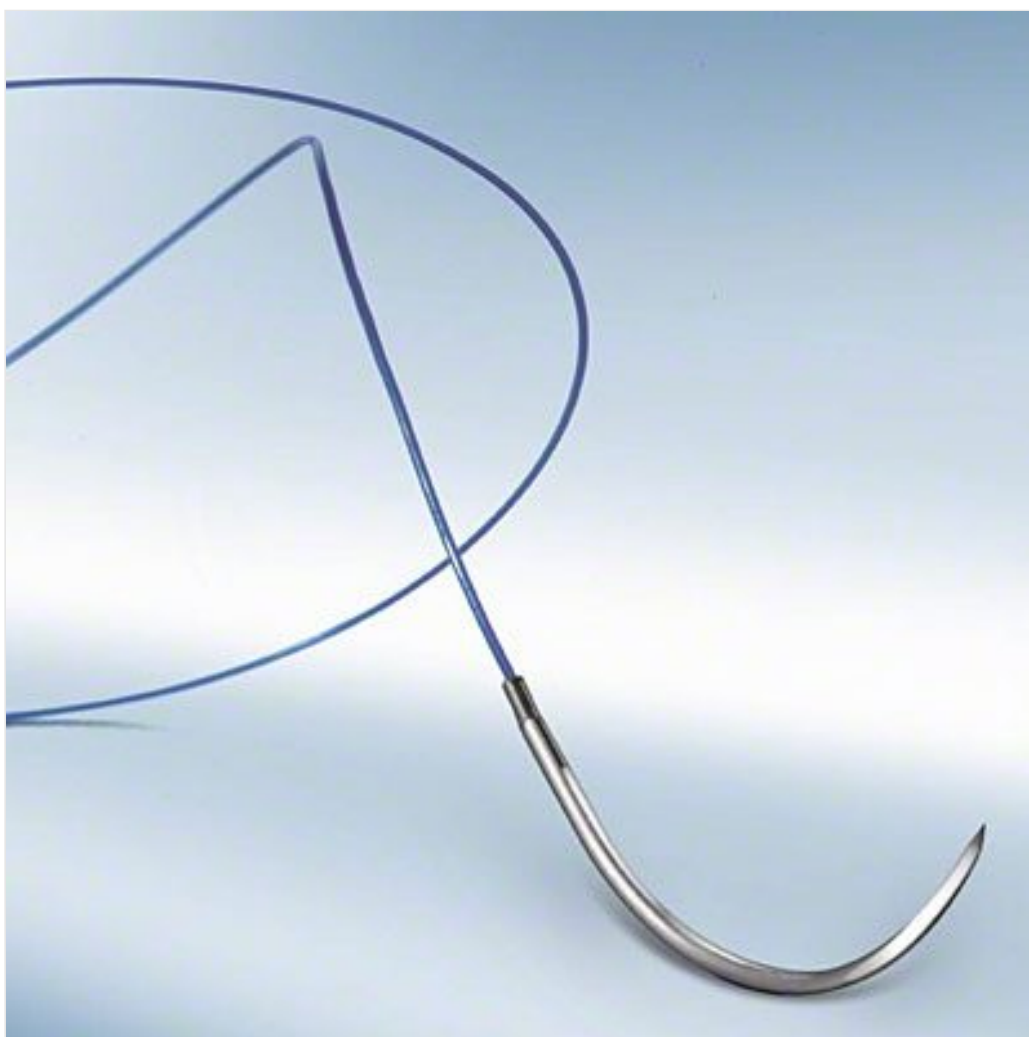
The PTFE material offers a wide range of properties, which make this suture the election of choice in dental surgery:

- Completely non-absorbable
- Reduced bacterial adhesion in comparison to standard braided sutures [1], [2]
- Due to its softness, it improves the intraoperative handling and the patient comfort [3]

Elasyn® is available in different USP (from 3/0 to 6/0) and stainless needle combinations.

Dafilon®

Non-absorbable monofilament and uncoated suture made of polyamide



Dafilon®

Dafilon® is a non-absorbable synthetic monofilament suture made of polyamide polymers 6/6.6 (dyed blue or undyed) or polyamide 6.6 (dyed black).

Note

Sizes available USP 11/0 (0.1 metric) to USP 2 (5 metric)

Steelex Sternum Set

For sternum closure



Sternum Set

Steelex® Sternum-Set is a non-absorbable corrosion resistant steel monofilament to which a fixed or rotating needle (axial) is attached. Steelex® Sternum-Set is available in sternum, short cutting and blunt point needles.

Also available in polyester sutures (PremiCron®) to improve handling and knotting properties.

Note

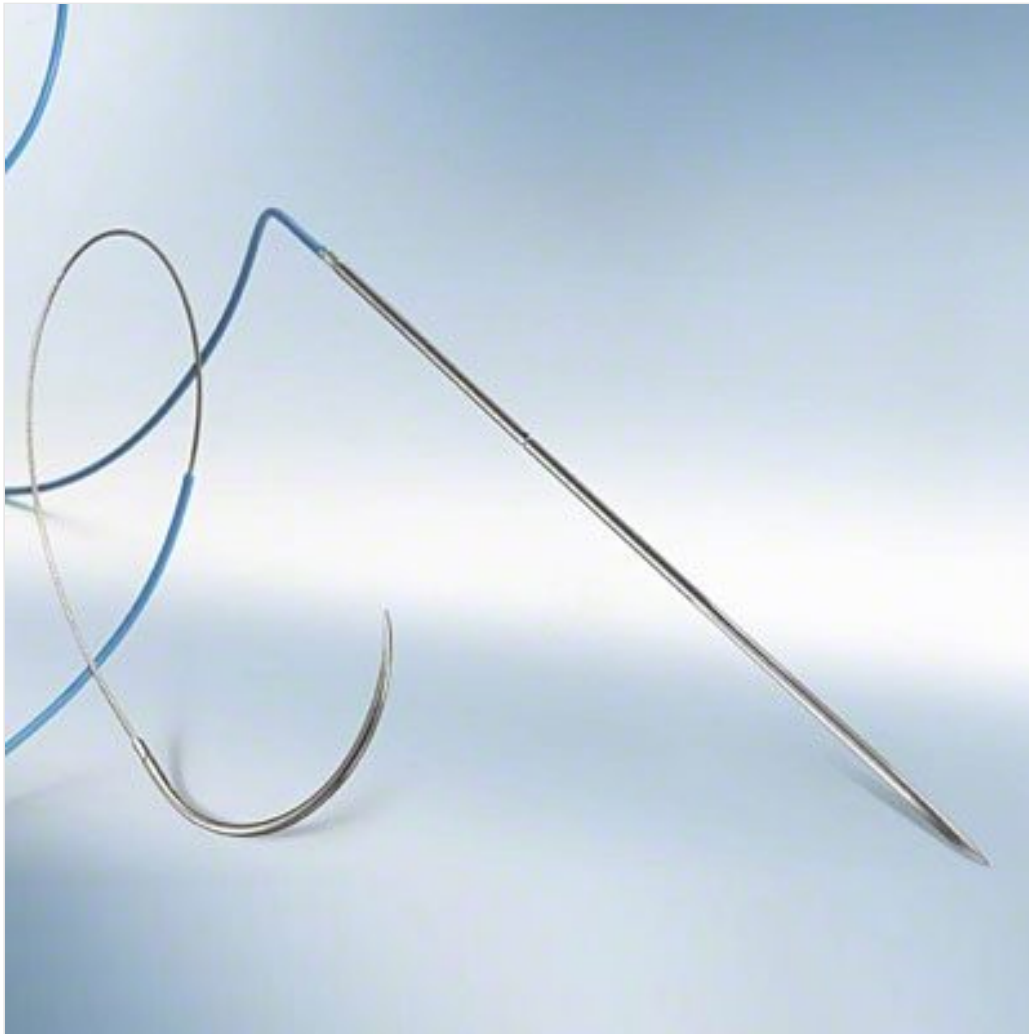
Sizes available USP 1 (4 metric) to USP 7 (9 metric) or USP 2 and 5 (PremiCron®)

Indication

- Sternal closure

Steelex Electrode Set

For the control and treatment of arrhythmias



Electrode Set

The Electrode Set is a temporary cardiac pacing wire used to treat arrhythmias during and after open heart surgery. It consists of a twisted stainless steel, multistrand wire partially insulated with a sheath of blue or white polyethylene.

Advantages

- Exceptional strength with great flexibility and handling characteristics
- Multifilament construction for improved handling properties and reduced fatigue and fragmentation
- Polyethylene sheath facilitates extraction and provides highly efficient insulation for reliable pacing
- Electro-passive in tissue fluids

- Break-off needle for improved connection to pacemaker or extension cable
- High conductivity

Note

Sizes available USP 3/0 (2 metric) up to USP 0 (3.5 metric)

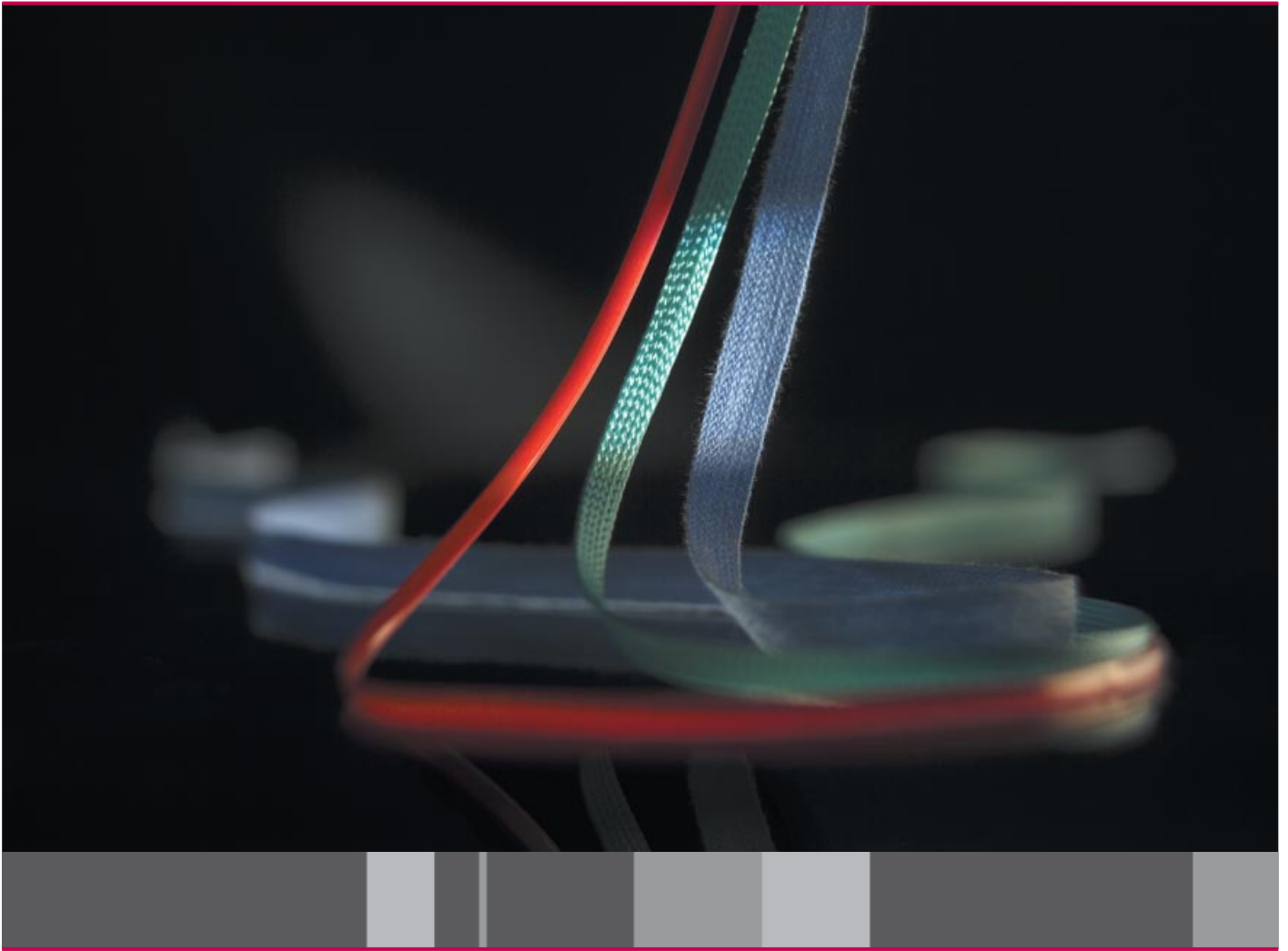
Indication

- Temporary atrial and ventricular pacing and sensing during and after cardiac surgery

B. Braun Sutures

Surgical Loop

For retraction of organs



Special Suture Set made of silicone, cotton or polyester

Surgical Loop

For retraction of organs

Surgical Loop are retraction tapes made of radiopaque silicone, cotton or polyester. The surgical tapes are used for the intraoperative isolation, marking, mechanical support and looping of organs, blood vessels, tendons and nerves, or for tying off the umbilical cord of the new born infant.

Surgical retraction tape made of silicone, cotton or polyester

- To identify organs/areas while operating and to retract or hold nerves, tendons, arteries, veins, ureters and vessels in order to ease the access to the operation site
- To clamp
- To tie off the umbilical cord of the newborn infant

Surgical Loop ensures and provides:

- Flexibility and resistance
- Smooth surface with no tissue adherence
- Attractive colour presentation to ease differentiation
- Different product dimensions to suit all purposes
- Silicone radiopaque material to ensure patient safety



silicone, cotton or polyester

non-absorbable

uncoated

tube or braided tape

Product range

Radiopaque silicone tube

Colour / Code

Diameter	Length	Units / box	White	Blue	Yellow	Red
1.5 mm	2x45 cm	24	B1095048	B1095021	B1095030	B1095013
1.5 mm	75 cm	24	B1095242	B1095226	B1095234	B1095218
2.5 mm	2x45 cm	24	B1095145	B1095129	B1095137	B1095110
2.5 mm	75 cm	24	B1095544	B1095528	B1095536	B1095510
1.2 mm	2x45 cm	24	B1095552	The thread is attached to a DRN 25 needle		DRN 25

Cotton braided tape

Colour / Code

Width	Length	Units / box	Purple	Blue	White	Green
4 mm	2x38 cm	24			B1094920	
4 mm	75 cm	24	B1095641	B1095633	B1095625	B1095650
8 mm	75 cm	24		B1095668	B1095676	
4 mm	75 cm	24	B1095617	The tape is attached to a GS 65 needle		GS 65

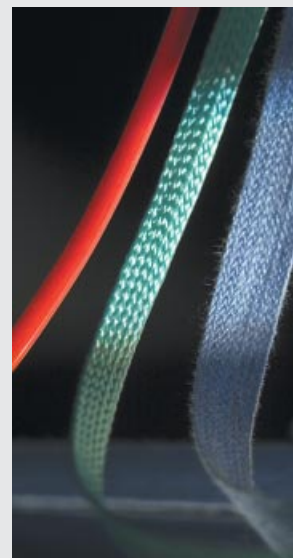
Polyester braided tape

Colour / Code

Width	Length	Units / box	Green
3.2 mm	2x75 cm	24	B1094904
4 mm	75 cm	24	B1094912

Product features

Composition	Silicone, cotton or polyester
Structure	Tube or braided tape
Coating	Uncoated
Color	Red, blue, yellow, white, green or violet
Sizes	Tube: 1.2 mm, 1.5 mm or 2.5 mm Tape: 3.2 mm, 4 mm or 8 mm
Mass absorption	Non-absorbable
Indications	Organ retraction
Contraindications	Not known
Sterilisation	Ethylene oxide





BONE WAX

HEMOSTAT FOR BONE BLEEDING

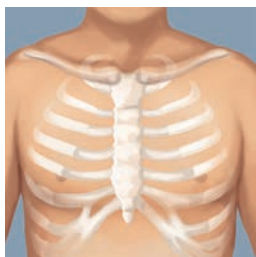
BONE WAX

HEMOSTAT FOR BONE BLEEDING



INDICATED FOR MECHANICAL CONTROL OF BLEEDING AT BONES IN:

- Thoracic surgery (sternum & ribs)
- Dental, oral and jaw surgery
- Orthopaedics and traumatology
- Neurosurgery (trepanation)



STERILE MIXTURE OF NATURAL BEESWAX AND VASELINE

- Mechanical haemostasis in bones (1-3)
- Haemostasis achieved by tamponade effect (1-3)
- Achieve mechanical occlusion of intraosseous vessels (1-3)
- Soft, easy to shape and apply "only hand-warm" (4-6)

ORDERING INFORMATION

DESCRIPTION	CODE
24 Bars set	102 9754

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Endo-SPONGE®

ENDOLUMINAL VACUUM THERAPY
FOR THE TREATMENT OF ANASTOMOTIC LEAKAGE

Endo-SPONGE®

ENDOLUMINAL VACUUM THERAPY AS A TREATMENT FOR ANASTOMOTIC LEAKAGES IN THE LOW PELVIC AREA

With the introduction of total mesorectal excision (TME) as the standard treatment for rectal carcinoma, the number of low anterior sphincter-preserving rectal resections has increased with a simultaneous decrease in extirpation. One of the most important complication following anterior rectal resection is anastomotic leakage (1, 2).

Clinically manifest anastomotic leakage occurs in up to 24% of patients (3-5).

Because of the immediate proximity of the sphincter to the anastomosis, there is a permanent tailback of infected secretion and gas into the intestinal lumen and into the pelvis.

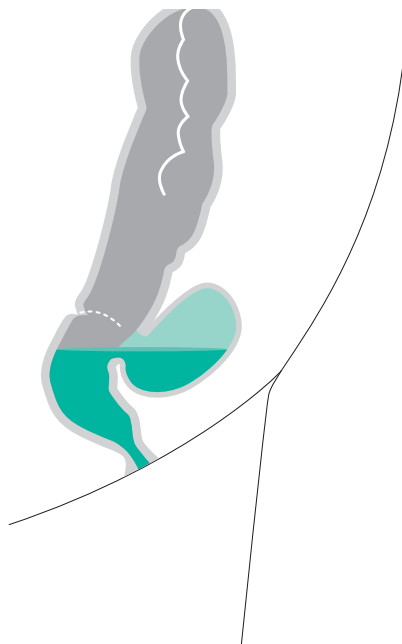
Once an anastomotic leakage has occurred, primary inflammation develops in the area of the anastomosis, localized in the minor pelvis. If the secretion continues to rise, generalized peritonitis can result, with severe septic progression involving multiple organ failure and potentially culminating in the death of the patient (6). Where there is local lower infection of pelvis with an endoscopically accessible cavity, the Endo-SPONGE® treatment can be applied.





ANASTOMOTIC LEAKAGE (AL) IS ONE OF THE MOST IMPORTANT COMPLICATIONS (7, 8):

- AL rate after colorectal surgery is reported to up to 24% (3-5).
- AL is associated to high morbidity and mortality (8, 9).
- AL increases the rates of permanent stomas (8-10).
- AL increase length of hospital stay of patients (11).
- AL increase hospital costs (12).



Endo-SPONGE®

ENDOLUMINAL VACUUM THERAPY FOR THE TREATMENT OF COLORECTAL ANASTOMOTIC LEAKAGE





SUGGESTED BENEFITS OF VACUUM THERAPY ON THE TISSUE:

- Increase blood flow and edema reduction (13).
- Granulation tissue formation and extracellular synthesis (13).
- Decrease of bacterial contamination and secretion (22).

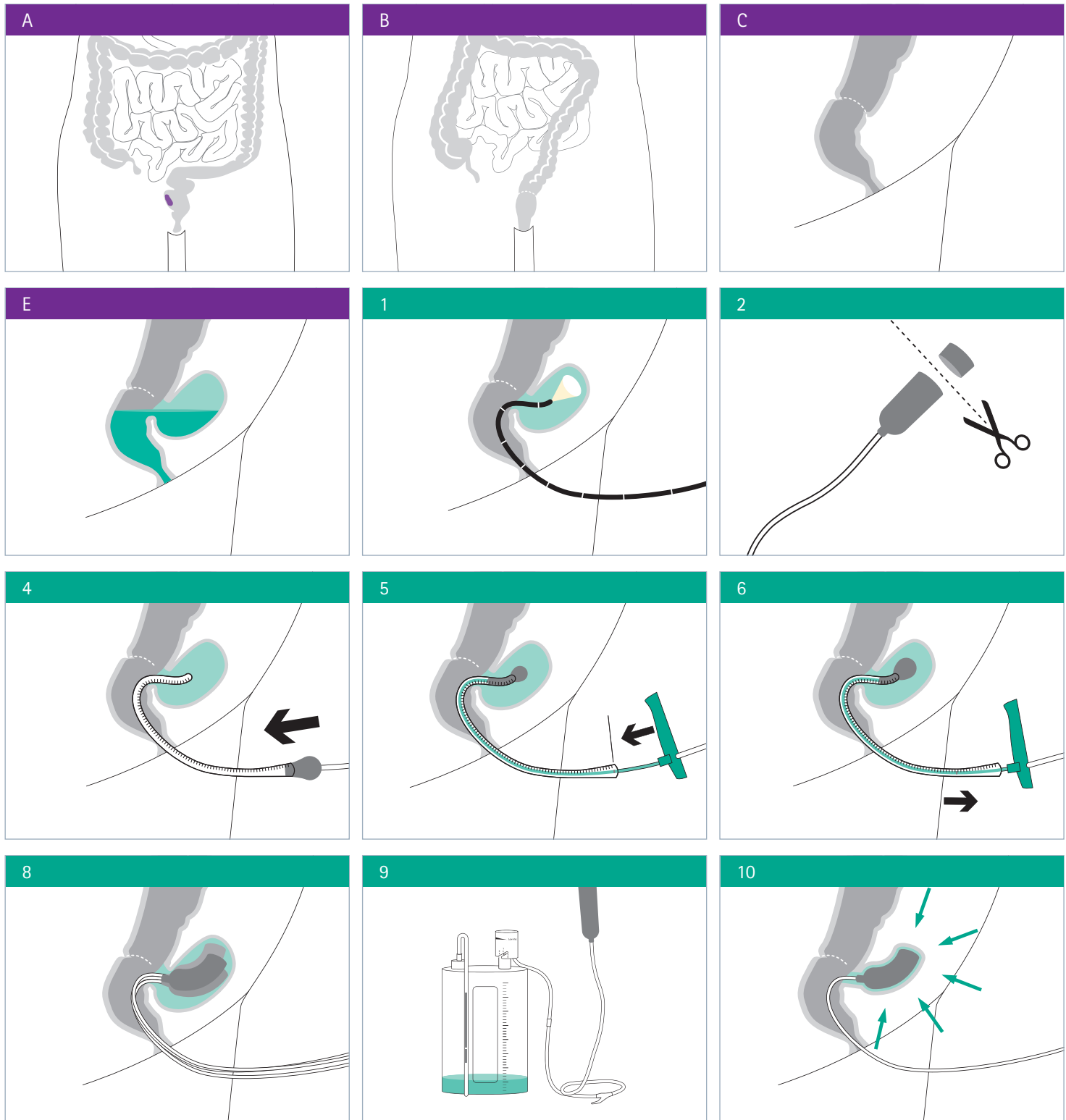
Endo-SPONGE® TREATMENT BENEFITS:

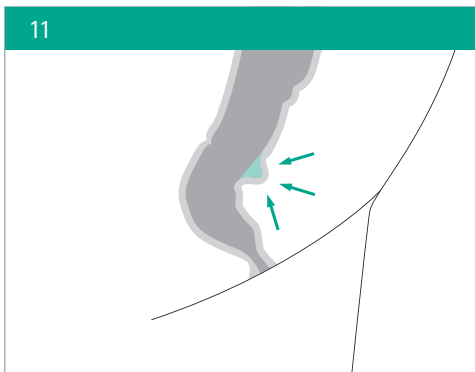
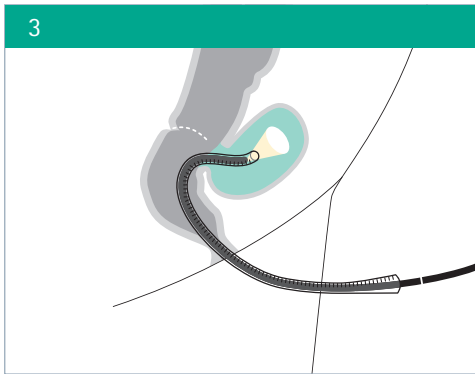
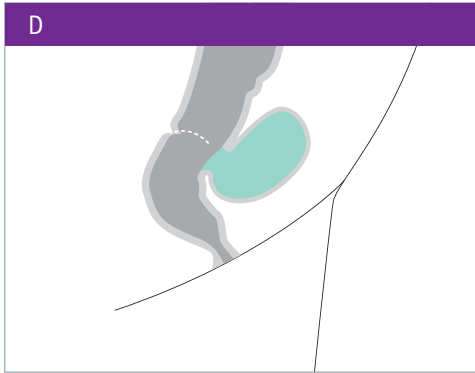
- Continuous drainage of the infected wound fluid from the cavity (15).
- Trend to shorter treatment time compared to irrigation (16).
- Treatment median duration is of 20-50 days (15, 17, 20).
- Anastomotic leakage closure is achieved between 67-100% (5, 9, 16-20).
- The treatment works better the sooner it is applied after AL diagnosis (7, 18).
- Ambulatory treatment possible (15, 16, 18-20).
- Good patient acceptance (18-20).
- Reduces hospital stay (8, 18).
- Trend to reduce permanent stomas (increase stomas closure rate) (8, 9).
- There is trend to reduce the number of re-operations (9, 21).
- Could potentially reduce cost of AL treatments (18).

Endo-SPONGE®

ENDOLUMINAL VACUUM THERAPY FOR THE TREATMENT OF COLORECTAL ANASTOMOTIC LEAKAGE

THERAPY PROCEDURE





TREATMENT CRITERIA:

- Localized lower infection of the pelvis.
- Endoscopically accessible leakage.
- Sufficient drainage.

Endo-SPONGE® THERAPY PRINCIPLE:

- The open pores of the sponge allow the suction to be transferred evenly over all tissue in contact with the sponge surface.
- Continuous suction and drainage decrease bacterial contamination, secretion and local edema, promoting perfusion and granulation at the same time (22).

- Fig. A: Tumour in the colorectal area.
- Fig. B: Anastomosis after colorectal surgery.
- Fig. C: Last portion of colon and rectum with an anastomosis.
- Fig. D: In the event of an anastomosis failure a leakage cavity in the colorectal area is created.
- Fig. E: The cavity full of stool creates a localized infection.

Endo-SPONGE® TREATMENT:

- Fig. 1: Asses the cavity with a flexible rectoscope.
- Fig. 2: Cut the sponge to the size of the cavity if necessary.
- Fig. 3: Insert the overtube with the rectoscopy inside, place the overtube at the end of the cavity and withdraw the rectoscope.
- Fig. 4: Push the sponge inside the overtube with the help of the pusher.
- Fig. 5: Use the black mark to control the placement of the sponge at the end of the tube.
- Fig. 6: Keep the sponge in place with the pusher and pull the tube to release it. Remove the overtube and the pusher.
- Fig. 7: The Endo-SPONGE® is placed in the leakage cavity.
- Fig. 8: In case of big cavities up to 3 sponges can be inserted.
- Fig. 9: The Endo-SPONGE® connector tube must be connected to the REDYROB® Trans Plus bottle.
 - Remove the red stopple and plug the two connectors.
 - Select the low vacuum force 1.
- Fig. 10: The vacuum fix the sponge in place and the treatment starts.
- Fig. 11: With the subsequent use of Endo-SPONGE® the cavity is reduced until form a small scar.

Endo-SPONGE®

ENDOLUMINAL VACUUM THERAPY FOR THE TREATMENT OF COLORECTAL ANASTOMOTIC LEAKAGE

ADVANTAGES OF THE REDYROB® TRANS PLUS BOTTLE:

Advantages of the REDYROB® Trans Plus bottle:

- Patient mobility.
- Luer lock connection.
- Closed system.
- 600 ml filling volume.
- Quantitative vacuum display to read remaining vacuum capacity.



PRODUCT AND ORDERING INFORMATION



QUANTITATIVE VACUUM DISPLAY

High contrast scale gives precise information on the available vacuum capacity.



Endo-SPONGE® kit:

- Endo-SPONGE®.
- Overtube in 2 different sizes.
- Pusher.
- Irrigation set.
- Y-shaped connecting tube with Luer lock attachment on REDYROB® Trans Plus bottle.



VACUUM REGULATOR

Positions 1–2–3 for selecting low, medium or high vacuum drainage. Only low vacuum at level 1 has to be used in combination with Endo-SPONGE®.



- **5526510** Box of 10 Endo-SPONGE® kits.
- **5526520** Box of 5 Endo-SPONGE® kits.
- **5526530** Single Endo-SPONGE® kit.

TO BE ORDERED SEPARATELY:

- **5526604** Box of 10 REDYROB® Trans Plus (adjustable wound drainage system).

Endo-SPONGE®

ENDOLUMINAL VACUUM THERAPY FOR THE TREATMENT OF COLORECTAL ANASTOMOTIC LEAKAGE

LITERATURE SUMMARY ON THE USE OF VACUUM THERAPY TO TREAT COLORECTAL ANASTOMOSIS LEAKAGES:

YEAR	PAPER REFERENCE	N	TREATMENT DURATION (DAYS)	NUMBER OF SPONGES
2018	Shalaby et al. (9)	Review of 276 patients	47 (40-105)	7 (3.4-13)
2018	Jimenez-Rodriguez et al. (18)	22	22.3 (7.6-37)	3.1 ± 1.9 LAR / 3.2 ± 1.8 Hartmann
2017	Milito et al. (8)	14	35 (16-51)	(3-14)
2016	Kuehn et al. (22)	41	20 (2-131)	6 (1-37)
2015	Keskin et al. (23)	15	na	2.2 (1-5)
2015	Strangio et al. (5)	25	28 (7-128)	9 (1-39)
2015	Gardenbroek et al. (24)	15	12 (7-15)	3 (2-4)
2013	Nerup et al. (16)	13	18 (3-40)	8 (1-18)
2010	Riss et al. (20)	20	21 (7-106)	na
2008	Weidenhagen et al. (15)	29	34 (4-79)	11 (1-27)

THE SUCCESS RATE OF VACUUM THERAPY IS INCREASED WHEN THE TREATMENT IS STARTED EARLY AFTER THE DIAGNOSTIC OF A LEAKAGE:

YEAR	PAPER REFERENCE	N	EARLY TREATMENT (<WEEKS)	RATE OF HEALING EARLY TREATMENT
2009	van Koperen et al. (25)	16	6	6/8 (75%)
2015	Arezzo et al. (19)	14	8.5	9/10 (89%)
2017	Borstlap et al. (7)	30	3	11/15 (73%)

RATE OF HEALING	STOMA CLOSURE
85.3%	75.9%
19/22 (86.3%)	5/13 (38.46%)
14/14 (100%)	na
34/41 (83%)	15/19 (79%)
12/15 (80%)	10/14 (71.4%)
22/25 (88%)	11/13 (84.6%)
15/15 (100%)	14/15 (93.3%)
13/13 (100%)	12/13 (92%)
15/20 (75%)	13/17 (76.5%)
28/29 (97%)	22/25 (88%)

RATE OF HEALING LATE TREATMENT
3/8 (56%)
2/4 (50%)
10/15 (67%)

REFERENCES

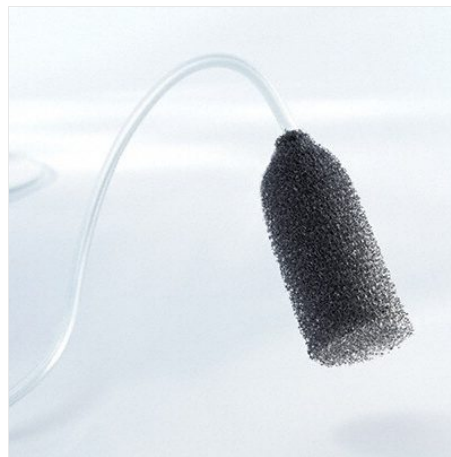
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