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GYNECOLOGY

7th EDITION 2/2015 US

Important information for U.S. customers

Note

Certain devices and references made herein to specific indications of use may have not received clearance or approval by the United States Food and Drug Administration. Practitioners in the United States should first consult with their local KARL STORZ representative in order to ascertain product availability and specific labeling claims. Federal (USA) law restricts certain devices referenced herein to sale, distribution, and use by, or on the order of a physician, dentist, veterinarian, or other practitioner licensed by the law of the State in which she/he practices to use or order the use of the device.

Important Notes:

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

Endoscopes and accessories contained in this catalog have been designed in part with the cooperation of physicians and are manufactured by the KARL STORZ group. If subcontractors are hired to manufacture individual components, these are made according to proprietary KARL STORZ plans or drawings. Furthermore, these products are subject to strict quality and control guidelines of the KARL STORZ group. Both contractual and general legal provisions prohibit subcontractors from supplying components manufactured by order of KARL STORZ to competitors.

Any assumptions that competitors' endoscopes and accessories are acquired from the same suppliers as the KARL STORZ products are not correct. Moreover, endoscopes and instruments provided by competitors are not manufactured according to the design specifications of KARL STORZ. This means it cannot be assumed that these endoscopes and accessories – even if they look identical on the outside – are constructed in the same manner and have been tested according to the same criteria.

Standardized Design and Labeling

KARL STORZ participates both in national and international bodies involved in the development of standards for endoscopes and endoscopic accessories. Standardized design and development therefore have long been implemented consistently by KARL STORZ. The user can rest assured that all products by the KARL STORZ group have been designed and constructed not only in compliance with strict internal quality guidelines, but also with international standards. All data relevant for safe use, such as viewing direction, sizes and diameters, or notes regarding sterilization of telescopes, are applied to the instruments, have been formulated according to international standards, and therefore provide reliable information.

As we constantly seek to improve and modify our products, we reserve the right to make changes in design that vary from catalog descriptions.

Original or Counterfeit

KARL STORZ products are name brand articles renowned around the world and represent the state of the art in important areas of healthcare. A large number of "copy cat" products are currently being offered in many markets. These products are designed intentionally to resemble KARL STORZ products and use marketing strategies that at least point out their compatibility with KARL STORZ products. These products are by no means genuine products, since genuine KARL STORZ products are sold worldwide exclusively under the name of KARL STORZ, which appears on the packaging and the product. In the absence of such labeling, the product is not from KARL STORZ.

KARL STORZ, therefore, is unable to ensure that such products are actually compatible with genuine KARL STORZ products or can be used with them without injury to the patient.



Units and Accessories for Video Endoscopy

Basic Set





9826 NB	26" FULL HD Monitor
TC 200EN*	IMAGE1 S CONNECT
TC 009	USB Adaptor, for ACC 1 and ACC 2
TC 300	IMAGE1 S H3-LINK
TH 100	IMAGE1 S H3-Z Three-Chip FULL HD Camera Head
20 1315 20	Cold Light Fountain XENON NOVA® 175
495 NT	Fiber Optic Light Cable, with straight connector, diameter 2.5 mm, length 180 cm
26 3311 01-1	HAMOU® ENDOMAT® SCB
20 5352 01-125	AUTOCON® II 400 SCB
20 017831	Three-Pedal Footswitch
27805	Neutral Electrode
27806	Neutral Electrode Connecting Cable
26005 M	Unipolar High Frequency Cord
27176 LEB	Bipolar High Frequency Cord
UG 220	Equipment Cart, wide
UG 500	Monitor Holder
29005 DFH	Footswitch Holder, for two- and three-pedal footswitches
UG 310	Isolation Transformer
UG 410	Earth Leakage Monitor

26 3400 01-1 **HYSTEROMAT E.A.S.I.** SCB

20 3303 02-1 **ENDOMAT**® **LC SCB**

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optional

Office Hysteroscopy and Intrauterine HF Electrosurgery

Basic Set



Telescopes and Sheaths for Diagnostic and Office Hysteroscopy

26120 BA HOPKINS® Forward-Oblique Telescope 30°, diameter 2.9 mm, length 30 cm, autoclavable,

fiber optic light transmission incorporated,

color code: red

26153 BI BETTOCCHI[®] Inner Sheath, size 4.3 mm, with channel for semirigid 5 Fr. operating instruments,

with 1 stopcock and 1 LUER-Lock adaptor, for use with Outer Sheath 26153 BO

26153 BO BETTOCCHI® Outer Sheath, size 5 mm, with 1 stopcock and 1 LUER-Lock adaptor,

for use with Inner Sheath 26153 BI

or

BETTOCCHI® B.I.O.H.® Compact Hysteroscope, size 4 mm

26252 BL BETTOCCHI® B.I.O.H.® Compact Hysteroscope, HOPKINS® telescope 30°, size 4 mm, with

channel for semirigid 5 Fr. operating instruments, with suction and irrigation valves for single or

continuous-flow use, long handle

including: Outer Sheath

2x Suction and Irrigation Valve

Monobloc Adaptor

Seal, for instrument ports, package of 10

39501 XC Tray for Cleaning, Sterilization and Storage of one B.I.O.H.® compact hysteroscope, including

cleaning adaptor, silicone telescope holders and lid, external dimensions

(w x d x h): 460 x 150 x 80 mm, for use with Cleaning Adaptor 39501 XCA

26252 SP Sealing Set for B.I.O.H.®

including:

10x **O-Ring,** diameter 10/12 mm, for Valve 26252 BV 10x **O-Ring,** diameter 10.5 mm, for Valve 26252 BV 10x **O-Ring,** diameter 14 mm, for Valve 26252 BV

5x **Sealing Cap,** for working channel 5x **O-Ring,** for Sheath 26252 BO

Box

or

CAMPO TROPHYSCOPE® Compact Hysteroscope

26008 BAC CAMPO TROPHYSCOPE®, HOPKINS® telescope 30°, size 2.9 mm, length 24 cm, with irrigation

connector, for use with Continuous-Flow Operating Sheaths 26152 DA and 26152 DB

26152 DA Continuous-Flow Operating Sheath, size 3.7 mm, length 18 cm, with suction adaptor,

for use with CAMPO TROPHYSCOPE® 26008 BAC

26152 DB Continuous-Flow Operating Sheath, size 4.4 mm, length 16 cm, with channel for semirigid

instruments 5 Fr., with 1 stopcock and 1 LUER-Lock adaptor, for use with

CAMPO TROPHYSCOPE® 26008 BAC

Instruments and Accessories for Diagnostic and Office Hysteroscopy for use with all hysteroscopes listed above

26159 UHW Biopsy and Grasping Forceps, semirigid, double action jaws, 5 Fr., length 34 cm

26159 SHW Scissors, semirigid, pointed, single action jaws, 5 Fr., length 34 cm

26159 BE **Bipolar Dissection Electrode,** semirigid, 5 Fr., length 36 cm

26159 GC GORDTS/CAMPO Bipolar Ball Electrode, semirigid, 5 Fr., length 36 cm

26176 LE **Bipolar High Frequency Cord,** length 300 cm

or

Hysteroscope for use with the Essure® Sterilization Method

26120 BA HOPKINS® Forward-Oblique Telescope 30°, diameter 2.9 mm, length 30 cm, autoclavable,

fiber optic light transmission incorporated,

color code: red

26153 EA **Hysteroscope Sheath,** size 5 mm, with channel for 5 Fr. operating instruments,

no separate inner and outer sheaths, for use with Essure® sterilization method

REC-SET-GYN 3 B

Office Hysteroscopy and Intrauterine Unipolar HF Electrosurgery



unipola

Basic Set

15 Fr.: Telescope and Instruments for Intrauterine, Unipolar HF Surgery

26020 FA HOPKINS® Telescope 12°, diameter 2.9 mm, length 30 cm, autoclavable,

fiber optic light transmission incorporated,

color code: black

26053 SL Resectoscope Sheath, including connecting tube for in- and outflow, for continuous irrigation

and suction, 15 Fr., oblique beak, rotatable Inner Sheath 26053 XA, with ceramic insulation,

quick release lock color code: green

26053 OC Standard Obturator, for use with Resectoscope Sheath 26053 SL.

color code: green

26053 EH Working Element Set, unipolar

including:

Working Element 2x Cutting Loop

2x Unipolar High Frequency Cord

Protection Tube

or

22 Fr.: Telescope and Instruments for Intrauterine, Unipolar HF Surgery

26020 FA HOPKINS® Telescope 12°, diameter 2.9 mm, length 30 cm, autoclavable,

fiber optic light transmission incorporated,

color code: black

26055 SC Resectoscope Sheath, including connecting tube for in- and outflow, 22 Fr., oblique beak,

rotatable Inner Sheath 26055 CB, with ceramic insulation, quick release lock,

color code: white

26055 CO Standard Obturator, for use with Resectoscope Sheaths 26055 LD, 26055 SL and 26055 SC,

color code: white

26055 ES Working Element Set, unipolar

including:

Working Element
2x Cutting Loop, angled
Cutting Electrode, pointed
Coagulation Electrode, ball end

2x Unipolar High Frequency Cord Protection Tube

or

26 Fr.: Telescope and Instruments for Intrauterine, Unipolar HF Surgery

26105 FA HOPKINS® Telescope 12°, enlarged view, diameter 4 mm, length 30 cm, autoclavable,

fiber optic light transmission incorporated,

color code: black

26050 SC Resectoscope Sheath, including connecting tube for in- and outflow, 26 Fr.,

oblique beak, rotatable Inner Sheath 26050 CA with ceramic insulation, quick release lock,

color code: yellow

26040 OC Standard Obturator, for use with Resectoscope Sheaths 26040 SL, 26050 SL and 26050 SC,

color code: yellow

26050 EG Working Element Set, unipolar

including:

Working Element 2x Cutting Loop, angled Coagulation Electrode, pointed

Coagulation Electrode, ball end, diameter 5 mm

Cutting Electrode, pointed 2x Unipolar High Frequency Cord

Protection Tube

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Office Hysteroscopy and Intrauterine Bipolar HF Electrosurgery

Basic Set



bipolar

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15 Fr.: Telescope and Instruments for Intrauterine, Bipolar HF Surgery

26020 FA **HOPKINS® Telescope 12®,** diameter 2.9 mm, length 30 cm, **autoclavable**,

fiber optic light transmission incorporated,

color code: black

26053 SL Resectoscope Sheath, including connecting tube for in- and outflow, for continuous irrigation

and suction, 15 Fr., oblique beak, rotatable Inner Sheath 26053 XA with ceramic insulation,

quick release lock color code: green

26053 OC Standard Obturator, for use with Resectoscope Sheath 26053 SL,

color code: green

26053 EBH Working Element Set, bipolar

including:

Working Element 2x Cutting Loop

Bipolar High Frequency Cord

Protection Tube

or

22 Fr.: Telescope and Instruments for Intrauterine, Bipolar HF Surgery

26020 FA HOPKINS® Telescope 12°, diameter 2.9 mm, length 30 cm, autoclavable,

fiber optic light transmission incorporated,

color code: black

26055 SC Resectoscope Sheath, including connecting tube for in- and outflow, 22 Fr., oblique beak,

rotatable Inner Sheath 26055 CB

with ceramic insulation, quick release lock,

color code: white

26055 CO Standard Obturator, for use with Resectoscope Sheaths 26055 LD, 26055 SL and 26055 SC,

color code: white

26055 EBH Working Element Set, bipolar

including:

Working Element 2x Cutting Loop

Cutting Electrode, pointed Coagulation Electrode, ball end Bipolar High Frequency Cord

Protection Tube

or

26 Fr.: Telescope and Instruments for Intrauterine, Bipolar HF Surgery

26105 FA HOPKINS® Telescope 12°, enlarged view, diameter 4 mm, length 30 cm, autoclavable,

fiber optic light transmission incorporated,

color code: black

26050 SC Resectoscope Sheath, including connecting tube for in- and outflow, 26 Fr.,

oblique beak, **rotatable** Inner Sheath 26050 CA with ceramic insulation, **quick release lock**,

color code: yellow

26040 OC Standard Obturator, for use with Resectoscope Sheaths 26040 SL, 26050 SL and 26050 SC,

color code: yellow

26040 EBH Working Element Set, bipolar

including:

Working Element, bipolar 2x Cutting Loops, bipolar

Cutting Electrode, bipolar, pointed

Coagulation Electrode HALF MOON®, bipolar, with ball end

Bipolar High Frequency Cord

Protection Tube

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REC-SET-GYN 5 B

IBS® - BIGATTI Intrauterine Shaver





19 Fr.:

26208 AMA HOPKINS® Wide Angle Straight Forward Telescope 6°, with parallel eyepiece, length 20 cm,

autoclavable, fiber optic light transmission incorporated with working channel, with LUER-Lock

connector for inflow, color code: green-blue

or

<u>24 Fr.:</u>

26092 AMA HOPKINS® Wide Angle Straight Forward Telescope 6°, with parallel eyepiece, length 20 cm,

autoclavable, fiber optic light transmission incorporated with working channel, with LUER-Lock

connector for inflow, color code: yellow

26093 CD **Operating Sheath,** 24 Fr., rotating, for continuous irrigation and passive outflow,

with LUER-Lock stopcock,

color code: white

26093 OC Hollow Obturator,

color code: white

26 7010 01-1 **UNIDRIVE® S III SCB,** power supply 100 – 120/230 – 240 VAC, 50/60 Hz

20 3303 02-1 ENDOMAT® LC SCB, suction pump, power supply 100 - 240 VAC, 50/60 Hz

26208 SA Shaver Blade GYN, straight, sterilizable, concave cutting edge, double serrated, oval cutting

window, diameter 4 mm, length 32 cm, for use with DRILLCUT-X® II Handpiece 26 7020 50,

color code: blue-green

26208 SB Shaver Blade GYN, straight, sterilizable, double serrated cutting edge, rectangular cutting

window, diameter 4 mm, length 32 cm, for use with DRILLCUT-X® II Handpiece 26 7020 50,

color code: blue-yellow

26 7020 50 DRILLCUT-X® II Shaver Handpiece GYN, for use with UNIDRIVE® S III SCB

26208 SZ Coagulation Electrode, bipolar, for use with Intrauterine BIGATTI Shaver (IBS®)

Transvaginal Endoscopy





Basic Set for Diagnostic Transvaginal Endoscopy

CAMPO and GORDTS Recommended Set

26120 BA	HOPKINS® Forward-Oblique	Felescope 30°, diameter	2.9 mm, length 30 cm,	autoclavable,

fiber optic light transmission incorporated,

color code: red

26182 TA Puncture Needle, with automatic spring mechanism, diameter 1.5 mm, length 30 cm

26182 TAA Spare Needle, for use with Puncture Needle 26182 TA, package of 6

26182 TB **Dilation Sheath,** diameter 3.8 mm, length 30 cm, for use with Puncture Needle 26182 TA **Trocar Sheath,** with valve, with 1 stopcock, diameter 4.4 mm, length 20 cm, for use with

Diagnostic Sheath 26182 D

26182 D Diagnostic Sheath, with stopcock, diameter 3.7 mm, length 29 cm, for use through

Trocar Sheath 26182 TC

26168 V Uterine Tenaculum Forceps, length 22 cm

Supplementary Set for Operative Transvaginal Endoscopy

CAMPO and GORDTS Recommended Set

26182 TD	Changing Rod, diameter 2.9 mm, length 36 cm, for use with Operating Sheath 26182 TG
26182 TG	Operating Sheath, diameter 6.6 mm, length 29 cm, with channel for semirigid 5 Fr. operating instruments, with 1 stopcock and 1 LUER-Lock adaptor, with Obturator 26182 TH
26160 UHW	Biopsy and Grasping Forceps, semirigid, double action jaws, 5 Fr., length 40 cm
26160 EHW	Scissors, semirigid, blunt, single action jaws, 5 Fr., length 40 cm
26160 DHW	Punch, semirigid, through-cutting, single action jaws, 5 Fr., length 40 cm
26160 BHW	Biopsy Spoon Forceps, semirigid, double action jaws, 5 Fr., length 40 cm
26159 BE	Bipolar Dissection Electrode, semirigid, 5 Fr., length 36 cm
26159 GC	GORDTS/CAMPO Bipolar Ball Electrode, semirigid, 5 Fr., length 36 cm
26158 BE	Bipolar Dissection Electrode, semirigid, 5 Fr., needle electrode angled 90°, length 36 cm

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REC-SET-GYN 7 B

Fetoscopy

Basic Set



Set for Embryoscopy and Fetoscopy

11510 A Miniature Straight Forward Telescope 0°, semirigid, with remote eyepiece, with rotating and

locking LUER-Lock adaptor, fiber optic light transmission incorporated

Direction of view: 0°
Angle of view: 70°
Working length: 20 cm
Outer diameter: 1 mm

11510 P **Protection Tube,** for Miniature Straight Forward Telescope 11510 A 39360 B **Plastic Container for Sterilization and Storage,** with accessories

11510 KA **Examination Sheath,** straight, with pyramidal obturator, diameter 1.3 mm, with 1 LUER-Lock

adaptor, for single use, package of 2, for use with Miniature Straight-Forward Telescope 11510 A

11510 KE **Operating Sheath,** straight, size 5.6 Fr., with pointed tip, with 2 obturators, with 0.8 mm

working channel for laser fibers up to 400 micron-core (maximum outer diameter 700 micron) or Puncture Needle 11510 KC, with 2 LUER-Lock adaptors, for single use, package of 2,

for use with Miniature Straight Forward Telescope 11510 A

11510 KD Operating Sheath, straight, size 6.5 Fr., with pointed tip, with 2 obturators, with 1.1 mm

working channel for laser fibers up to 600 micron-core (maximum outer diameter 900 micron)

or Puncture Needle 11510 KC, with 2 LUER-Lock adaptors, package of 2,

for use with Miniature Straight Forward Telescope 11510 A

11510 KI Operating Sheath, curved, with pointed tip, size 5.6 Fr., with 2 obturators, with 0.8 mm

working channel for laser fibers up to 400 micron-core (maximum outer diameter 700 micron)

or Puncture Needle 11510 KC, with 2 LUER-Lock adaptors, package of 2,

for use with Miniature Straight Forward Telescope 11510 A

11510 KC Puncture Needle, diameter 0.6 mm, length 26.5 cm, package of 6,

for use with Operating Sheaths 11510 KD/KE/KI

11510 L Biopsy Forceps, semirigid, single action jaws, 3 Fr., length 25 cm

Set for the Early Second Trimester

Posterior Placenta

11506 AAK Miniature Straight Forward Telescope 0° Set, straight, diameter 3.3 mm, length 30 cm,

with 30,000 pixels, autoclavable, irrigation connector, central working channel 4 Fr.,

lateral working channel 3 Fr., with remote eyepiece, fiber optic light transmission incorporated,

including:

Seal, for working channel, package of 10

2x LUER Adaptor, with seal

Cleaning Brush

Case

Anterior Placenta

11508 AAK Miniature Straight Forward Telescope 0° Set, curved, diameter 3.3 mm, length 30 cm,

with 30,000 pixels, autoclavable, irrigation connector, central working channel 4 Fr.,

lateral working channel 3 Fr., with remote eyepiece, fiber optic light transmission incorporated

including:

Seal, for working channel, package of 10

2x LUER Adaptor, with seal

Cleaning Brush

Case

or

26008 BUA HOPKINS® Forward-Oblique Telescope 30°, diameter 2 mm, length 26 cm, autoclavable,

fiber optic connector on opposite side, fiber optic light transmission incorporated,

color code: red

26161 UFK Operating Sheath, straight, with Pyramidal Obturator 26161 UFO, size 11.5 Fr., with

working channel for laser fibers up to 400 micron-core (maximum outer diameter 700 micron),

with 1 stopcock and 1 LUER-Lock adaptor, for use with Working Insert 26161 UH

26161 UH Working Insert, with steering lever, for use with Operating Sheath 26161 UFK

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Ductoscopy, MBE Set





Miniature Endoscopes for Ductoscopy:

11521 A Miniature Straight Forward Telescope 0°, semiflexible, autoclavable, NITI, with integrated

irrigation channel, with remote eyepiece, fiber optic light transmission incorporated,

Outer diameter: 0.8 mm
Irrigation channel: 0.25 mm
Working length: 9 cm

11522 A Miniature Straight Forward Telescope 0°, semirigid, autoclavable, NITI, with remote

eyepiece, with integrated irrigation channel and working channel, fiber optic light

transmission incorporated,

Working length: 12 cm
Outer diameter: 1.3 mm
Irrigation channel: 0.25 mm
Working channel: 0.6 mm

495 NTA Fiber Optic Light Cable, diameter 2.5 mm, length 230 cm

11522 S **Examination Sheath,** with blunt obturator, working length 5 cm, for use with

Miniature Straight Forward Telescopes 11521 A and 11522 A

11522 SL **Examination Sheath,** with blunt obturator, working length 9 cm, for use with

Miniature Straight Forward Telescopes 11521 A and 11522 A

OPPELT "Easy-Check" Micro Blood Extraction Set:

26212 OPPELT "Easy-Check" Micro Blood Extraction Set, diameter 14 mm, length 20 cm
26212 K Miniature Blade, sterile, package of 24, for use with OPPELT "Easy-Check" Micro Blood
Extraction Set 26212

26212 R Capillary Tube, heparinized, size 85μL, package of 750, for use with OPPELT "Easy-Check"

Micro Blood Extraction Set 26212

11301 D3 Battery Light Source LED for Endoscopes, with coarse thread, brightness > 110 lm / > 150 klx,

burning time 120 min, weight approx. 78 g, waterproof and fully immersible for cleaning and

disinfection

495 NTA Fiber Optic Light Cable, diameter 2.5 mm, length 230 cm

Mammaplasty Basic Set





DELMAR Rec	commended Set
50251 MR	Retractor, for creation of an operation pocket, with handle for single hand use, width of spatula 30 mm, length 14 cm, with two lateral suction channels for smoke evacuation
50250 AA	HOPKINS® Straight Forward Telescope 0°, enlarged view, diameter 10 mm, length 31 cm, autoclavable, fiber optic light transmission incorporated, color code: green
50251 M	DELMAR Unipolar Endo-Dissector, size 20 mm, working length 28 cm, with connector pin for unipolar coagulation including: Handle Sheath
50251 ML	DELMAR Unipolar Coagulation Electrode, package of 5, for use with Unipolar Endo-Dissector 50251 M
50251 DE	ECKERT Breast Dissector, blunt, curved, size 10 mm, length 23 cm
33221 MD	CLICK'line KELLY Dissecting and Grasping Forceps, rotating, dismantling, insulated, with connector pin for unipolar coagulation, with LUER-Lock irrigation connector for cleaning, double action jaws, size 5 mm, length 30 cm
50251 R	Retractor, with fiber optic light carrier, with teeth, with suction channel for smoke evacuation, width of spatula 30 mm, length 9 cm

Conization





26013 VDA	VITOM® Telescope 90° with Integrated Illuminator, VITOM® HOPKINS® telescope 90°, working distance 25 – 75 cm, length 11 cm, autoclavable , with green filter for colposcopy and incorporated fiber optic light transmission and condensor lenses, color code: blue
26165 UG	Loop Electrode, with insulated sheath, autoclavable, size 22 x 17 mm, working length 11 cm
26165 UM	Loop Electrode, with insulated sheath, autoclavable, size 15 x 13 mm, working length 10 cm
26165 UK	Loop Electrode, with insulated sheath, autoclavable, size 10 x 8 mm, working length 9 cm
26 5200 43	Electrode Handle, with 2 buttons for activating the unipolar generator, for use with AUTOCON® II 80, AUTOCON® II 200 and AUTOCON® II 400 SCB, yellow button: unipolar cutting, blue button: unipolar coagulation, High Frequency Cord 26 5200 45 required
26 5200 45	High Frequency Cable, for Electrode Handle 26 5200 43, length 400 cm
20 5308 01	AUTOCON® II 80, power supply 100 – 240 VAC, 50/60 Hz including: Mains Cord
20 0178 34	Two-Pedal Footswitch, digital, one-stage, for use with AUTOCON® II 80

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HYSTEROSCOPES FOR EXAMINATION AND OPERATION



BETTOCCHI® B.I.O.H.® COMPACT HYSTEROSCOPE16-17







HOPKINS® TELESCOPES, diameter 4 mm24-26







UNIPOLAR AND BIPOLAR HIGH FREQUENCY CORDS34



HOPKINS® Telescope

Diameter 2 mm



For use with Hysteroscopes and Fetoscopes



26008 BA



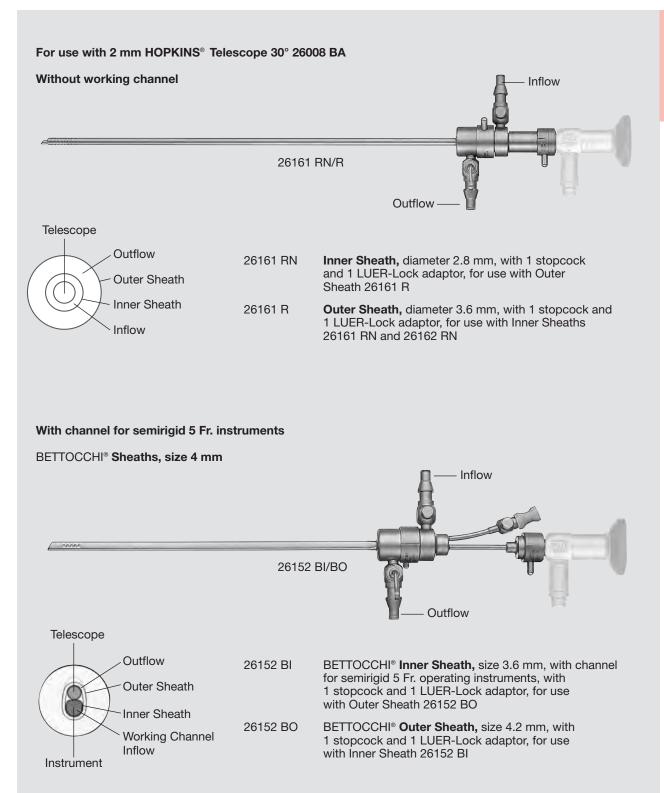
26008 BA

HOPKINS® Forward-Oblique Telescope 30°, diameter 2 mm, length 26 cm, autoclavable, fiber optic light transmission incorporated, color code: red

Hysteroscopes see page 15 **Containers for Sterilization and Storage of Telescopes** see catalog HYGIENE

for continuous irrigation and suction





Semirigid Operating Instruments, Electrodes and Cords see pages 27-29 and 34 **Containers for Sterilization and Storage of Telescopes** see catalog HYGIENE

HYST-SYS 3 A

BETTOCCHI® B.I.O.H.® Compact Hysteroscope



"Going beyond the Ordinary"

In 1996, we revolutionized the world of hysteroscopy by designing the first continuous-flow operating hysteroscope with a total diameter of 5 mm.

In 2001, we further reduced the total diameter of this scope thanks to the first 2 mm HOPKINS® rod lens telescope.

In the last ten years, anyone working with these two instruments appreciate their feasibilty and immense potential.

The desire to "go beyond the ordinary" has led us to develop the first integrated hysteroscope based on enhanced KARL STORZ technology.

Prof. S. BETTOCCHI, Associate Professor OB/GYN, University of Bari, Policlinic, 70125 Bari, Italy

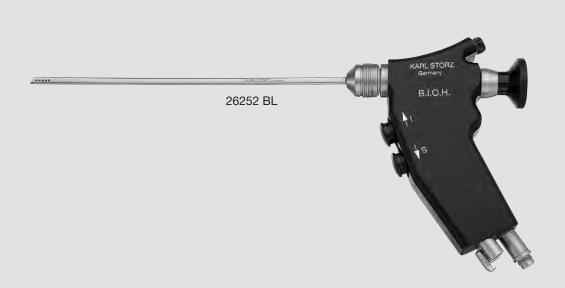
Special Features:

- Reinforced telescope
 - Telescope integrated in inner sheath ensures higher stability
 - Small diameter of only 4 mm for atraumatic insertion into the cervix
- New lock mechanism
 - Fast connection of outer sheath via CLICK mechanism
 - Easy and fast connection of the outer sheath to the handle
- Suction and irrigation buttons on the handle
 - For single and continuous-flow applications
 - Single-hand activation of suction and irrigation

- New access to working channel
 - Automatic valve mechanism
 - Disposable sealing caps
 - Secure sealing
 - For use of semirigid 5 Fr. operating instruments and bipolar electrodes
- Ergonomic handle
 - New pistol-shaped handle
 - Fully autoclavable
- New connection design
 - "Monobloc" system: All connections (tubes and light cable) are positioned in the lower part of the instrument
 - Clear assignment of in- and outflow tubes
 - Easy rotation of hysteroscope

BETTOCCHI® B.I.O.H.® Compact Hysteroscope





26252 BL BETTOCCHI® **B.I.O.H.**® **Compact Hysteroscope**, HOPKINS® telescope 30°,

size 4 mm, with channel for semirigid 5 Fr. operating instruments, with suction and irrigation valves for single or continuous-flow use, long handle

including:

Outer Sheath

2x Suction and Irrigation Valve

Monobloc Adaptor

Seal, for instrument ports, package of 10

Recommended Accessories

39501 XC Tray for Cleaning, Sterilization and Storage of one

B.I.O.H.® compact hysteroscope, including cleaning adaptor, silicone telescope holders and lid, external dimensions (w x d x h): 460 x 150 x 80 mm, for use with

Cleaning Adaptor 39501 XCA

031317-10* **Tubing Set,** for single use, sterile, with Monobloc connector

and irrigation and suction tube, connection to pump only with Tubing Set 031167-01, package of 10, for use with B.I.O.H.® Hysteroscope 26252 BB/BH in combination with HAMOU®

ENDOMAT® SCB



Semirigid Operating Instruments, Electrodes and Cords see pages 27-29 and 34 **Components/Spare Parts** see chapter 12

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HYST-SYS 5 A

CAMPO TROPHYSCOPE®



The new TROPHYSCOPE®, the CAMPO compact hysteroscope, was specially developed for diagnostic hysteroscopy and hysteroscopy in the doctor's office or on an outpatient basis. Consequently, it provides maximum convenience for both patient and doctor.

Thanks to the 2 mm HOPKINS® telescope and the integrated irrigation channel, the TROPHYSCOPE® has a very small outer diameter of 2.9 mm. This is a considerable advantage when examining nulliparous women and infertility patients. As a rule, dilation of the cervical canal is unnecessary. Furthermore, the instrument's stability and distensions properties have been enhanced. Light transmission has also been enhanced by adding more optical fibers to ensure excellent image quality even with its small diameter.

With the single-flow version, the thin compact hysteroscope does not require assembly. The specially designed instrument tip and the instrument's expanded length ensures easy handling. This facilitates atraumatic access to the uterine cavity through the cervical canal and reduces the risk of injury to the endometrium. In addition, there is no risk of obscured vision through the adhesion of tissue to the instrument tip.

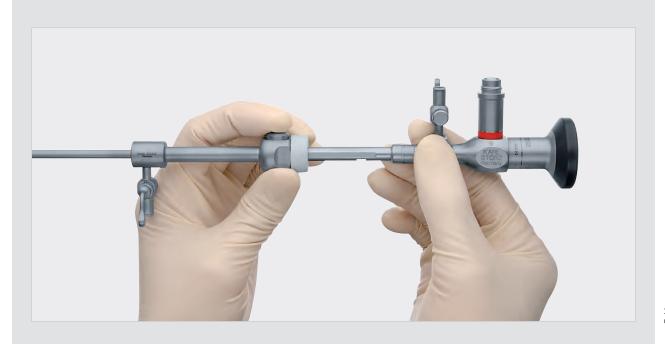
An innovative feature of this hysteroscope is the use of an additional outer sheath in active and passive positions. Two different sheaths are currently available: A continuous-flow sheath and an operating continuous flow sheath with a 5 Fr. working channel. In its passive position, the continuous-flow sheath will not enlarge the instrument diameter for the diagnostic procedure, but can be activated and advanced distally if required.

With a simple push of a button and distal movement, the cervix is gently dilated with the help of the outer sheath. The continuous-flow sheath and/or operating sheath can be locked in the active position during the examination, providing additional functions such as continuous-flow or the application of a semiflexible 5 Fr. instruments (operating sheath), without the need to remove the hysteroscope.

Moreover, the operating sheath offers the possibility to perform minor surgical procedures such as biopsies, polyp resections or septum dissection.

As the instrument is compatibile with a biodegradable high-level disinfection agent such as TRISTEL FUSE®, it can be reused again within a few minutes. This makes the instrument suitable for all office gynecologists and outpatient or IVF centers.

Dr. R. CAMPO, Medical Director LIFE Leuven, Belgium

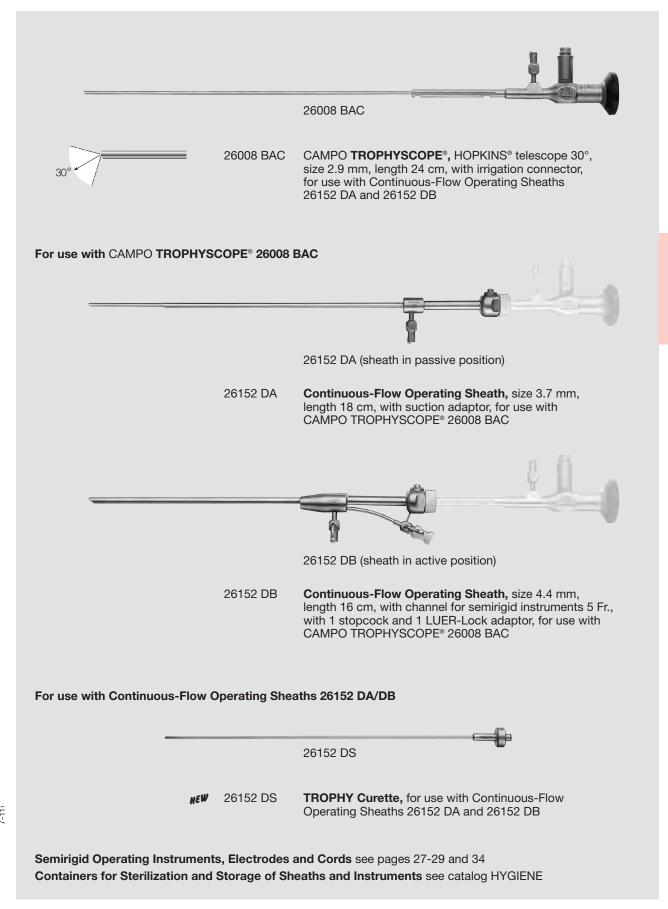


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18 HYST-SYS 6 A

CAMPO TROPHYSCOPE®, Continuous-Flow Operating Sheaths



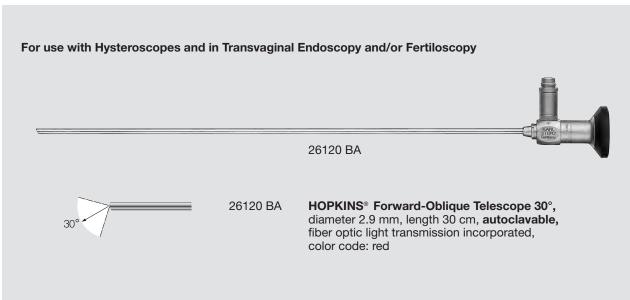


HYST-SYS 7 19

HOPKINS® Telescopes

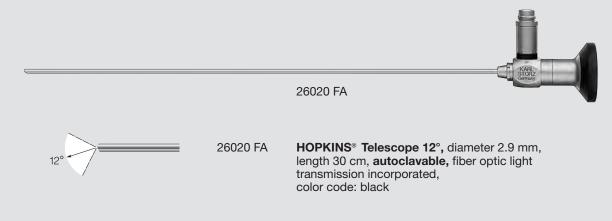
Diameter 2.9 mm





Hysteroscopes see pages 21-23 Transvaginal Endoscopy see pages 72-73 Fertiloscopes see page 76

For use with Hysteroscopes and Resectoscopes



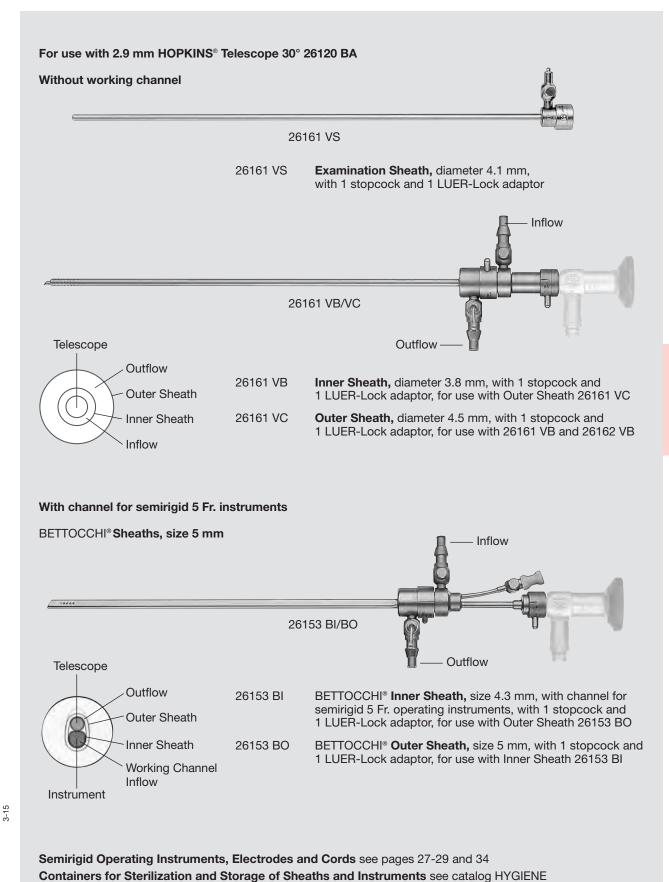
Hysteroscopes see pages 21-23 **Resectoscopes** see pages 40-47

Containers for Sterilization and Storage of Telescopes see catalog HYGIENE

3-15

for continuous irrigation and suction





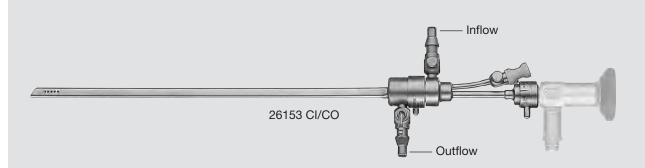
HYST-SYS 9 A

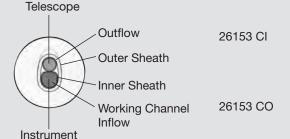
for continuous irrigation and suction, for use with Ovabloc



For use with 2.9 mm HOPKINS® Telescope 30° 26120 BA

BETTOCCHI® Sheaths, for use with Ovabloc





BETTOCCHI® Inner Sheath, size 4.9 mm, with channel for semirigid 7 Fr. operating instruments, with 1 stopcock and 1 LUER-Lock adaptor, for use with Outer Sheath 26153 CO

BETTOCCHI® **Outer Sheath,** size 5.5 mm, with 1 stopcock and 1 LUER-Lock adaptor, for use with Inner Sheath 26153 CI

Semirigid Operating Instruments, Electrodes and Cords see pages 27-29 and 34 Containers for Sterilization and Storage of Sheaths and Instruments see catalog HYGIENE

2-083

for continuous irrigation and suction, for use with Essure® sterilization method

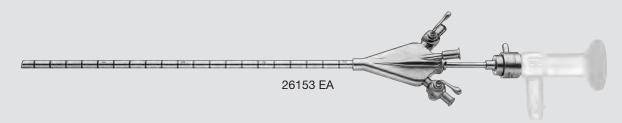


For use with 2.9 mm HOPKINS® Telescopes 12° and 30° 26020 FA and 26120 BA

With channel for 5 Fr. instruments

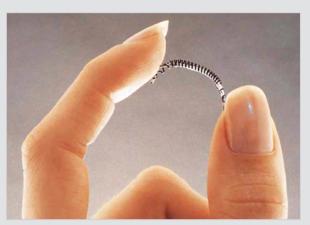
Special Features:

- Specially designed sheath for optimum irrigation
- Lateral inflow and outflow ports for increased patient comfort
- Easy to use due to one-sheath system
- Working length of 21 cm for optimum access to tubal ostia during the sterilization procedure
- Compatible with both 12° and 30° telescopes
- For use with the Essure®* sterilization method

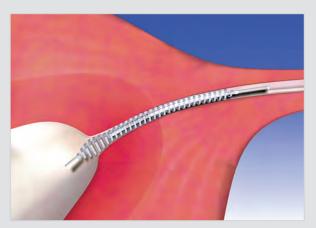


26153 EA

Hysteroscope Sheath, size 5 mm, with channel for 5 Fr. operating instruments, no separate inner and outer sheaths, for use with Essure® sterilization method



The microcoil is soft, flexible and adapts itself to the body.



Containers for Sterilization and Storage of Sheaths and Instruments see catalog HYGIENE

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HYST-SYS 11 23

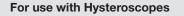
^{*}Note: Essure® microcoils are available from the company Bayer Healthcare.

Semirigid Operating Instruments, Electrodes and Cords see pages 27-29 and 34

HOPKINS® Telescopes









26105 BA



26105 BA

HOPKINS® Forward-Oblique Telescope 30°, enlarged view, diameter 4 mm, length 30 cm, autoclavable, fiber optic light transmission incorporated, color code: red

Hysteroscopes see page 25

For use with Hysteroscopes and Resectoscopes



26105 FA



26105 FA

HOPKINS® Telescope 12°, enlarged view, diameter 4 mm, length 30 cm, autoclavable, fiber optic light transmission incorporated, color code: black

Hysteroscopes see page 26 **Resectoscopes** see pages 49-52

3-15

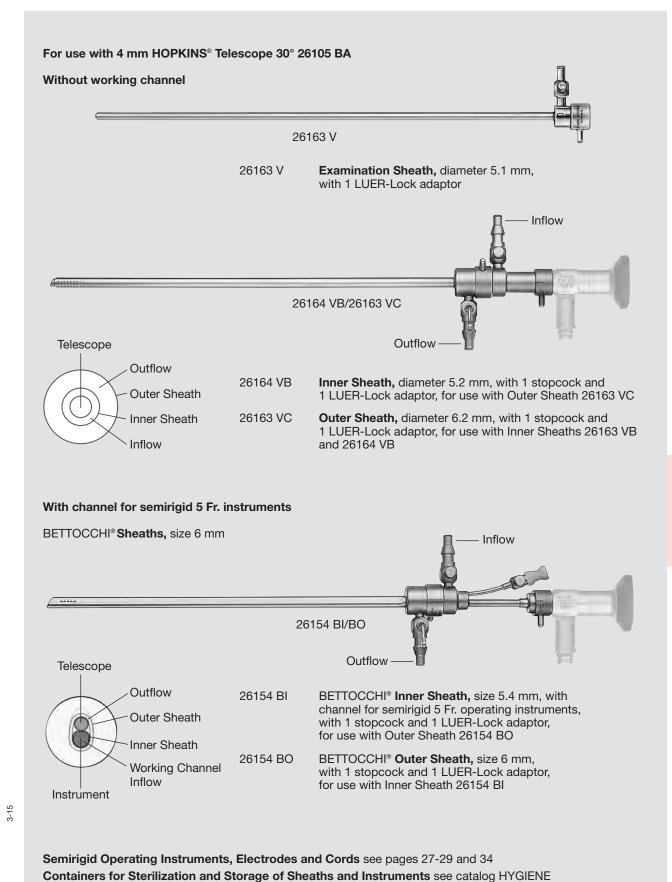
Containers for Sterilization and Storage of Telescopes see catalog HYGIENE

for continuous irrigation and suction

HYST-SYS 13 A

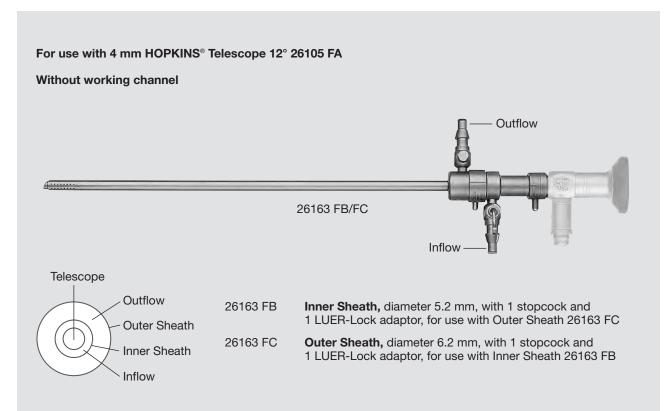


25



for continuous irrigation and suction





Containers for Sterilization and Storage of Sheaths and Instruments see catalog HYGIENE

Electrodes and Loops

5 Fr.



For use with B.I.O.H.®, TROPHYSCOPE® and Hysteroscope Sheaths

Applications of Bipolar Electrode 26158 BE and 26159 BE

In Hysteroscopy:

- Uterine septum dissection
- Synechia
- Polypectomy and myomectomy (especially pedunculated myoma)

In Transvaginal Endoscopy (TVE):

- Adhesiolysis
- For ovarian drilling

Applications of Bipolar Electrode 26159 GC

In Hysteroscopy and Transvaginal Endoscopy (TVE):

• For coagulating minor bleeding

In Transvaginal Endoscopy (TVE):

• For coagulating endometriotic lesions

Bipolar Electrodes



26159 BE

Bipolar Dissection Electrode, semirigid, 5 Fr., length 36 cm

26159 GC

GORDTS/CAMPO Bipolar Ball Electrode, semirigid, 5 Fr., length 36 cm

26158 BE

Bipolar Dissection Electrode, semirigid, 5 Fr., needle electrode angled 90°, length 36 cm

Bipolar Electrodes 26158 BE, 26159 BE and 26159 GC are for use in saline solution.

Unipolar Electrodes and Loop





Units and Accessories for Intrauterine HF Surgery see chapter 11, UNITS

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HYST-SYS 15 27

Semirigid Operating Instruments 5 Fr.

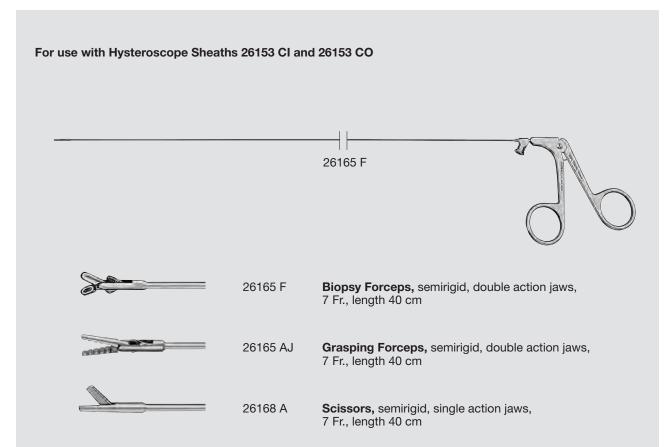


Length			Instrument
34 cm			
40 cm			Q (
		26159 UHW	Biopsy and Grasping Forceps, semirigid,
		26160 UHW	double action jaws
		26159 EHW	Coincorn considered bloom circula cation issue
		26160 EHW	Scissors, semirigid, blunt, single action jaws
	NEW	26159 DS	DI SPIEZIO SARDO Grasping Forceps,
	NEW	26160 DS	semirigid, double action jaws
		26159 H	HESSELING Tenaculum Grasping Forceps,
		26160 H	semirigid, double action jaws
	NEW	26159 HS	HESSELING and DI SPIEZIO SARDO Tenaculum
	NEW	26160 HS	Grasping Forceps with Spike, semirigid, double action jaws
		26159 SHW	Sciences cominged pointed single action issue
		26160 SHW	Scissors, semirigid, pointed, single action jaws
		26159 DHW	Punch, semirigid, through-cutting,
		26160 DHW	single action jaws
		26159 BHW	Biopsy Spoon Forceps, semirigid,
		26160 BHW	double action jaws
		26159 M	BETTOCCHI® Myoma Fixation Instrument,
	(11)(//)	-	semirigid
		26159 G	BETTOCCHI® and DI SPIEZIO SARDO Palpation
	- lala	-	Probe, semirigid, scaled

Semirigid Operating Instruments







2-0

HYST-SYS 17 A 29



Pressure Infusion Cuffs for Hysteroscopy



26310138

26 3101 38 Pressure Infusion Cuff, 3 |



20310093

20 3100 93 Manometer, for use with Pressure Cuffs 26 3100 38 and 26 3101 38



20 3100 90 20310041

20 3100 90 Rubber Foot Pump, with silicone tubing, length 200 cm, with pressure relief valve, fits Pressure Cuffs **26** 3100 38 and **26** 3101 38

20 3100 41 Silicone Tubing Set, sterilizable, length 250 cm, for use with Pressure Cuffs 26 3100 38 and 26 3101 38 with Foot Pump 20 3100 90





By estimates, more than 30% of all outpatient visits with gynecologists relate to examinations for abnormal uterine bleeding. The most frequent causes of abnormal uterine bleeding differ depending on patient age. Adolescent women and perimenopausal women often have irregular monthly cycles due to rare ovulation.

In postmenopausal women with abnormal bleeding, it is necessary to first exclude endometrial cancer as a cause. A woman suffering from regular yet strong bleeding usually suffers from uterine fibromas or endometriosis. It is important for the physician to decide whether or not the abnormal bleeding has causes due to uterine pathology. For this, several methods are available to the gynecologist, including, in addition to hysteroscopy, curettage, ultrasound, hysterosalpingograms, as well as sonograms and magnetic resonance imaging.

An endometrial biopsy, performed at the doctor's practice, should be performed in all women with unexpected postmenopausal bleeding. In the case of sustained bleeding, the uterine cavity should be examined if endometrial atrophy is diagnosed or the tissue is insufficient for diagnosis. Hysterosalpingograms are useful for patients interested in the patency of their fallopian tubes, but their sensitivity or accuracy is insufficient for an evaluation of the uterine cavity in women with abnormal uterine bleeding. Transvaginal sonography is an excellent method for determining the absence or presence of uterine fibromas, but not well-suited for localizing them.

The two most useful tests for evaluating the uterine cavity are sonohysterograms and outpatient hysteroscopies. Sonohysteroscopy is a procedure, during which 10 to 20 cm³ saline is introduced through the cervical canal into the uterine cavity. At the same time, an ultrasound machine with vaginal probe is used to examine the uterine lining for irregularities. These irregularities may be due to uterine polyps, fibromas, or blood clots. The ultrasound image is not precise in differentiating between these modalities. The sono-hysterogram requires 10 to 20 minutes and causes light cramping in the patient.

Outpatient hysteroscopy is the best method for examining the uterine cavity. There is no sonographic image that must be interpreted. It is necessary to determine whether a rigid 3 - 4 mm or a flexible 3.6 mm hysteroscope should be used. Both have a working channel and use a small amount of saline for distending the uterus. In most cases, the rigid system requires a cervical tenaculum and paracervical blockade. When using the flexible hysteroscope, this is only necessary for less than 10% of patients, since the distal tip of the hysteroscope can be passed atraumatically through the cervical canal using the thumb manipulator. A thorough examination of the uterine cavity with the flexible hysteroscope usually is complete in less than one minute and does not cause any more cramps than sonography. A paracervical blockade is not necessary.

The low cost of outpatient hysteroscopy makes this procedure very attractive for the clinician. In the United States, the purchase costs for the device are more than recovered with one use per week. Patients are overwhelmingly enthusiastic about outpatient hysteroscopy. Patients are often frustrated about having to undergo repeated dilations and curettages during hysterectomy. It is very satisfactory to them to see the pathology causing their abnormal bleeding during an outpatient hysteroscopy. In contrast to sonographic images, hysteroscopic images are easy to understand. The patients know that the cause of their problems can be diagnosed guickly and with minimum discomfort. This results in a more precise treatment plan for them, and the outcomes are more satisfying. The patients are included to a greater extent into their treatment, and soon will choose those physicians who are able to treat them most effectively. The flexible hysteroscope is currently the most efficient and accurate diagnostic instrument in our arsenal for patients suffering from abnormal uterine bleeding.

> K. B. ISAACSON, M.D., Head of Vincent Memorial Division of Gynecology, Reproductive Endocrinology and Infertility, Massachusetts General Hospital, Boston, USA

Flexible Hysteroscope

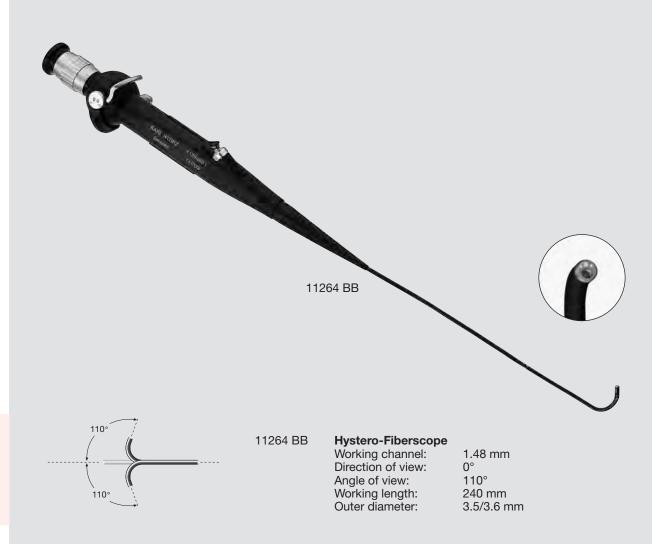
Outer diameter 3.5 mm



Special Features:

- Small diameter
- For office hysteroscopy without dilation, without anesthesia
- Both CO₂ gas and liquids are suitable for dilation
- Large angle of view and deflectable distal tip for better orientation
- 4 Fr. working channel for use with flexible 3 Fr. operating instruments
- First class optical quality of both lens system and image transmitting bundle
- Long life span due to tough construction and robust mechanical design

- Stiffness at the distal tip prevents buckling and makes the instrument easy to insert
- New lock mechanism to secure tip
- Simple leakage test within minutes without requiring further accessories
- Waterproof, fully immersible for cleaning and disinfection
- Sterilizable via EtO gas
- Recommended for video endoscopy in conjunction with the KARL STORZ camera systems



Units and Accessories for Hysteroscopy see chapter 11, UNITS
Containers for Sterilization and Storage of Telescopes see catalog HYGIENE

1-994

Accessories

for flexible hysteroscopes



a California		
	27677 A	Case, plastic, without inserts, internal dimensions (w x d x h): 725 x 325 x 85 mm
	11033 KB <u></u>	Grasping Forceps, flexible, single action jaws, 3 Fr., length 43 cm
	11033 KA ■	Biopsy Forceps, flexible, single action jaws, 3 Fr., length 43 cm
	26770 AA	Coagulation Electrode, unipolar, 3 Fr., length 53 cm
	11025 E	Pressure Compensation Cap, for ventilation during gas and plasma sterilization
	13242 XL	Leakage Tester, with bulb and manometer
PANAGARAMA	27651 AK	Cleaning Brush, round, flexible, outer diameter 2 mm, for working channel diameter 1.2 – 1.8 mm, length 75 cm
ional Accessories		
	6927691	Adaptor for Two-Way Stopcock, LUER-Lock, with ${\rm O}_2$ tube connection
use with two-way stopcock of reco	ommended inst	ruments:
	11003 KA	Biopsy Forceps, flexible, double action jaws, oval, diameter 1 mm, length 60 cm
	11003 KB	Grasping Forceps, flexible, double action jaws, diameter 1 mm, length 60 cm

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Units and Accessories for Hysteroscopy see chapter 11, UNITS Containers for Sterilization and Storage of Telescopes see catalog HYGIENE



Unipolar and Bipolar High Frequency Cords

Unipolar High Frequency Cords unipola KARL STORZ **High Frequency** Electrosurgical Unit Instrument 26002 M Unipolar High Frequency Cord, with 4 mm plug, length 300 cm, for models KARL STORZ, Erbe type T, older models and Ellman 26004 M Unipolar High Frequency Cord, with 4 mm plug, length 300 cm, for use with Martin HF units 26005 M Unipolar High Frequency Cord, with 5 mm plug, length 300 cm, for AUTOCON® II 400 SCB system (111, 115, 122, 125), AUTOCON® II 200, AUTOCON® II 80, AUTOCON® system (50, 200, 350) and Erbe type ICC 26006 M Unipolar High Frequency Cord, with 8 mm plug, length 300 cm, for use with AUTOCON® II 400 SCB system (112, 116) and Valleylab models **Bipolar High Frequency Cords** KARL STORZ High Frequency Instrument Electrosurgical Unit 26176 LE Bipolar High Frequency Cord, length 300 cm, for AUTOCON® II 400 SCB system (111, 113, 115, 122, 125), AUTOCON® II 200, AUTOCON® II 80, Coagulator 26021 B/C/D, 860021 B/C/D, 27810 B/C/D, 28810 B/C/D, AUTOCON® series (50, 200, 350), Erbe-Coagulator, T and ICC series Bipolar High Frequency Cord, length 300 cm, 26176 LM for use with Martin HF units 26176 LV Bipolar High Frequency Cord, length 300 cm, for AUTOCON® II 400 SCB system (112, 114, 116, 122, 125), AUTOCON® II 200, AUTOCON® II 80 and Valleylab coagulators Bipolar High Frequency Cord, length 300 cm, pin 26176 LW distance on unit side 22 mm, for use with high frequency surgical units with bipolar sockets with 22 mm pin distance

Please note: All high frequency cords of this page are delivered with a length of 300 cm. If a length of 500 cm is requested please add letter **L** to the part number, e. g. 26002 M**L**, 26176 LV**L**.

Units and Accessories for Intrauterine HF Surgery see chapter 11, UNITS

1-96

UNIPOLAR AND BIPOLAR RESECTOSCOPES

	UNIPOLAR AND BIPOLAR RESECTOSCOPES Sheath 15 Fr., Telescope 2.9 mm
	UNIPOLAR AND BIPOLAR RESECTOSCOPES Sheath 22 Fr., Telescope 2.9 mm
	UNIPOLAR AND BIPOLAR RESECTOSCOPES Sheath 26 Fr., Telescope 4 mm
	MAZZON BASIC SET
	UNIPOLAR AND BIPOLAR HIGH FREQUENCY CORDS 58
(3	

Unipolar Resection





There are two commonly used modalities: unipolar and bipolar resection.

Basic principles of unipolar resection

In unipolar resection, the required thermal effect in the tissue is achieved by means of cutting and/or coagulation due to increased current density between the conducting electrode and the tissue.

A large neutral electrode, which is positioned as close as possible to the operating area, returns the applied current via the tissue to the HF generator.

To ensure a complete circuit, a non-conducting irrigation fluid (as a rule Purisole) is required.

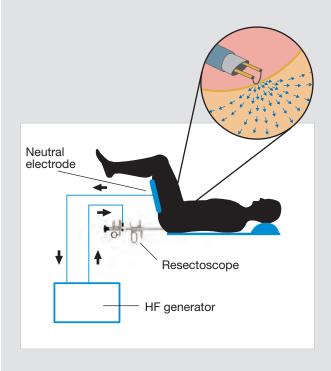
The use of a conducting irrigation solution, as utilized in bipolar resection, may result in lower electric resistance between the conducting electrode and the irrigation fluid as opposed to the tissue. This can cause an uncontrolled flow of current to pass through the patient's body via the irrigation fluid during energy transfer.

Possible risks of unipolar resection

Due to the current flow and depending on the amount of energy applied, nerve stimulation or reflex action can occur which, at worst, may lead to perforation of the tissue with the instrument.

Furthermore, error current (so-called leakage current) or incorrect neutral electrode placement can lead to the concentration of current density within a (very) small area. This increases heating in the tissue which may result in severe burns.

Modern HF generators, such as AUTOCON®II 400 from KARL STORZ, include early warning systems which detect leakage current or incorrectly positioned neutral electrodes. These systems can deactivate power output and thereby increase patient safety.



2-08

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Bipolar Resection





Basic principles of bipolar resection

Bipolar resection was developed in recent years in order to reduce the electric current flowing through the patient to a minimum. In bipolar electrosurgery, a neutral electrode is positioned close to the conducting electrode.

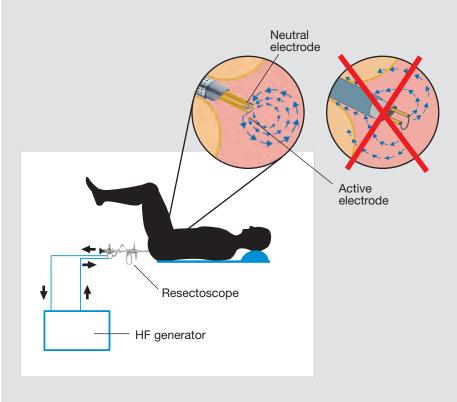
The irrigation fluid, and no longer the tissue, is the medium used to return the current to the neutral electrode. As the irrigation fluid (in the case of bipolar resection sodium chloride NaCl 0.9%) shows far less resistance than tissue, a direct current does not flow from the active to the neutral electrode during energy transfer. A thermal effect does not occur.

The main prerequisite for bipolar resection is, therefore, the formation of plasma in the irrigation fluid. This "insulation layer" around the cutting loop increases the

electrical resistance between the active electrode and irrigation fluid as opposed to tissue. A thermal effect can then occur in the area of tissue in contact with the loop before the current flows through the neutral electrode via the irrigation fluid and is returned to the HF generator.

The system can only be considered bipolar if the current flow is not returned through the tissue or via instruments in contact with the tissue (i.e. the sheath). All contact areas between the current and tissue present a risk of strictures and burns, which are more severe the smaller the contact surface is.

A proper current flow path is only possible via the outer sheath of insulated instruments (i.e. the electrode) in systems available from the company KARL STORZ.

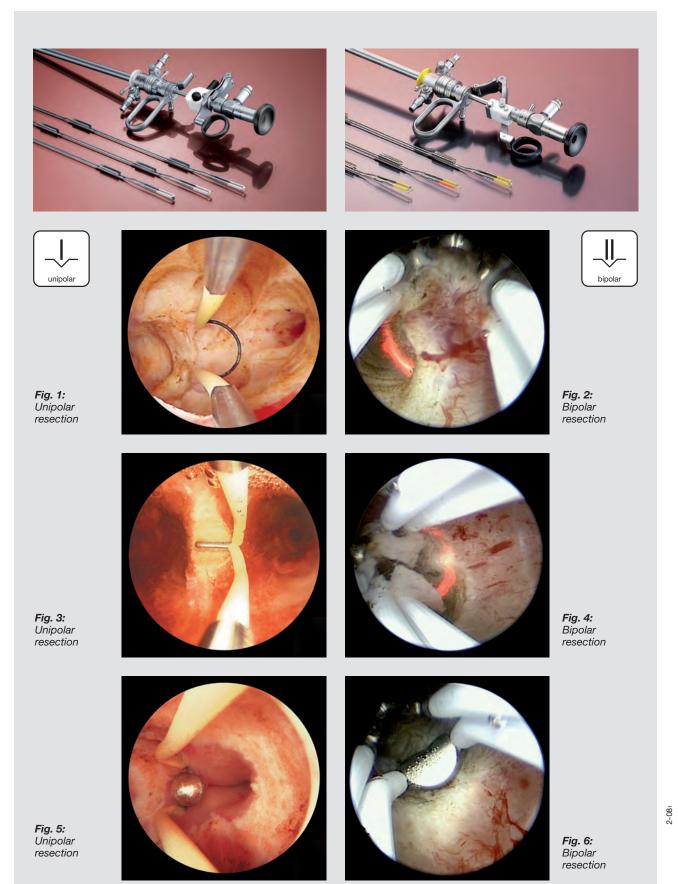


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RES-SYS-INTRO 1 37

Intrauterine HF Electrosurgery





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HOPKINS® Telescope





For use with Hysteroscopes and Resectoscopes



26020 FA



26020 FA

HOPKINS® Telescope 12°, diameter 2.9 mm, length 30 cm, autoclavable, fiber optic light transmission incorporated, color code: black

4-15

Hysteroscopes see pages 21-23
Resectoscopes see pages 40-47
Containers for Sterilization and Storage of Telescopes see catalog HYGIENE

Working Elements *

for Resectoscopes, 15 Fr.



For use with Resectoscope Sheath 26053 SL and 2.9 mm HOPKINS® Telescope 12° 26020 FA

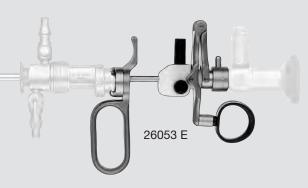
unipolar

Special Features:

- One-stem electrodes with stabilizer
- High-frequency cord quick connection

Cutting by means of a spring Movable thumb support

In resting position the electrode tip is inside the sheath.



26053 EH

Working Element Set, unipolar

including:

Working Element 2x Cutting Loop

2x Unipolar High Frequency Cord

Protection Tube

26053	\sim
20000	a

Working End	15 Fr., color code: green	Description
	26053 G	Cutting Loop, unipolar

Units and Accessories for Intrauterine HF Electrosurgery see chapter 11, UNITS Components/Spare Parts see chapter 12

4-15

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Working Elements *

for Resectoscopes, 15 Fr.



For use with Resectoscope Sheath 26053 SL and 2.9 mm HOPKINS® Telescope 12° 26020 FA

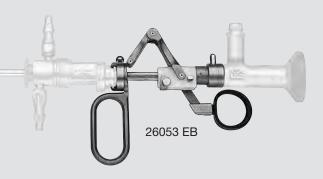
bipolar NaCl

Special Features:

- Resection in saline solution
- High level of safety due to direct current return via the electrode
- Deep coagulation effect

Cutting by means of a spring Movable thumb support

In resting position the electrode tip is inside the sheath.



26053 EBH Working Element Set, bipolar

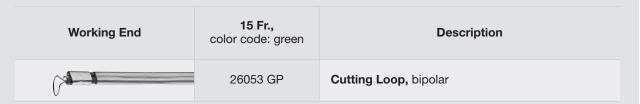
including:

Working Element 2x Cutting Loop

Bipolar High Frequency Cord

Protection Tube





Units and Accessories for Intrauterine HF Electrosurgery see chapter 11, UNITS Components/Spare Parts see chapter 12

4-15

RES-SYS 3 A

Resectoscope Sheaths

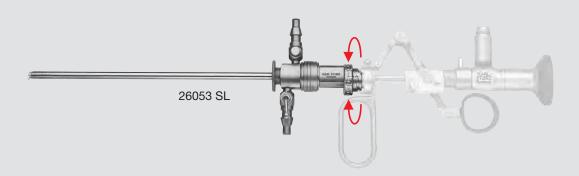
for continuous irrigation and suction



For use with Working Elements 26053 E, 26053 EB and 2.9 mm HOPKINS® Telescope 12° 26020 FA for Resectoscopes, 15 Fr.

Special Features:

- Rotating inner sheath
- Ceramic insert at distal beak to prevent burn damage
- Exchangeable inner sheath



26053 SL Resectoscope Sheath, including connecting tube for in-

and outflow, for continuous irrigation and suction, 15 Fr., oblique beak, **rotatable** Inner Sheath 26053 XA with

ceramic insulation, quick release lock,

color code: green

26053 OC **Standard Obturator,** for use with

Resectoscope Sheath 26053 SL,

color code: green

4

The listed resectoscope sheath above can be used with unipolar and bipolar working elements.

Telescope Bridge and Semirigid Operating Instruments



For use with Resectoscope Sheath 26053 SL and 2.9 mm HOPKINS® Telescope 12° 26020 FA



26053 CD

NEW 26053 CD

Telescope Bridge, with channel for semirigid 5 Fr. operating instruments, for use with Resectoscope Sheath 26053 SL

	26159 UHW	Biopsy and Grasping Forceps, semirigid, double action jaws, 5 Fr., length 34 cm
NEW	26159 DS	DI SPIEZIO SARDO Grasping Forceps , semirigid, double action jaws, 5 Fr., length 34 cm
	26159 H	HESSELING Tenaculum Grasping Forceps , semirigid, double action jaws, 5 Fr., length 34 cm
NEW	26159 HS	HESSELING and DI SPIEZIO SARDO Tenaculum Grasping Forceps with Spike , semirigid, double action jaws, 5 Fr., length 34 cm
	26159 EHW	Scissors, semirigid, blunt, single action jaws, 5 Fr., length 34 cm
	26159 SHW	Scissors, semirigid, pointed, single action jaws, 5 Fr., length 34 cm
	26159 DHW	Punch, semirigid, through-cutting, single action jaws, 5 Fr., length 34 cm
	26159 BHW	Biopsy Spoon Forceps, semirigid, double action jaws, 5 Fr., length 34 cm
WW.	26159 M	BETTOCCHI® Myoma Fixation Instrument, semirigid, 5 Fr., length 34 cm

4-15

RES-SYS 5 A 43

Working Elements

for One-Stem Electrodes with Stabilizers, 22 Fr.



For use with Resectoscope Sheaths 26055 SL, 26055 SC, 26055 LD, 26055 BO and 2.9 mm HOPKINS $^\circ$ Telescope 12 $^\circ$ 26020 FA



Special Features:

- One-stem electrodes with stabilizer
- High-frequency cord quick connection

Cutting by means of a spring Movable thumb support

In resting position the electrode tip is inside the sheath.



26055 ES

Working Element Set, unipolar

including:

Working Element

2x Cutting Loop, angled

Cutting Electrode, pointed

Coagulation Electrode, ball end

2x Unipolar High Frequency Cord

Protection Tube



26055 G

Working End	22 Fr., Sheath Diameter 7 mm color code: white	Description
	26055 G	Cutting Loop, angled
	26055 H	Cutting Loop, angled 25°
	26055 N	Coagulation Electrode, ball end, diameter 3 mm
	26055 L	Cutting Electrode, pointed

Units and Accessories for Intrauterine HF Electrosurgery see chapter 11, UNITS Components/Spare Parts see chapter 12

4-15

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Working Elements

for Two-Stem Electrodes with Stabilizers, 22 Fr.



For use with Resectoscope Sheaths 26055 SL, 26055 SC, 26055 LD, 26055 BO and 2.9 mm HOPKINS $^\circ$ Telescope 12 $^\circ$ 26020 FA

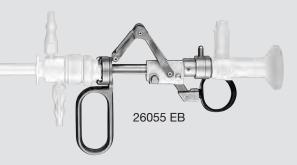


Special Features:

- Resection in saline solution
- High level of safety due to direct current return via the electrode
- Deep coagulation effect

Cutting by means of a spring Movable thumb support

In resting position the electrode tip is inside the sheath.



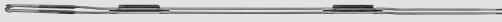
26055 EBH Working Element Set, bipolar

including:

Working Element 2x Cutting Loop

Cutting Electrode, pointed Coagulation Electrode, ball end Bipolar High Frequency Cord

Protection Tube



26055 GP1

Working End	22 Fr., Sheath Diameter 7 mm color code: white	Description
	26055 GP1	Cutting Loop, bipolar
	26055 NB1	Coagulation Electrode, bipolar, ball end
A	26055 BL1	Cutting Electrode, bipolar, pointed

Units and Accessories for Intrauterine HF Electrosurgery see chapter 11, UNITS Components/Spare Parts see chapter 12

1-15

RES-SYS 7 A 45

Resectoscope Sheaths

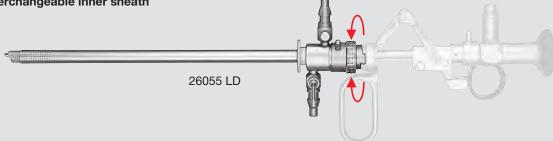
for continuous irrigation and suction



For use with Working Elements 26055 E, 26055 EB and 2.9 mm HOPKINS® Telescope 12° 26020 FA for Resectoscopes, 22 Fr.

Special Features:

- Inner sheath optionally fixed or rotating
- Ceramic insert at distal beak to prevent burn damage
- Interchangeable inner sheath



26055 SL Resectoscope Sheath, including connecting tube for

in- and outflow for continuous irrigation and suction, 22 Fr., oblique beak, **fixed** Inner Sheath 26055 XB with ceramic insulation,

color code: white

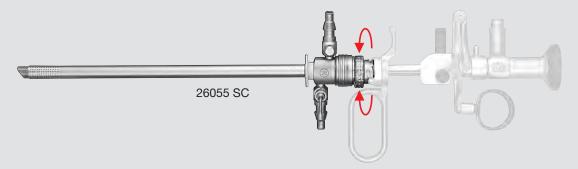
26055 LD **Resectoscope Sheath,** including connecting tube for

in- and outflow for continuous irrigation and suction, 22 Fr., oblique beak, **rotatable** Inner Sheath 26055 XE

with ceramic insulation, color code: white

Special Features:

- Easier to handle thanks to stable click mechanism
- Sheath can be connected in any position
- Ceramic insert at distal beak to prevent thermal damage
- Rotating inner sheath



26055 SC Resectoscope Sheath, including connecting tube for in-

and outflow, 22 Fr., oblique beak, **rotatable** Inner Sheath 26055 CB with ceramic insulation, **quick release lock**,

color code: white

26055 CO **Standard Obturator,** for use with Resectoscope Sheaths

26055 LD, 26055 SL and 26055 SC,

color code: white

The listed resectoscope sheaths above can be used with unipolar and bipolar working elements.

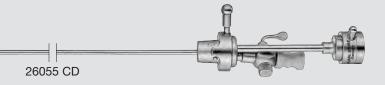
7

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Telescope Bridge and Semirigid Operating Instruments



For use with Resectoscope Sheaths 26055 LD, 26055 SL, 26055 SC and 2.9 mm HOPKINS $^\circ$ Telescope 12 $^\circ$ 26020 FA



26055 CD **Telescope Bridge,** with channel for semirigid 5 Fr. operating instruments, for use with Resectoscope Sheaths 26055 LD, 26055 SL and 26055 SC

	26159 UHW	Biopsy and Grasping Forceps, semirigid, double action jaws, 5 Fr., length 34 cm
NEW	26159 DS	DI SPIEZIO SARDO Grasping Forceps , semirigid, double action jaws, 5 Fr., length 34 cm
	26159 H	HESSELING Tenaculum Grasping Forceps , semirigid, double action jaws, 5 Fr., length 34 cm
NEW	26159 HS	HESSELING and DI SPIEZIO SARDO Tenaculum Grasping Forceps with Spike , semirigid, double action jaws, 5 Fr., length 34 cm
	26159 EHW	Scissors, semirigid, blunt, single action jaws, 5 Fr., length 34 cm
	26159 SHW	Scissors, semirigid, pointed, single action jaws, 5 Fr., length 34 cm
	26159 DHW	Punch, semirigid, through-cutting, single action jaws, 5 Fr., length 34 cm
	26159 BHW	Biopsy Spoon Forceps, semirigid, double action jaws, 5 Fr., length 34 cm
WW	26159 M	BETTOCCHI® Myoma Fixation Instrument, semirigid, 5 Fr., length 34 cm

HOPKINS® Telescope

Diameter 4 mm



An optical system based on the HOPKINS® rod lens telescope is absolutely essential for intratuterine HF surgery due to the excellent image quality provided. In general, 12° as well as 30° telescopes can be used for this purpose. The 12° telescope is advantageous for surgical interventions using a resectoscope in the median uterine cavity (e.g., septum dissection) and is easy to handle. In the case of pathologies in the lateral uterine cavity, e.g., polyps and myomas, the 30°

telescope provides an optimal visualization of the operative field. Furthermore, the 30° telescope can be used in diagnostic hysteroscopy to allow easier visualization of the tubal ostia by rotating the hysteroscope.

Prof. Dr. med. T. RÖMER, Frauenheilkunde und Geburtshilfe Köln Cologne, Germany

For use with Hysteroscopes



26105 BA

26105 FA



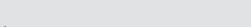
26105 BA

HOPKINS® Forward-Oblique Telescope 30°, enlarged view, diameter 4 mm, length 30 cm, autoclavable, fiber optic light transmission incorporated, color code: red

Hysteroscopes see page 25

For use with Hysteroscopes and Resectoscopes







26105 FA

HOPKINS® Telescope 12°, enlarged view, diameter 4 mm, length 30 cm, autoclavable, fiber optic light transmission incorporated, color code: black

Hysteroscopes see pages 21-23 **Resectoscopes** see pages 49-52

4-15

Containers for Sterilization and Storage of Telescopes see catalog HYGIENE

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Working Elements

for One-Stem Electrodes with Stabilizers, 26 Fr.



For use with Resectoscope Sheaths 26040 SL, 26050 SC, 26050 SL and 4 mm HOPKINS® Telescope 12° 26105 FA



Special Features:

- One-stem electrodes with stabilizer
- High-frequency cord quick connection

Cutting by means of a spring Movable thumb support

In resting position, the electrode tip is inside the sheath.



26050 EG Working Element Set, unipolar

including:

Working Element

2x Cutting Loop, angled

Coagulation Electrode, ball end, diameter 5 mm

Cutting Electrode, pointed

2x Unipolar High Frequency Cord

Protection Tube



Working End	26 Fr., Sheath Diameter 8 mm color code: yellow	Description
	26050 G	Cutting Loop, angled
	26050 J	Cutting Loop, straight
	26050 NK	Coagulation Electrode, ball end, diameter 5 mm
	26050 L	Cutting Electrode, pointed

Units and Accessories for Intrauterine HF Electrosurgery see chapter 11, UNITS Components/Spare Parts see chapter 12

4-15

RES-SYS 11 A 49

Working Elements

for Two-Stem Electrodes with Stabilizers, 26 Fr.



For use with Resectoscope Sheaths 26040 SL, 26050 SC and 26050 SL and 4 mm HOPKINS® Telescope 12° 26105 FA

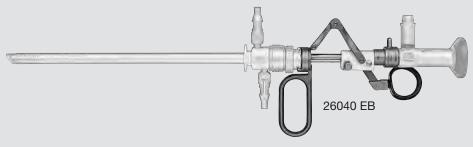


Special Features:

- Resection in saline solution
- High level of safety due to direct current return via the electrode
- Very deep coagulation effect

Cutting by means of a spring Movable thumb support

In rest position the electrode tip is inside the sheath.



26040 EBH Working Element Set, bipolar

including:

Working Element, bipolar 2x **Cutting Loop,** bipolar

Cutting Electrode, bipolar, pointed Coagulation Electrode HALF MOON®,

bipolar, with ball end

Bipolar High Frequency Cord

Protection Tube



26040 GP1

Working End	26 Fr., Sheath Diameter 8 mm color code: yellow	Description
	26040 GP1	Cutting Loop, bipolar
	26040 GD1	Cutting Loop, bipolar, small
	26040 BL1	Cutting Electrode, bipolar, pointed
3	26040 NB1	Coagulation Electrode HALF MOON®, bipolar, ball end
3	26040 JB1	Cutting Loop, bipolar, longitudinal, color code: yellow-orange

Units and Accessories for Intrauterine HF Electrosurgery see chapter 11, UNITS Components/Spare Parts see chapter 12

7

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Resectoscope Sheaths

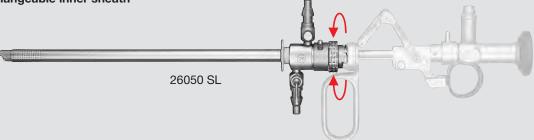
for continuous irrigation and suction



For use with Working Elements 26050 E, 26040 EB and 4 mm HOPKINS® Telescope 12° 26105 FA for Resectoscopes, 26 Fr.

Special Features:

- Inner sheath optionally fixed or rotating
- Ceramic insert at distal beak to prevent burn damage
- Interchangeable inner sheath



26040 SL Resectoscope Sheath, including connecting tube for in- and outflow,

for continuous irrigation and suction, 26 Fr., oblique beak, **fixed** Inner

Sheath 26040 XA with ceramic insulation,

color code: yellow

26050 SL Resectoscope Sheath, including connecting tube for in- and outflow,

for continuous irrigation and suction, 26 Fr., oblique beak, rotatable

Inner Sheath 26050 XA, with ceramic insulation,

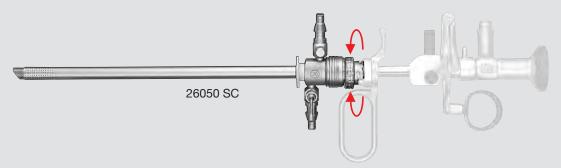
color code: yellow

Special Features:

- Easier to handle thanks to stable click mechanism
- Sheath can be connected in any position
- Ceramic insert at distal beak to prevent thermal damage

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Rotating inner sheath



26050 SC Resectoscope Sheath, including connecting tubes for in-

and outflow, 26 Fr., oblique beak, **rotatable** Inner Sheath 26050 CA with ceramic insulation, **quick release lock**,

color code: yellow

26040 OC Standard Obturator, for use with Resectoscope Sheaths

26040 SL, 26050 SL and 26050 SC,

color code: yellow

The listed resectoscope sheaths above can be used with unipolar and bipolar working elements.

4-15

RES-SYS 13 A

Telescope Bridge and Semirigid Operating Instruments



For use with Resectoscope Sheaths 26040 SL, 26050 SC, 26050 SL, 4 mm HOPKINS $^\circ$ Telescopes 12 $^\circ$ 26105 FA and 30 $^\circ$ 26105 BA



26069 CD

26069 CD

Telescope Bridge, with channel for semirigid 5 Fr. operating instruments, for use with Resectoscope Sheaths 26040 SL, 26050 SL and 26050 SC

	26159 UHW	Biopsy and Grasping Forceps, semirigid, double action jaws, 5 Fr., length 34 cm
NEW	26159 DS	DI SPIEZIO SARDO Grasping Forceps , semirigid, double action jaws, 5 Fr., length 34 cm
	26159 H	HESSELING Tenaculum Grasping Forceps , semirigid, double action jaws, 5 Fr., length 34 cm
NEW	26159 HS	HESSELING and DI SPIEZIO SARDO Tenaculum Grasping Forceps with Spike , semirigid, double action jaws, 5 Fr., length 34 cm
	26159 EHW	Scissors, semirigid, blunt, single action jaws, 5 Fr., length 34 cm
î	26159 SHW	Scissors, semirigid, pointed, single action jaws, 5 Fr., length 34 cm
	26159 DHW	Punch, semirigid, through-cutting, single action jaws, 5 Fr., length 34 cm
	26159 BHW	Biopsy Spoon Forceps, semirigid, double action jaws, 5 Fr., length 34 cm
VVV	26159 M	BETTOCCHI® Myoma Fixation Instrument, semirigid, 5 Fr., length 34 cm

-052

MAZZON Basic Set

for Intrauterine Unipolar HF Electrosurgery and (Cold) Myoma Eucleation



Clinical experience with operative hysteroscopy offers the possibility to combat and treat a growing number of pathologies. The success and safety of the surgical procedure depends on the quality and type of instruments used. We consider it important, therefore, to present our instruments of choice in everyday surgical practice.

Resectoscope

The use of a 0° telescope enhances the safety of surgical procedures performed with loop electrodes so that the loops always remain in the center of the field of vision. The loops do not appear in the margins or move out of the field of vision when extended as is the case when using forward-oblique telescopes. With the aid of two concentric sheaths, the resectoscope enables the inflow and outflow of liquid for dilation and continuous irrigation of the uterine cavity, which is essential in the presence of bleeding. In the rest position, the used working element ensures that the electric loop remains securely inside the resectoscope.

Recommended loops and specific applications: 26050 G Cutting Loop, angled

Resection inside or along the four walls of the uterine cavity (polypectomy, myomectomy, endometrial ablation)

26050 J Cutting Loop, straight

Frontal resection (metroplasty, synechia) or tangentially at the bottom of the uterus (polyps, myomas)

26050 M Cutting Loop, straight, 3 mm

Resection in the uterine horns, i.e. in areas inaccessible to other loops due their size (at the base of polyps or myomas in the uterine horns, removing the endometrium of the uterine horns during endometrial ablation)

26050 L Cutting Electrode, pointed

Suitable for resecting marginal synechia

26050 N Coagulation Electrode, ball end, 3 mm

When used with cutting energy suitable for removing the endometrium in the uterine horns (endometrial ablation)

26050 R Loop, straight, rectangular 26050 U Loop, knife-shaped 26050 T Loop, rake-shaped

These three mechanical loops are mainly used for the removal and enucleation of intramural components of G 1 and G 2 myomas.

Loops 26050 R and 26050 U are also suitable for synechiolysis, particularly in the case of severe adhesive structures.

The choice of loops depends on the procedure to be performed with the resectoscope.

Recommended loops for polypectomy: 26050 G, 26050 J, 26050 M

Recommended loops for synechiolysis: 26050 J, 26050 L, 26050 R, 26050 U

Recommended loops for metroplasty of the uterine septum:

26050 J

Recommended loops for myomectomy:

26050 G, 26050 J, 26050 M, 26050 R, 26050 U, 26050 T

Recommended loops for endometrial ablation:

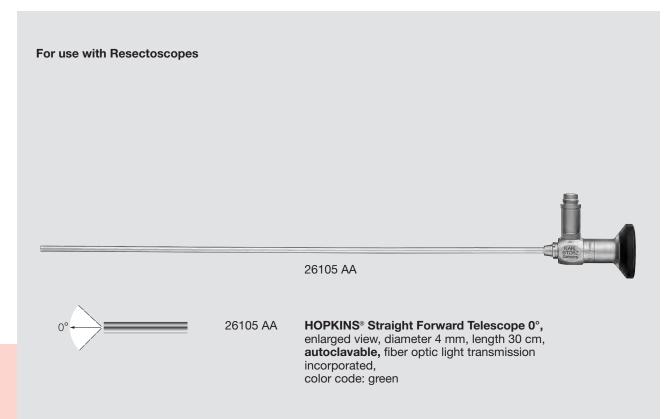
26050 G, 26050 J, 26050 M, 26050 N

I. MAZZON, M.D., Head of Gynecology Department, Casa di Cura Nuova Villa Claudia, Rome, Italy

HOPKINS® Telescope

Diameter 4 mm





Resectoscopes see page 55 **Containers for Sterilization and Storage of Telescopes** see catalog HYGIENE

MAZZON Basic Set





For use with Resectoscope Sheaths 26040 SL, 26050 SC, 26050 SL and 4 mm HOPKINS® Telescope 0° 26105 AA

Special Features:

- One-stem electrodes
- High-frequency cord quick connection

Cutting by means of a spring

Movable thumb support

In resting position, the electrode tip is inside the sheath.



26050 E

Working Element

MAZZON Unipolar Cutting Loop

Special Features:

- For endometrial ablation
- Smaller size permits better maneuverability in the uterine horns



24 Fr.



26050 M

MAZZON **Cutting Loop**, unipolar, straight, round cut, 24 Fr., for endometrial resection near uterine horn, color code: yellow

1-15

Units and Accessories for Intrauterine HF Electrosurgery see chapter 11, UNITS

Non-Electrical Cold Loop Myoma Enucleation



For use with Resectoscope Sheaths 26040 SL, 26050 SC and 26050 SL

Submucous myomas represent one of the intrauterine pathologies in which hysteroscopic resection has proven especially beneficial and, due to its advantages, has superseded traditional surgery.

However, it is important to respect the indications, to assign the myomas indicated for operative hysteroscopy to this treatment, and to use correct and suitable hysteroscopic techniques.

Depending on the intracavitary and/or intramural development of the myomas, these neoformations may be divided into the following myoma types (classification according to the European Association for Hysteroscopy).

- G 2 Myomas with primarily intramural development, intracavitary portion less than 50%.
- G 1 Myomas with primarily intracavitary development, intramural portion less than 50%.
- G 0 Myomas with intracavitary development only.

When treating the submucosal myoma, the relationship of this formation to the surrounding structures must be considered.

During the course of its volumetric growth, the myoma causes progressive displacement of the surrounding myometrium fibers, though without damaging or destroying them.

If the myoma develops towards the uterine cavity, it may penetrate through the myometrium fibers before it becomes submucosal.

Between the myoma and the surrounding myometrium, there is a pseudocapsule. There are two distinct spaces (cleavage planes), one between the myoma and the pseudocapsule, and another between the pseudocapsule and the surrounding myometrium. Vascular continuity consists exclusively of thin bridges of connective tissue, through each of which a small capillary vessel passes.

If the myoma shows only intracavitary development (G 0), the surgical intervention proceeds using the traditional technique of slicing (progressive removal).

With this technique, particular attention must be paid to removal of the attachment point, particularly in the case of exclusively intramural development. It was found that slicing in the attachment area leads to a destruction of myometrial bundles in the uterine wall, and that there are areas with thermal damage. Injury to the adjacent myometrium leads to formation of cicatricial fibroses in the area of the surgical intervention, which becomes more extensive the greater the damage caused by the thermal loop.

All of this may cause the occurrence of fibrous areas within the uterine wall, which are particularly disadvantageous if further pregnancies are desired.

For this reason I have been using my own technique (cold loop enucleation) for several years now in the treatment of intramural components of myoma:

After removing the intracavitary components of the myoma using the traditional technique, the mechanical properties of one of my own loops are used (strictly without application of electrical current). This electrode is introduced into the cleavage plane between the myoma and the surrounding myometrium, whereby the myoma is progressively detached from the uterine wall.

The myoma is progressively enucleated in this way, during which the intramural components are converted into solely intracavitary components.

The method always proceeds without the use of electrical current by following the cleavage plane and tearing the thin, vascular bridges of connective tissue. The possible presence of large vessels displaced by the myoma presents no danger. These vessels, easily injured using the traditional technique (slicing), are not harmed during cold loop enucleation if they are on the myometrial side of the cavity of the myoma.

Even if there were perforating (highly unlikely using this technique), damage would be minimal since it would be caused by a thin instrument and without the harmful effect of electrical current.

Once the enucleation has been completed, the intramural part of the myoma appears as an intracavitary neoplasm and may be removed as such in a safe manner using the traditional technique (slicing) from the uterine cavity.

After the intervention, the remaining cavity appears quite large. However, there is no thermal damage and no injury to the myometrial fibers, which therefore maintain their functionality and are able to repair the fovea itself by simple returning to their original position (since they are no longer displaced by the myoma). There is no fibrous conversion during this healing phase.

I. MAZZON, M.D., Head of Gynecology Department, Casa di Cura Nuova Villa Claudia, Rome, Italy

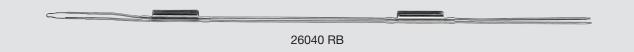
56 RES-SYS 18 A

Non-Electrical Cold Loop Myoma Enucleation



use with Unipolar Working Element 26050 E			
26050 U			
Working End	24 Fr.	Description	
	26050 R	MAZZON Loop, straight, rectangular	
9	26050 T	MAZZON Loop, rake-shaped, with teeth	
	26050 U	MAZZON Loop , knife-shaped	
	26050 U	MAZZON Loop , knife-shaped	

For use with Bipolar Working Element 26040 EB



Working End	24 Fr.	Description
	26040 RB	MAZZON Loop , straight, rectangular
6	26040 TB	MAZZON Loop, rake-shaped, with teeth

Resectoscope Sheaths see page 51



Unipolar and Bipolar High Frequency Cords

Unipolar High Frequency Cords unipolai KARL STORZ High Frequency Instrument Electrosurgical Unit **Unipolar High Frequency Cord,** with 4 mm plug, length 300 cm, for use with models KARL STORZ 277 and Erbe type T, older models Unipolar High Frequency Cord, with 4 mm plug, 277 A length 300 cm, for use with Martin HF units 277 KE Unipolar High Frequency Cord, with 5 mm plug, length 300 cm, for use with AUTOCON® II 400 SCB (111, 115, 122, 125), AUTOCON®II 200, AUTOCON® II 80, AUTOCON® (50, 200, 350) and Erbe type ICC 277 KB Unipolar High Frequency Cord, with 8 mm plug, length 300 cm, for use with models

Bipolar High Frequency Cords

KARL STORZ Hig Instrument Elec

High Frequency Electrosurgical Unit





27176 LEB

Bipolar High Frequency Cord, for AUTOCON®II 400 SCB system (high-end), length 300 cm, for use with KARL STORZ bipolar resectoscopes

AUTOCON® II 400 SCB system (112, 116)

and Valleylab

Please note:

All high frequency cords are delivered with a length of 300 cm. If a length of 500 cm is requested, please add the letter $\bf L$ to the part number, e. g., 277 KE $\bf L$.

1-994







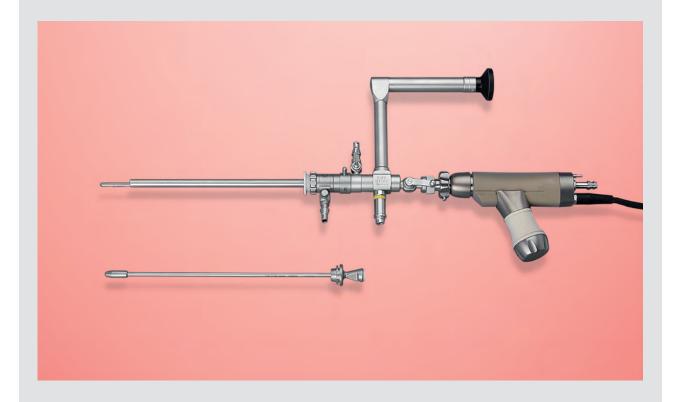
At present conventional resectoscopy can be considered the gold standard procedure for major hysteroscopic operations.

Despite well-recognized advantages of resectoscopy, several problems such as fluid overload, lack of visualization, uterine perforation due to unipolar or bipolar current and a long learning curve still remain unsolved.

In cooperation with KARL STORZ we developed a new shaver system that, introduced through a straight working channel of a telescope with parallel eyepiece, enables all kinds of operative procedures such as polypectomy, Type 0, 1, 2 myomectomy and endometrial ablation to be performed.

This preliminary study intends to evaluate the feasibility of this new technique which offers considerable advantages such as reduced dilation of the cervix, better visualization during the procedure as tissue chips are removed at the same time as resection, no coagulation or cutting current required, the use of normal saline instead of sorbitol and mannitol and a much faster learning curve.

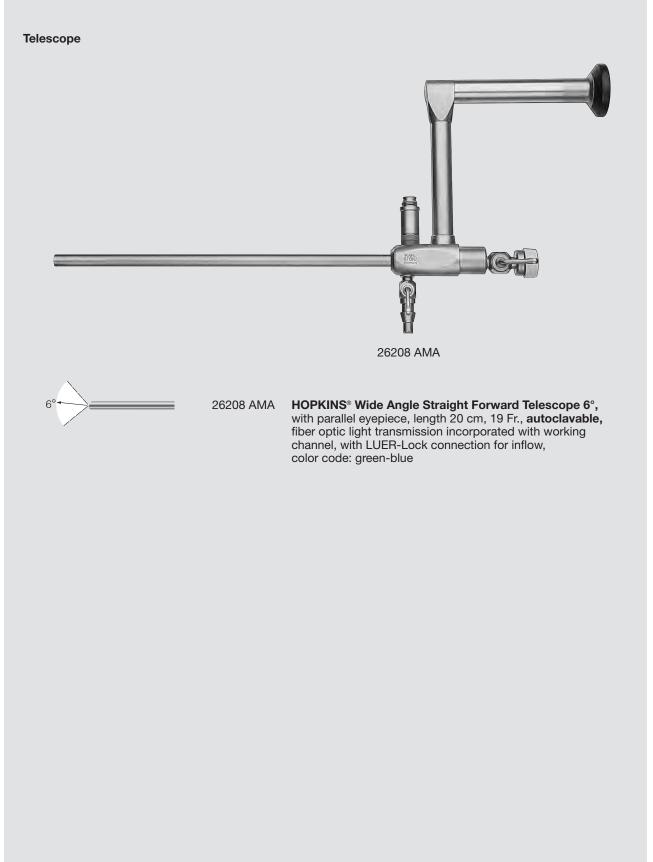
G. BIGATTI, U.O. di Ostetricia e Ginecologia, Ospedale Classificato San Giuseppe, 20123 Milan, Italy



7-111

IBS® - BIGATTI Intrauterine Shaver

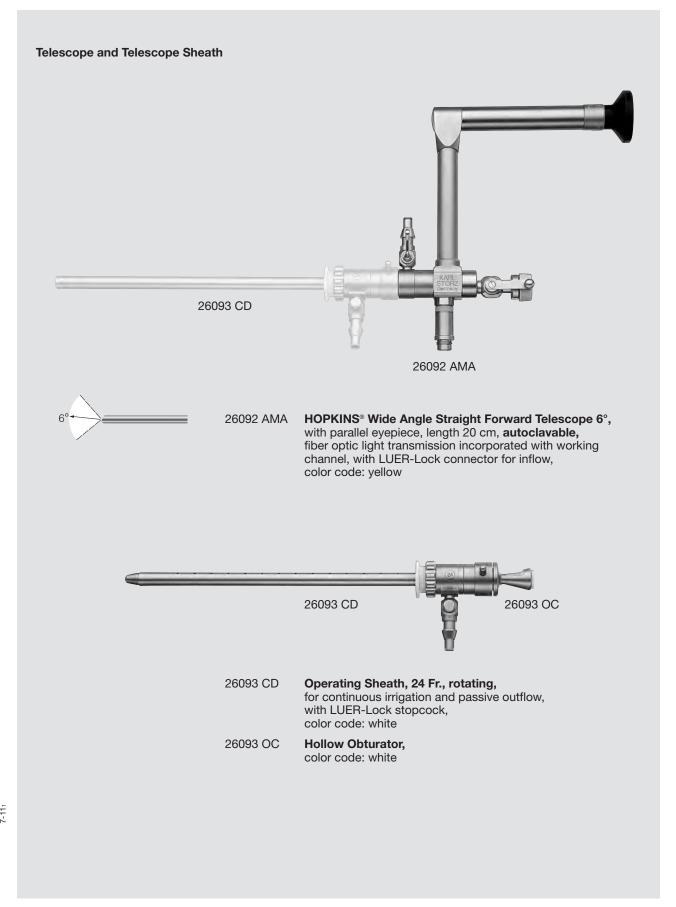
19 Fr.



IBS® - BIGATTI Intrauterine Shaver







SHA-GYN 5 A

IBS® – BIGATTI Intrauterine Shaver

24 Fr.



Handpiece 26 7020 50

- Ergonomically designed handpiece, fits comfortably in the hand
- Powerful motor, also suitable for harder materials
- Absolutely silent running, no vibration
- Oscillation mode for shaver attachments, max. 5000 rpm
- 360° rotating straight working inserts

- Wide range of shaver blades
- LOCK for fixation of shaver blades
- Central, straight suction channel
- Easy hygienic processing, suitable for use in washer and autoclavable at 134 °C
- Removable handle, ergonomically adjustable, flexible positioning



26 7020 50



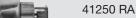
26 7020 50 DRILLCUT-X® II Shaver Handpiece GYN,

for use with UNIDRIVE® S III SCB



40 7120 90 **Handle,** adjustable, for use with DRILLCUT-X®II

Shaver Handpiece GYN 26 7020 50



Cleaning Adaptor, LUER-Lock, for cleaning DRILLCUT-X® II morcellator handpieces

For use with DRILLCUT-X® II Shaver Handpiece GYN





Shaver Blade GYN, straight, sterilizable, concave cutting edge, double serrated, oval cutting window,

diameter 4 mm, length 32 cm, for use with DRILLCUT-X® II Handpiece **26** 7020 50,

color code: blue-green



Shaver Blade GYN, straight, sterilizable, double serrated cutting edge, rectangular cutting window,

diameter 4 mm, length 32 cm, for use with DRILLCUT-X® II Handpiece **26** 7020 50,

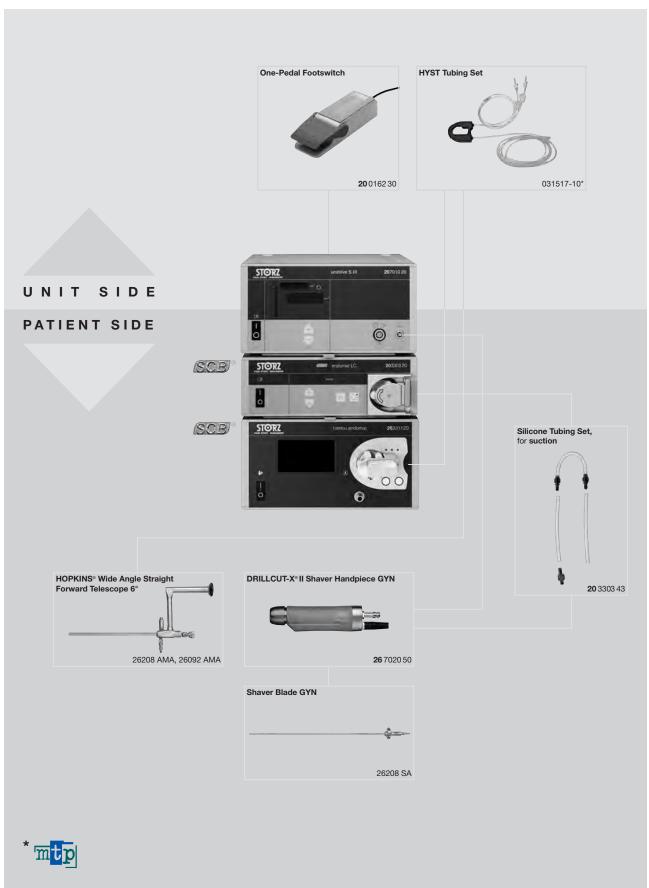
color code: blue-yellow

7-11

64 SHA-GYN 6 A



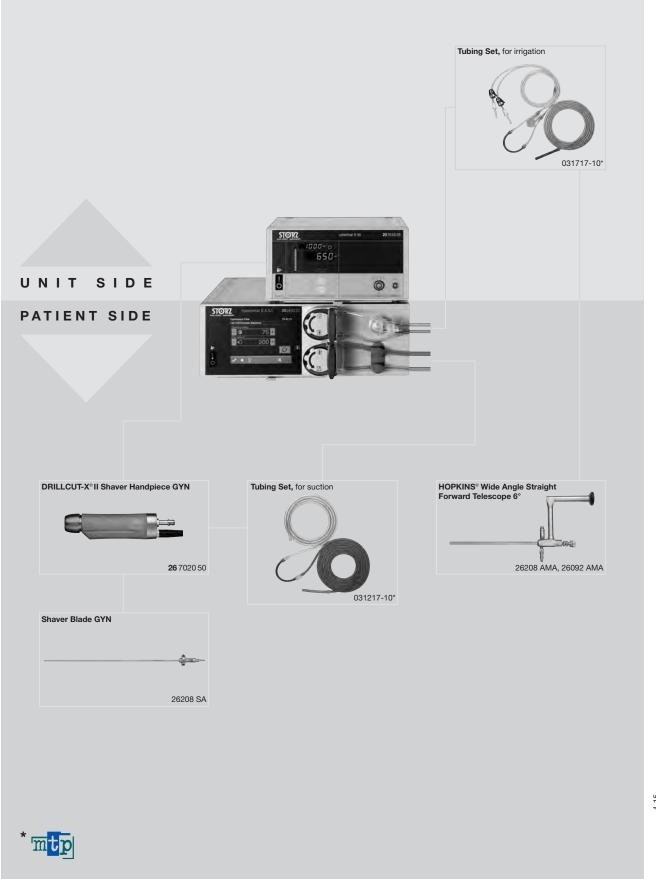
IBS® - BIGATTI Intrauterine Shaver



7-111



IBS® - BIGATTI Intrauterine Shaver



4-1

IBS® – BIGATTI Intrauterine Shaver





For use with HOPKINS® Wide Angle Telescope 26092 AMA

Further instruments

26208 SZ

NEW 26208 SZ

Coagulation Electrode, bipolar, for use with Intrauterine BIGATTI Shaver (IBS®)

26310 MA



26310 MA

MAZZON **Biopsy Forceps**, diameter 3 mm, single action jaws, for use with Examination Sheaths 26161 VB and 26163 V including:

CLICK'line Metal Handle, without ratchet Outer Sheath, with working insert



26310 MG

MAZZON **Grasping Forceps**, with alligator jaws, diameter 3 mm, double action jaws, for use with Examination Sheaths 26161 VB and 26163 V

including:

CLICK'line Metal Handle, with hemostat style ratchet

Outer Sheath, with working insert

High Frequency Electrosurgical Units see chapter 11, UNITS **Components/Spare Parts** see chapter 12



Transvaginal Endoscopy TVE



Transvaginal Endoscopy (TVE) is a new technique for the outpatient or clinical endoscopic examination of the entire female reproductive tract.

By using specially developed, high-quality optical instruments, saline as a distension medium, and a distension trocar system, it becomes possible to endoscopically visualize the vagina, cervix, and uterus. Transvaginal access allows visualization of both tube and ovary. The status of the fallopian tubes is evaluated with the methylene blue test, as well as by fimbrioscopy or salpingoscopy. The entire procedure is performed on an outpatient basis and thus has a much better diag-nostic value along with better patient tolerance than a hysterosalpingography (HSG).

Indications

Transvaginal Endoscopy is indicated mainly for patients with primary or secondary sterility without apparent pathology during routine vaginal exam and transvaginal ultrasound examination. This examination is designed for the examination of the female genital tract on an outpatient basis and replaces HSG for the evaluation of early stage infertility.

Other indications for this examination method are pain mapping, post-operative controls, or use after drug therapy, physiology of tubes and ovaries, as well as presymptomatic diagnosis of tubal pregnancy.

Contraindications for this procedure are intact hymen, vaginal stenosis, vaginal infection, hidden Douglas pouch, fixed retroverted uterus, extreme obesity, hemoperitoneum, and a prolapsed tumor in the Douglas pouch. Unclear adnexal findings during gynecological examination or sonography preclude transvaginal endoscopy as a first-line outpatient approach.

Technique

The entire examination is performed on an outpatient basis or at the doctor's office and lasts about 15 to 30 minutes.

The patient is positioned in dorsal lithotomy position. If desired, the partner may be present and may observe the entire examination on the video screen. A routine vaginal examination and transvaginal ultrasound exam are performed to assess uterus size and position and exclude major pathological changes in the Douglas pouch.

Following disinfection of the vagina with diluted chlorhexidine solution, first the vaginal-cervical hysteroscopy is performed.

The hysteroscope is inserted into the vagina without speculum, and an infusion of prewarmed Ringer's lactate solution at a preset pressure between 80 and 120 mmHg is started. First the cervix is identified. After thorough inspection of the cervix, the hysteroscope is inserted into the cervical canal. The distension fluid dilates the cervical canal and the hysteroscope can be inserted painlessly and atraumatically. The cavum is inspected by repeatedly rotating the hysteroscope by 30° but not moving it along the longitudinal axis, which usually causes more pain.

The hysteroscope is removed, and a Collins speculum is inserted. Then a local anesthetic is applied to the center of the posterior vaginal vault and posterior cervical lobe, which is fixed and pushed forward.

A custom-designed trocar with guidance needle was developed especially for transvaginal endoscopy. This permits a safe insertion of the trocar into the Douglas pouch. The trocar system is loaded by pulling the needle backwards with the elastic spring.

In patients with normal anatomy, the elastic spring mechanism is fixed in position 10 or 15. The number marked on the scale shows the penetration depth of the needle. The activated and assembled system is placed into the posterior vaginal vault, exactly on the center line, approximately 10 – 15 mm above the transition between vaginal wall and cervix. The instrument is pushed towards the Douglas pouch.

The elastic spring mechanism can be activated by simply pressing the actuation button, ensuring a quick and painless penetration of the needle through the vaginal skin, fatty tissue, and peritoneum into the Douglas pouch.

The needle hereby facilitates the introduction of the dilator and trocar. The dilator is then removed and replaced with the 2.9 mm hysteroscopy telescope and irrigation sheath. Only after the correct position of the trocar in the abdomen has been visually verified, the slow and continuous infusion of a prewarmed Ringer's lactate solution is started.

6-02





The clamp on the posterior cervix lip is used only to lift the cervix and exert a slight counter-pressure to ensure correct visualization when the system is positioned. In this way a firm contact is achieved between the vaginal skin and the dilatation system when the trocar is inserted.

Do not pull the genital organs towards yourself, since this may result in a lesion of the uterine serosa or intestine when the needle is introduced.

In contrast to laparoscopy, there is no 360° view at the beginning of the examination, and the diagnostic procedure, therefore, must be strictly standardized.

The examination is started by localizing the posterior uterine wall. Then the tubo-ovarial structures are localized by rotating and lateralizing the telescope. Once the ovary has been identified, the fossa ovarica with the ligamentum ovarium proprium must be identified in order to begin the inspection of the ovarian surface. Next to the ovarium ligamentum, the isthmoampullary segment of the tube is located. The tube can then be gradually inspected. The Douglas pouch and paracervical ligaments are thoroughly inspected. Then the other side is examined in the same manner.

The patency of the tubes is checked by instilling diluted methylene blue. With some experience it is possible to perform a transvaginal salpingoscopy without using any other instruments.

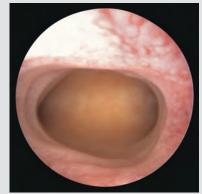
When using a high-resolution digital camera and strong light source, the examination can be observed well on a video screen. For documentation, the KARL STORZ AIDA® system is used.

A diagnostic procedure usually requires between 200 and 400 ml of fluid, whereby as much fluid as possible is removed at the end of the examination through the trocar. The puncture site in the posterior vaginal vault is not sutured, except if active bleeding occurs. The patients are instructed that a slight vaginal discharge or bleeding may occur, and that they should not use any tampons and should also abstain from sexual intercourse for several days. After the procedure, the patient is able to leave the clinic or office immediately.

When evaluating this method, its precise diagnostic value, as well as a cost/benefit analysis, it is obvious that this technique should replace HSG in infertile patients as a first line examination technique. It also allows a more careful and earlier selection of patients requiring a surgical procedure.

R. CAMPO, M.D., Prof. S. GORDTS, M.D., Leuven Institute for Fertility and Embryology (L.I.F.E.), Leuven, Belgium







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TRANS-SYS 3 71

GORDTS and CAMPO Transvaginal Endoscopy (TVE) Set



26182 GORDTS AND CAMPO Transvaginal Endoscopy Set

including:

26182 TA

26182 TA Puncture Needle, with automatic spring

mechanism, diameter 1.5 mm, length 30 cm

26182 TAA Spare Needle, for use with Puncture Needle

26182 TA, package of 6

26182 TB

26182 TB Dilation Sheath, diameter 3.8 mm, length 30 cm,

for use with Puncture Needle 26182 TA

26182 TC

26182 TC Trocar Sheath, with valve, with 1 stopcock, diameter 4.4 mm, length 20 cm, for use with

Diagnostic Sheath 26182 D



26120 BA

HOPKINS® Forward-Oblique Telescope 30°, 26120 BA

diameter 2.9 mm, length 30 cm, autoclavable, fiber optic light transmission incorporated,

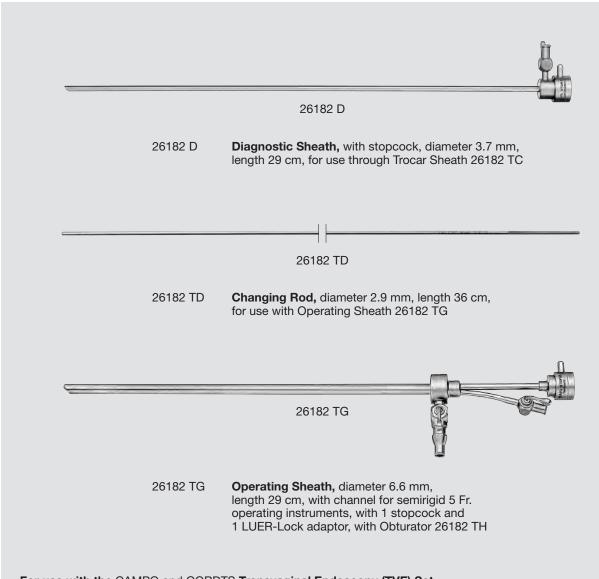
color code: red

Containers for Sterilization and Storage of Telescopes see catalog HYGIENE

72 TRANS-SYS 4

GORDTS and CAMPO Transvaginal Endoscopy (TVE) Set





For use with the CAMPO and GORDTS Transvaginal Endoscopy (TVE) Set



39360 BK Plastic Container for Sterilization and Storage, with accessories

6-023

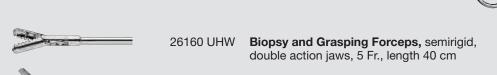
TRANS-SYS 5 73

Semirigid Operating Instruments









26160 EHW Scissors, semirigid, blunt, single action jaws, 5 Fr., length 40 cm

26160 DHW **Punch,** semirigid, through-cutting, single action jaws, 5 Fr., length 40 cm

26160 BHW **Biopsy Spoon Forceps,** semrigid, double action jaws, 5 Fr., length 40 cm

Bipolar Electrodes

Applications of Bipolar Electrode 26158 BE and 26159 BE

In Hysteroscopy:

- Uterine septum dissection
- Synechia
- Polypectomy and myomectomy (especially pedunculated myoma)

In Transvaginal Endoscopy (TVE):

- Adhesiolysis
- For ovarian drilling

Applications of Bipolar Electrode 26159 GC

In Hysteroscopy and Transvaginal Endoscopy (TVE):

For coagulating minor bleeding

In Transvaginal Endoscopy (TVE):

• For coagulating endometriotic lesions

26159 BE	Bipolar Dissection Electrode, semirigid, 5 Fr., length 36 cm
26159 GC	GORDTS/CAMPO Bipolar Ball Electrode semirigid, 5 Fr., length 36 cm

Bipolar Dissection Electrode, semirigid, 5 Fr., needle electrode angled 90°, length 36 cm



Units and Accessories for Intrauterine HF Electrosurgery see chapter 11, UNITS

26158 BE

74 TRANS-SYS 6

Fertiloscopy



We described the concept of fertiloscopy in 1997.

Fertiloscopy consists of a combination of hydrolaparoscopy, as described by GORDTS, in conjunction with a test of tubal patency, salpingoscopy, microsalpingoscopy, and hysteroscopy.

The results of the "Fly-Studie", a prospective, randomized multi-center study comparing fertiloscopy and diagnostic laparoscopy, suggest that fertiloscopy should replace laparoscopy for the treatment of infertility in patients without obvious pathology.

We recently developed possible surgical uses for fertiloscopy. These are based on the use of the fertiloscope's function channel, which allows the insertion of instruments with a diameter of 5 Fr. by using scissors, forceps (KARL STORZ), and a bipolar probe.

The following procedures are performed routinely: Ovary drilling in patients with PCO syndrome, adhesiolysis for adhesions located strictly in the tubo-ovarial region, and coagulation/destruction of minimal or mild endometriosis. If the pathology appears to be more severe, the operative laparoscopy remains the therapeutic gold standard.

A. WATRELOT, M.D., CRES®-Centre de Recherche et d'Étude de la Stérilité, Lyon, France

Product:

The Fertiloscopy Kit F42K (fitted with 2 balloon introducers: FTO 1.40 introducer and FH 1.29 introducer)

Fertility Focus Limited Unit 19D, University of Warwick Science Park Warwick Technology Park Gallows Hill, Warwick, CV34 6UW, UK Tel: +44 (0) 1926 400054 e-mail: orders@fertility-focus.com

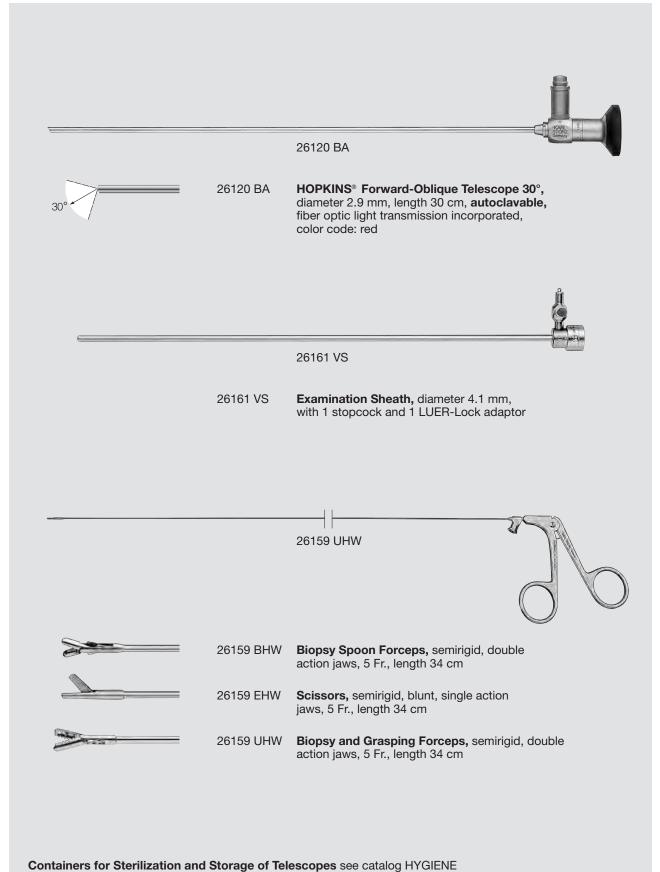
FERTILO 1

75

S

Fertiloscopy Set



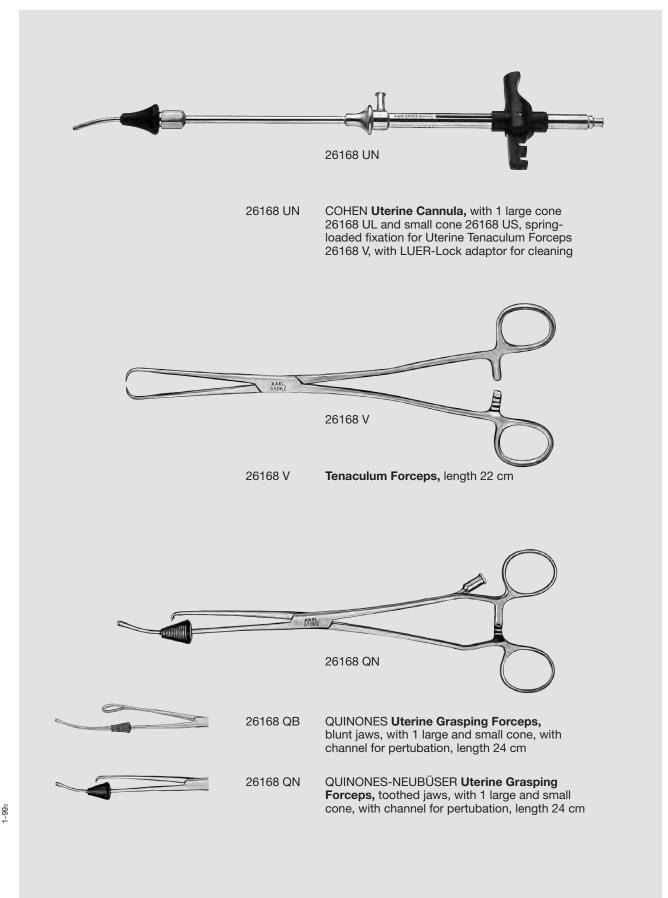


76 FERTILO 2 A

Uterine Cannula, Uterine Grasping Forceps

for laparoscopy and pertubation





FERTILO 3 A

Bipolar High Frequency Cords



KARL STORZ Instrument	High Frequency Electrosurgical Unit		bipolar
		26176 LE	Bipolar High Frequency Cord, length 300 cm, for AUTOCON® II 400 SCB system (111, 113, 115, 122, 125), AUTOCON® II 200, AUTOCON® II 80, Coagulator 26021 B/C/D, 860021 B/C/D, 27810 B/C/D, 28810 B/C/D, AUTOCON® series (50, 200, 350), Erbe-Coagulator, T and ICC series
		26176 LM	Bipolar High Frequency Cord, length 300 cm, for use with Martin HF units
		26176 LV	Bipolar High Frequency Cord, length 300 cm, for AUTOCON® II 400 SCB system (112, 114, 116, 122, 125), AUTOCON® II 200, AUTOCON® II 80 and Valleylab coagulators
		26176 LW	Bipolar High Frequency Cord, length 300 cm, pin distance on unit side 22 mm, for use with high frequency surgical units with bipolar sockets with 22 mm pin distance

Please note:

All high frequency cords on this page are delivered with a length of 300 cm. If a length of 500 cm is requested please add letter $\bf L$ to the part number, e. g. 26002 M $\bf L$, 26176 LV $\bf L$.

Units and Accessories for Intrauterine HF Electrosurgery see chapter 11, UNITS



Transabdominal Embryoscopy and Fetoscopy

Complementing Amniocentesis in the First Trimester of Pregnancy



Introduction

Early prenatal diagnosis often approaches the limits of ultrasonography in precise assessment of the fetus in the first and second trimesters of pregnancy. Further evaluation of a malformed fetus can be done by fetoscopy. For a long time, the development of diagnostic fetoscopy was prevented by its invasiveness; however, refinement of this technology allowed us to present a semirigid endoscope that is 1 mm in diameter and can be used with a 1.3 mm needle introduced transabdominally. This provides a clear image of external fetal anatomy, and access to fetal tissues; amniocentesis can therefore be performed at the same time.

Materials and Methods

The semirigid 0° straight-forward miniature endoscope is 1 mm in diameter and 20 cm in length. It has a 70° field of view and is made of over 10,000 pixels. The miniature endoscope is connected to its focusing eyepiece by a 100 cm flexible portion. The needlescope is connected to the 18 gauge (1.3 mm) trocar via a lateral female LUER-Lock adaptor to enable suction and irrigation. This trocar may include a single needle, or have a 1 to 1.1 mm operating channel on the side.

Several instruments, including a 24 gauge puncture needle, a 1 mm biopsy forceps, or a 600 micron laser fiber, may be used through the lateral operating channel under full endoscopic vision.

The light guide is connected to the eyepiece and to a xenon light source. The camera used is equipped with a zoom lens. Local analgesia is achieved by injecting 10 ml of 1% non-adrenalized xylocaine into the myometrium. The needle is inserted transabdominally into the amniotic cavity, and the endoscope is directed towards the fetal parts under continuous sonographic guidance. Amniocentesis can be performed either before or during the fetoscopy.

Discussion

Embryoscopy was first performed transcervically using various types of hysteroscopes ranging from 6 to 22 mm in diameter. The scope was passed transcervically under ultrasound guidance into the extracoelomic cavity without disturbing the amnion. For this reason, this technique should be performed between 7.5 and 11 weeks' gestation. It is therefore confined to diagnosis of severe genetic syndromes with a high risk of recurrence that may be diagnosed in the form of external structural defects prior to 11 weeks' gestation. This procedure

cannot be performed after 11 weeks, since the extracoelomic space has disappeared, and trauma to the amnion becomes more likely. Ultrasonographic examination of the fetus in the first trimester is best performed after 11 weeks' gestation and is currently offered to a low risk population for precise dating of pregnancy as well as part of screening for fetal aneuploidy. The most common abnormalities diagnosed or suspected at this stage of pregnancy include: exencephaly, abnormal nuchal area (cystic hygromata or nuchal translucency), exomphalos, facial cleft, abnormal position of the limbs and hydrops fetalis. Complete examination of a 12-week-old fetus by ultrasound is very unlikely, and lethal or complex abnormalities as well as isolated structural defects can be associated with additional abnormalities not detected by ultrasound. Therefore, abnormalities that are strongly suspected must be confirmed. One option is to wait for a detailed ultrasound examination in the second trimester of pregnancy, but this is rarely considered by the parents who are usually anxious to request a rapid and complete fetal evaluation, especially when a termination of the pregnancy is a possible option.

Verification of prenatally diagnosed abnormalities is therefore critical for genetic counseling. However, despite medical advice, when termination is requested in the first trimester, some patients will not be willing to go through stresses caused by induced labor, and dilatation or aspiration techniques are unlikely to allow a thorough postmortem examination. The fetal anatomy therefore should be assessed prior to evacuation, and transabdominal feto scopy is another option for this.

Prior to the development of high-resolution ultrasound equipment, transabdominal fetoscopy was performed using 6 and 2.2 mm endoscopes for examining the human fetus and fetal blood sampling or fetal tissue biopsy. However, fetal loss occurred in as much as 4% to 8% of cases. Further development and refinement of this technology allowed direct visualization of the fetus with a fiber optic endoscope that could be guided inside the amniotic cavity through a 20 - 21 gauge amniocentesis needle. However, micro-endoscopy using a flexible endoscope with a diameter of 0.5 mm presents several limitations: the resolution depth is short (up to 15 mm), the field of view is very narrow (approx. 5 mm in diameter at 1 cm), and lighting often insufficient. These limitations result from a compromise between the number of optic and light fibers that can be incorporated in the endoscope (currently 3,000 fibers).

Transabdominal Embryoscopy and Fetoscopy

Complementing Amniocentesis in the First Trimester of Pregnancy



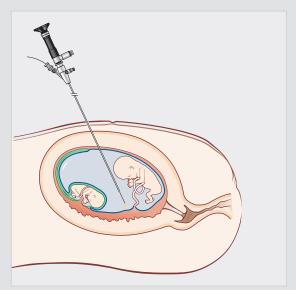
This only permits partial visualization of the fetal anatomy and depends on high resolution ultrasound to direct the needle towards the fetal part under investigation. The new miniature endoscope presented here allows better visualization with increased depth (from 2 mm to more than 5 cm) and a 70° angle of view (2 cm diameter at 1 cm), and the light source provides a clear image of the fetus, reducing the procedure time.

There are several concerns regarding the use of this new examination technique:

- Care should be taken in making a diagnosis of fetal abnormality in the first trimester since precise sonographic evaluation is usually only possible in the second trimester of pregnancy. This causes parents anxiety that may or may not be justified and might lead to a termination of a normal pregnancy, especially when this can be done at the parents request in the first trimester of pregnancy. Furthermore, even when termination of pregnancy is performed for major fetal abnormality, induction with prostaglandins provides a better opportunity for post-mortem examination than destructive techniques. This is particularly important since fetoscopy offers only an incomplete evaluation of the external fetal anatomy, and associated internal abnormalities can be missed by ultrasound at this stage of pregnancy.
- The risks to the developing retina are still in question; however no retinal damage or other development abnormalities were established in chicken or in sheep after exposure to embryoscopic and fetoscopic white light. Human data are still limited but infants born after first trimester transcervical embryoscopy did not demonstrate any visual abnormalities.

The procedure-related risk of miscarriage can probably be estimated to be between that of second trimester fetoscopy performed for diagnostic purpose and that of first trimester amniocentesis. The semi-flexible miniature endoscope is passed through a 1.3 mm needle compatible with first trimester diagnosis. This procedure will add one minute to an amniocentesis. We therefore believe that fetoscopy probably does not significantly increase the basic risk of amniocentesis done at the same gestational age. However, this remains to be demonstrated and patients should be counseled accordingly.

Prof. Y. VILLE M. D., Université Paris-Ouest, CHI Poissy, St Germain, Département Obstétrique Gynécologie, Poissy Cedex, France



81

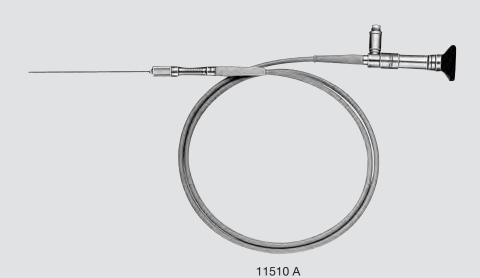
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Transabdominal Embryoscopy and Fetoscopy Set

Miniature Straight Forward Telescope



Size 1 mm, for use with fetoscopes



11510 A Miniature Straight Forward Telescope 0°,

semirigid, with remote eyepiece, with rotating and locking LUER-Lock adaptor, fiber optic light

transmission incorporated
Direction of view: 0°
Angle of view: 70°
Working length: 20 cm
Outer diameter: 1 mm

Fetoscopes see pages 83-84

Transabdominal Embryoscopy and Fetoscopy Set

Fetoscope Sheaths



For use with Miniature Straight Forward Telescope 11510 A

11510 KA



83

11510 KA

Examination Sheath, straight, with pyramidal obturator, diameter 1.3 mm, with 1 LUER-Lock adaptor, package of 2, for use with Miniature Straight-Forward Telescope 11510 A



11510 KE

Operating Sheath, straight, size 5.6 Fr., with pointed tip, with 2 obturators, with 0.8 mm working channel for laser fibers up to 400 micron-core (maximum outer diameter 700 micron) or Puncture Needle 11510 KC, with 2 LUER-Lock adaptors, package of 2, for use with Miniature Straight Forward Telescope 11510 A



11510 KD

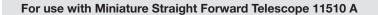
Operating Sheath, straight, size 6.5 Fr., with pointed tip, with 2 obturators, with 1.1. mm working channel for laser fibers up to 600 micron-core (maximum outer diameter 900 micron) or Puncture Needle 11510 KC, with 2 LUER-Lock adaptors, package of 2, for use with Miniature Straight Forward Telescope 11510 A

1-99-

Transabdominal Embryoscopy and Fetoscopy Set

Fetoscope Sheath and Puncture Needle







11510 KI

Operating Sheath, curved, with pointed tip, size 5.6 Fr., with 2 obturators, with 0.8 mm working channel for laser fibers up to 400 micron-core (maximum outer diameter 700 micron) or Puncture Needle 11510 KC, with 2 LUER-Lock adaptors, package of 2, for use with Miniature Straight Forward Telescope 11510 A

11510 KC

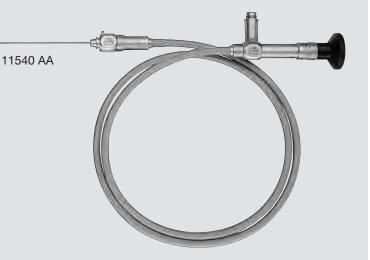
11510 KC

Puncture Needle, diameter 0.6 mm, length 26.5 cm, for single use, package of 6, for use with Operating Sheaths 11510 KD/KE/KI

Miniature Straight Forward Telescope



Size 1.3 mm, for use with Fetoscopes



11540 AA

Miniature Straight Forward Telescope 0°,

semirigid, with remote eyepiece, **autoclavable**, fiber optic light transmission incorporated Direction of view:

0°

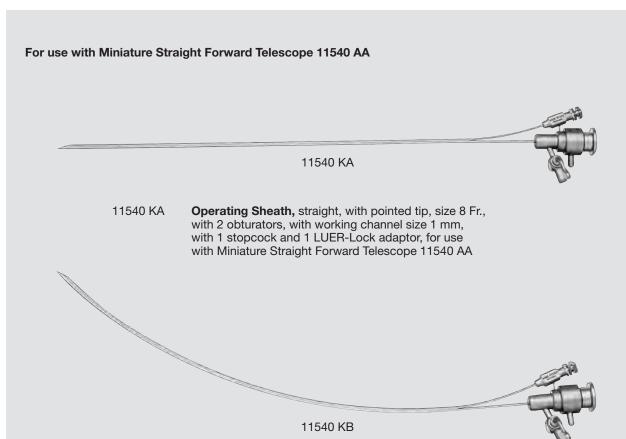
Direction of view: 0°
Angle of view: 90°
Working length: 30.6 cm
Outer diameter: 1.3 mm

2-1

Fetoscopes see pages 86-87

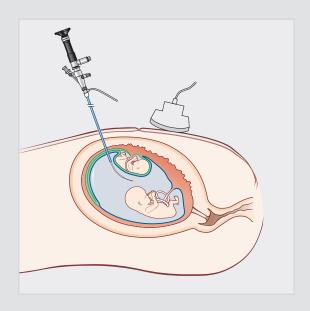
Fetoscope Sheaths





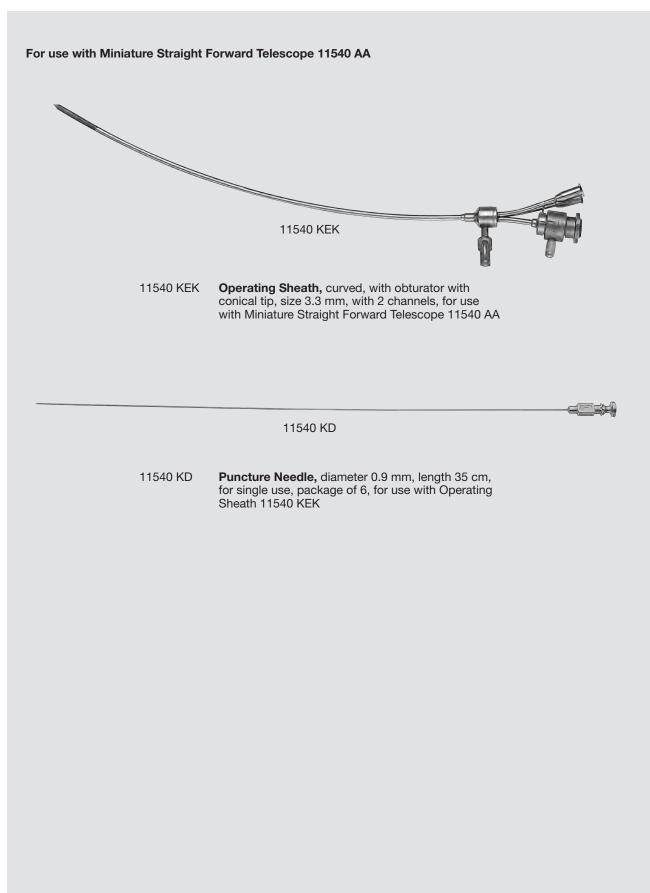
11540 KB

Operating Sheath, curved, with pointed tip, size 8 Fr., with 2 obturators, with working channel size 1 mm, with 1 stopcock and 1 LUER-Lock adaptor, for use with Miniature Straight Forward Telescope 11540 AA



Fetoscope Sheath and Puncture Needle

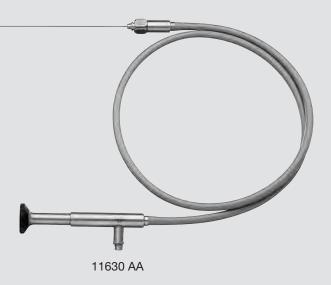




Miniature Straight Forward Telescope



Size 2 mm, for use with fetoscopes



11630 AA

Miniature Straight Forward Telescope 0°, semirigid, autoclavable, with remote eyepiece, fiber optic light transmission incorporated

Direction of view: 95° Angle of view: Working length: 30 cm Outer diameter: 2 mm

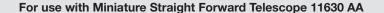
Fetoscopes see page 89

11630 KH

11605 FK

Fetoscope Sheaths





11630 KF

11630 KF

Operating Sheath, straight, with pointed tip, 9 Fr., with 2 obturators, with working channel size 1 mm, with 1 stopcock and 1 LUER-Lock adaptor, for use with Miniature Straight Forward Telescope 11630 AA

11630 KH

Operating Sheath, straight, with blunt tip, size 9 Fr., with 2 obturators, with working channel size 1 mm, with 1 stopcock and 1 LUER-Lock adaptor, for use with Miniature Straight Forward Telescope 11630 AA

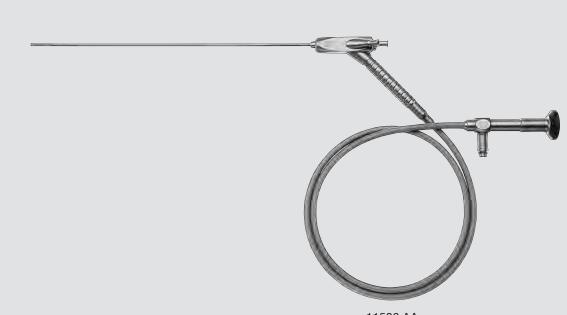
11605 FK

Operating Sheath, straight, with Pyramidal Obturator 11605 FO, size 9 Fr., with working channel size 1 mm for laser fibers up to 400 micron-core (maximum outer diameter 700 micron), with 1 stopcock and 1 LUER-Lock adaptor, for use with Miniature Straight Forward Telescope 11630 AA

11605 KC

11605 KC **Examination Sheath,** straight, with pyramidal Obturator 11605 KCO, diameter 2.7 mm, with 1 stopcock and 1 LUER-Lock adaptor, for use with Miniature Straight Forward Telescope 11630 AA





11506 AA

11506 AAK

Miniature Straight Forward Telescope 0° Set, straight, diameter 3.3 mm, length 30 cm, with 30,000 pixels, autoclavable, irrigation connector, central working channel 4 Fr., lateral working channel 3 Fr., with remote eyepiece, fiber optic light transmission incorporated including:

Seal, for instrument ports, package of 10

2x LUER Adaptor, with seal

Cleaning Brush

Case

Recommended Accessories

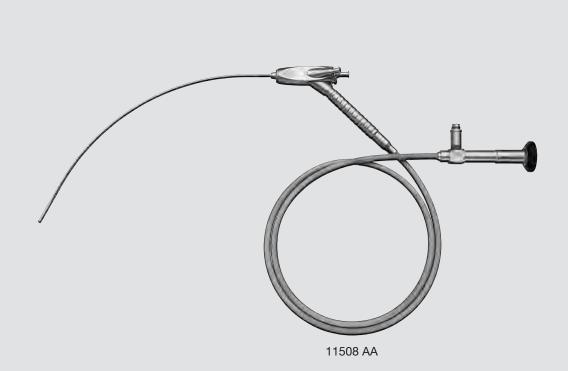
11506 P

11506 P

Puncture Needle, sharp, individually adjustable handle, length 50 cm, sterile, package of 10, for use with Miniature Straight Forward Telescopes 11506 AA and 11508 AA

Components/Spare Parts see chapter 12





11508 AAK

Miniature Straight Forward Telescope 0° Set, curved, diameter 3.3 mm, length 30 cm, with 30,000 pixels, autoclavable, irrigation connector, central working channel 4 Fr., lateral working channel 3 Fr., with remote eyepiece, fiber optic light transmission incorporated including:

Seal, for instrument ports, package of 10

2x LUER-Adaptor, with seal

Cleaning Brush

Case

Recommended Accessories

11506 P

11506 P

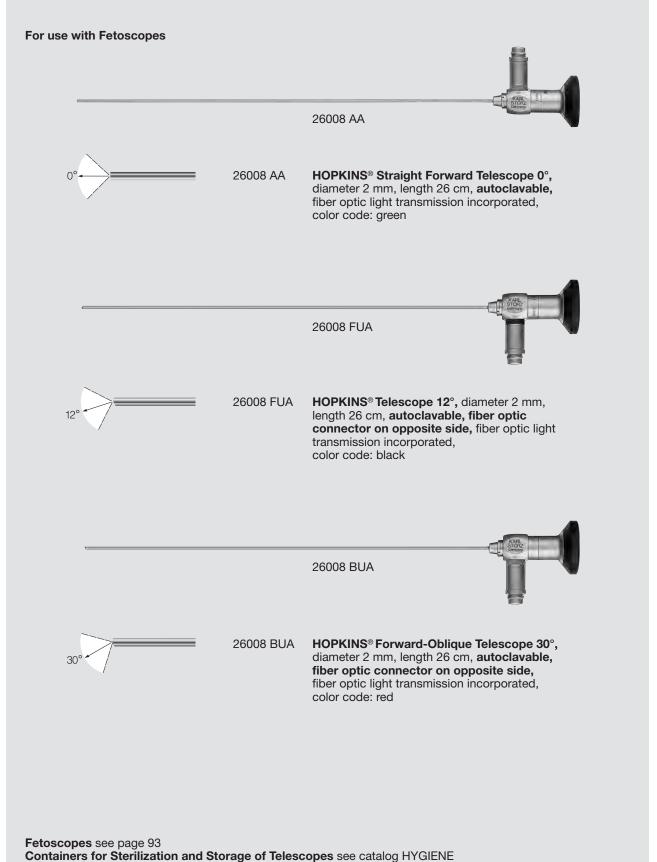
Puncture Needle, sharp, individually adjustable handle, length 50 cm, sterile, package of 10, for use with Miniature Straight Forward Telescopes 11506 AA and 11508 AA

Components/Spare Parts see chapter 12

HOPKINS® Telescopes

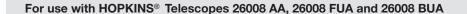
Diameter 2 mm





Fetoscope Sheaths



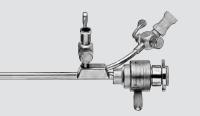




26161 UK

26161 UK

Operating Sheath, straight, with Pyramidal Obturator 26161 UO, size 9 Fr., with working channel for laser fibers up to 400 micron-core (maximum outer diameter 700 micron), with 1 stopcock and 1 LUER-Lock adaptor, for use with HOPKINS® Telescope 26008 AA



26161 UFK

26161 UFK

Operating Sheath, straight, with Pyramidal Obturator 26161 UFO, size 11.5 Fr., with working channel for laser fibers up to 400 microncore (maximum outer diameter 700 micron), with 1 stopcock and 1 LUER-Lock adaptor, for use with Working Insert 26161 UH



26161 UH

26161 UH

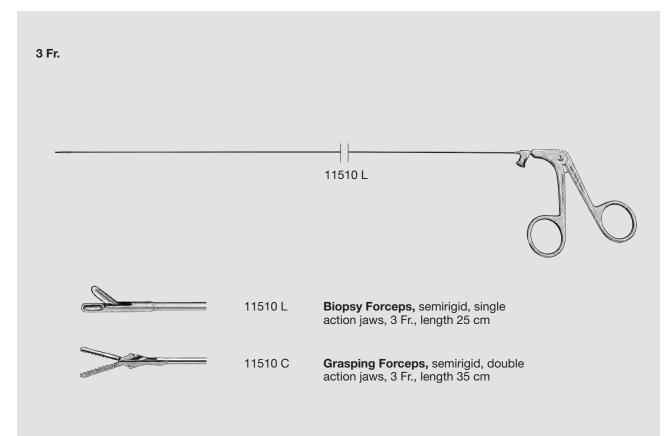
Working Insert, with steering lever, for use with Operating Sheath 26161 UFK

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Units and Accessories for Fetoscopy see chapter 11, UNITS

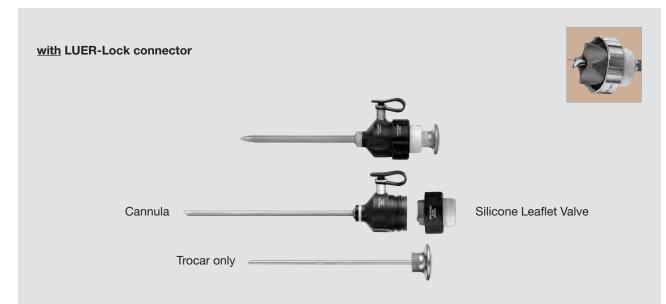








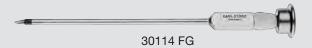




Size 2.6 mm for use with TAKE-APART® Bipolar Grasping Forceps 26167 FG

Size:		2.6 mm	
Working length:		10 cm	13 cm
Color code:		black-yellow	black
	Trocar, with pyramidal tip including:	11516 CS	11516 CL
	Cannula, with LUER-Lock connector	11516 C1	11516 C2
	Trocar only	11516 S	11516 L
	Silicone Leaflet Valve	11603 L1	11603 L1

Size 3.2 mm for use with TAKE-APART® Bipolar Grasping Forceps 26167 FG



30114 FG **Fetoscopy Trocar,** with LUER-Lock connector, size 3.2 mm, length 10 cm





with LUER-Lock connector





Size 3.5 mm for use with TAKE-APART® Bipolar Grasping Forceps 26184 HLS

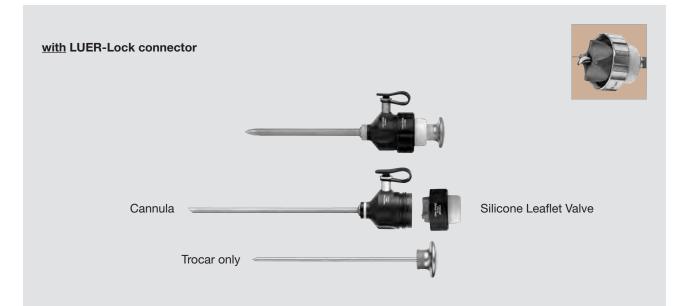
Size:		3.5 mm
Working length: Color code:		10 cm green-yellow
	Trocar, with pyramidal tip including:	30114 GKL
	Cannula, with LUER-Lock connector	30114 G2
	Trocar only	30114 C
	Silicone Leaflet Valve	30114 L1

Size 3.9 mm for use with Operating Sheaths 11630 KF/KH

Size:		3.9 mm	
Working length:		10 cm	13 cm
Color code:		red-green	red
	Trocar, with pyramidal tip including:	11517 BS	11517 BL
	Cannula, with LUER-Lock connector	11517 B2	11517 B1
	Trocar only	11517 S	11517 L
	Silicone Leaflet Valve	30117 L1	30117 L1







Size 4.7 mm for use with Operating Sheath 26161 UF

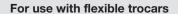
Size:		4.7 mm
Working length:		10 cm
Color code:		blue
	Trocar, with pyramidal tip including:	11518 AS
	Cannula, with LUER-Lock connector	11518 A2
	Trocar only	11518 S
	Silicone Leaflet Valve	30118 L1

Size 3.6×5.4 and 3.2×4.95 mm for use with Bipolar Optical Grasping Forceps 11540 HLS (11519 AS) and Bipolar Optical Grasping Forceps 11540 FG (11520 AS)

Size:		3.6 x 5.4 mm	3.2 x 4.95 mm
Working length: Color code:		10 cm blue	10 cm blue-white
	Trocar, with pyramidal tip, drop-shaped profile including: Cannula,	11519 AS 11519 A2	11520 AS 11520 A2
	with LUER-Lock connector Trocar only Silicone Leaflet Valve Sealing Cap	11519 S 30160 L1 6127490	11520 S 30160 L1 6127490









11650 TD	Trocar only, 7 Fr., diameter 2.5 mm,
	length 16 cm, package of 2

11650 TG	Trocar only, 10 Fr., diameter 3.3 mm,
	length 17 cm. package of 2

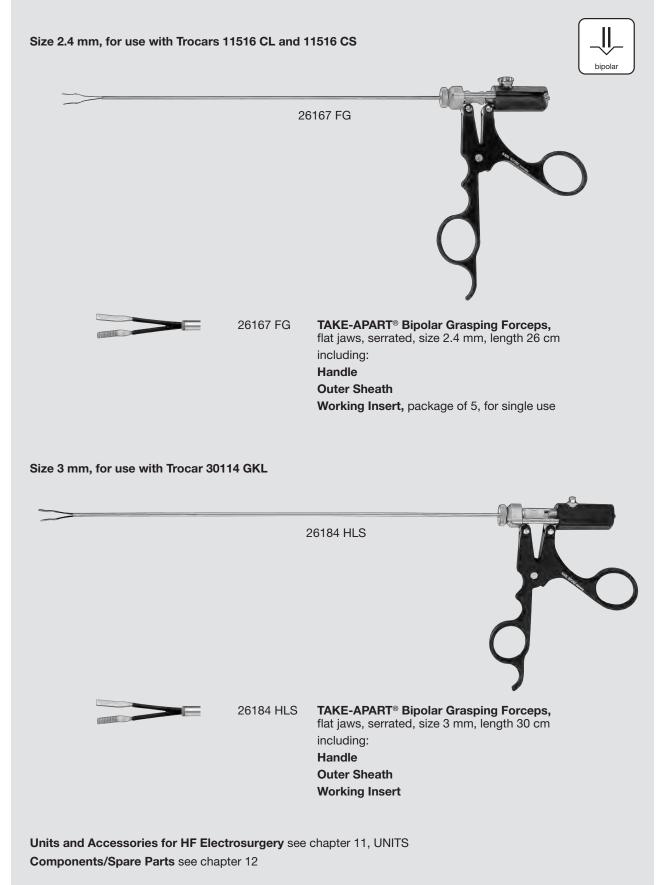
11650 TH Same, 11 Fr., diameter 3.6 mm 11650 TI Same, 12 Fr., diameter 3.9 mm

Please note:

Products 11650 TD, 11650 TG, 11650 TH and 11650 TI are designed for use with the flexible trocars offered by the company Cook (CHECK-FLO® PERFORMER® INTRODUCER SETS: RCF-x.x-38-J or RCFP-x.x-38-J).

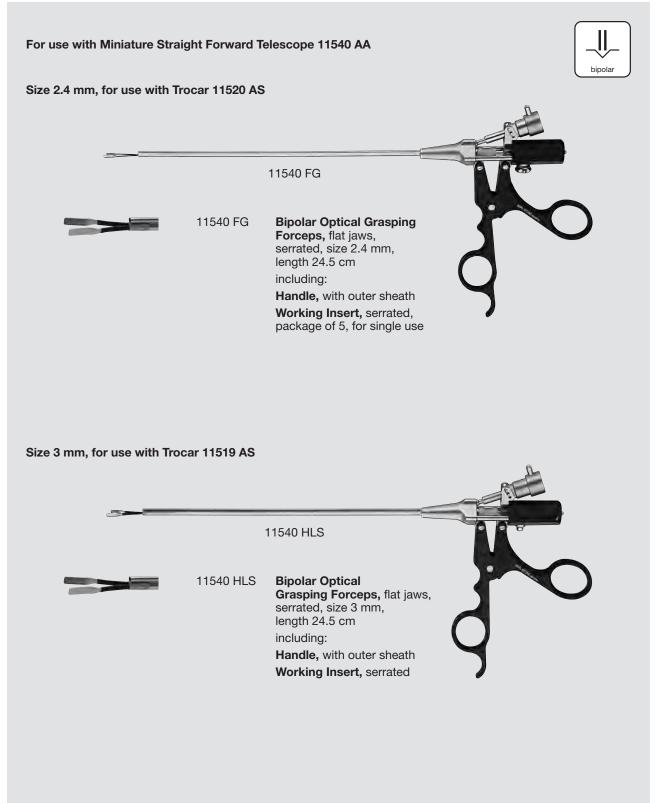
TAKE-APART® Bipolar Grasping Forceps





Bipolar Optical Grasping Forceps

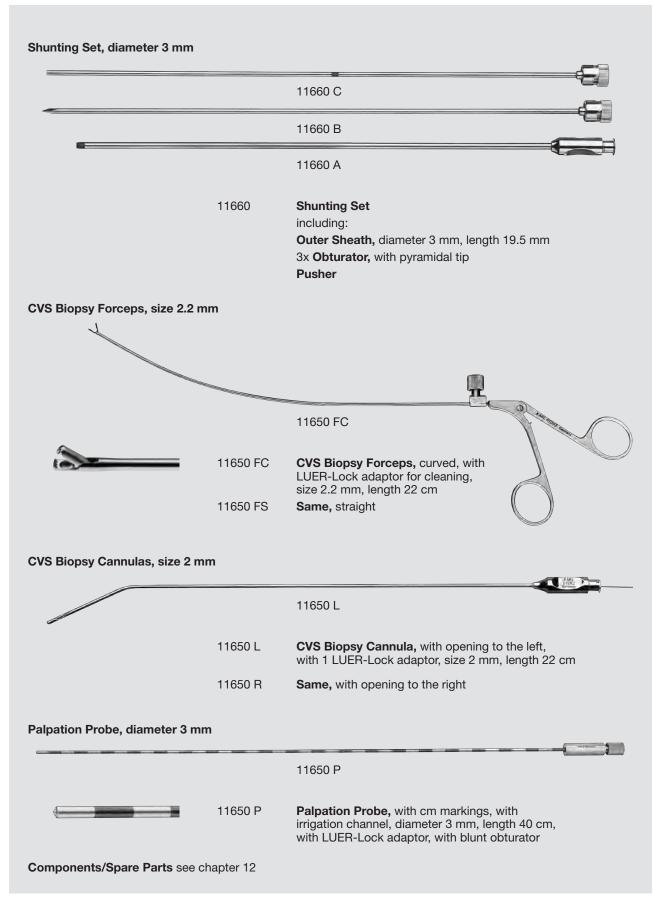




Units and Accessories for HF Electrosurgery see chapter 11, UNITS Components/Spare Parts see chapter 12

Shunting Set, CVS Biopsy Forceps, CVS Biopsy Cannulas and Palpation Probe







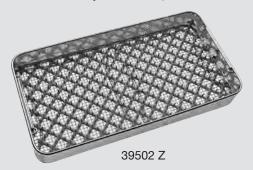


Germany	26040 BX	Telescope Lock Plug, with LUER-Lock for aspiration of liquid
	495 EW	Light Adaptor, angled 90°, diameter 4.8 mm, free rotatable, to connect with standard telescopes
	11510 V	Tuohy Borst Y-Connector, rotating, with one-way stopcock, sterile, package of 5
	6011590	Plug, for lateral LUER-Lock adaptor
KAHL STORZ	27001 RA	Cleaning Adaptor, for Instrument Ports 27001 G/GF/GH/GP/GG
HAPL STORE Commen	27001 E	Insertion Aid, for guide wires
	27550 N	Seal, for instrument ports, package of 10, single use recommended
E SAGREDISC	27014 Y	LUER-Adaptor, with seal

Wire Trays for Cleaning, Sterilization and Storage of Instruments



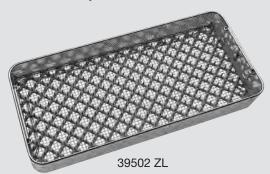
For use with Miniature Straight Forward Telescopes 11510 A, 11540 AA and 11630 AA



39502 Z Wire Tray for Cleaning, Sterilization and Storage of instruments, stackable, including hole plate walls and foldaway handles, external dimensions (w x d x h): 480 x 250 x 66 mm 39502 L Lid, for use with Wire Tray 39502 Z 39100 S Silicone Grid Insert, "Large Diamond Grid", blue, extra wide meshed, for the storage of instruments in standard wire baskets, plastic and sterilization containers, external dimensions (w x d): 470 x 240 mm 39100 PS Fixation Pin, including screw and washer, to screw instruments into position in wire trays, height 38 mm, package of 12, for use with Silicone Tie-Downs 39360 AS

39360 AS **Silicone Tie-Downs,** package of 12, for use with Fixation Pins 39100 PS and 39360 AP

For use with Miniature Straight Forward Telescopes 11506 AA and 11508 AA



39502 ZL	Wire Tray for Cleaning, Sterilization and Storage of instruments, long, stackable, including hole plate walls and foldaway handles, external dimensions (w x d x h): 535 x 250 x 66 mm
39502 LX	Lid, for use with Wire Tray 39502 ZL
39100 SL	Silicone Grid Insert "Large Diamond Grid", blue, extra wide mashed, for storage of instruments in wire baskets, external dimensions: 530 x 240 mm
39100 PS	Fixation Pin, including screw and washer, to screw instruments into position in wire trays, height 38 mm, package of 12, for use with Silicone Tie-Downs 39360 AS
39360 AS	Silicone Tie-Downs, package of 12, for use with

MINI-FET 25 103

Fixation Pins 39100 PS and 39360 AP

4

Plastic Container for Sterilization and Storage of Instruments



For use with Miniature Straight Forward Telescopes 11510 A, 11540 AA, 11630 AA, 11506 AA and 11508 AA



39360 BK

Plastic Container for Sterilization and Storage of Variable Instrument Sets, perforated, with transparent lid, with silicone mat, single-level storage, (1 additional insert), external dimensions (w x d x h): 525 x 240 x 70 mm including:

Snap-in Clip, package of 12 **Silicone Tie-Downs,** package of 12 **Tool**

Please note: The instruments displayed are not included in the trays.

Components/Spare Parts see chapter 12

MICRO BLOOD EXTRACTION SET AMNIOSCOPES AND CYSTOSCOPES



OPPELT "Easy-Check" Micro Blood Extraction Set



The "Easy-Check" micro blood extraction set is a reusable instrument set for obtaining blood samples, eliminating the need for multiple or complex instrument changeovers. A light guide incorporated in the amnioscope and capillary tube enables an optimal illumination of the fetal scalp. An LED battery light source (11301 D3) or a standard cold light source can be used as a light source.

The "Easy-Check" micro blood extraction set enables low-risk, efficient and prompt blood sampling from the fetal scalp in order to determine fetal oxygen supply during difficult obstetric situations.

P. OPPELT, M.D. Abteilung für Gynäkologie und Geburtshilfe, Allgemeines Krankenhaus Linz, Austria

Special Features:

- Instrument set for micro blood extraction during labor
- Increased safety for the fetus as the penetration depth of the knife is limited
- Optimal illumination of the OR field and the sheath
- Easy handling
- Minimal sheath diameter
- Autoclavable



26212



26212

OPPELT "Easy-Check" Micro Blood Extraction Set, diameter 14 mm, length 20 cm

Accessories (not included in delivery):



26212 K

Miniature Blade, sterile, package of 24, for use with OPPELT "Easy-Check" Micro Blood Extraction Set 26212

26212 R

Capillary Tube, heparinized, size 85 μL, package of 750, for use with OPPELT "Easy-Check" Micro Blood Extraction Set 26212

Recommended Accessories:



11301 D3

11301 D3

Battery Light Source LED for Endoscopes, with coarse thread, boost mode for temporary increase in brightness, burning time > 120 min, weight approx. 78 g, waterproof and fully immersible for cleaning and disinfection

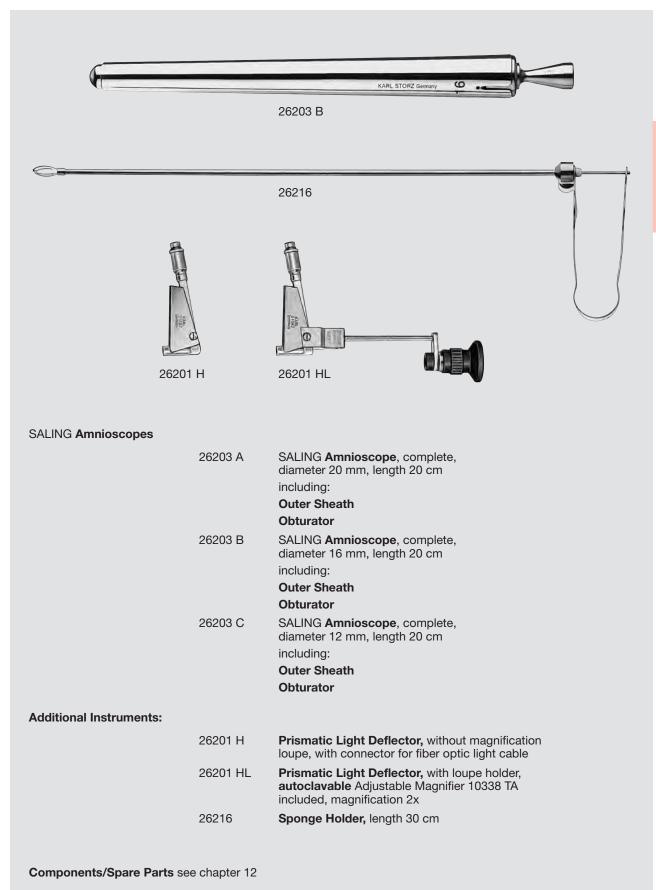
Recommended for use with the "safe CLINITUBES" (REF 942-895-D941P-240-85, 250 x 85 μ L) from the company Radiometer Copenhagen

106 MBU 2

Amnioscopes

1-993

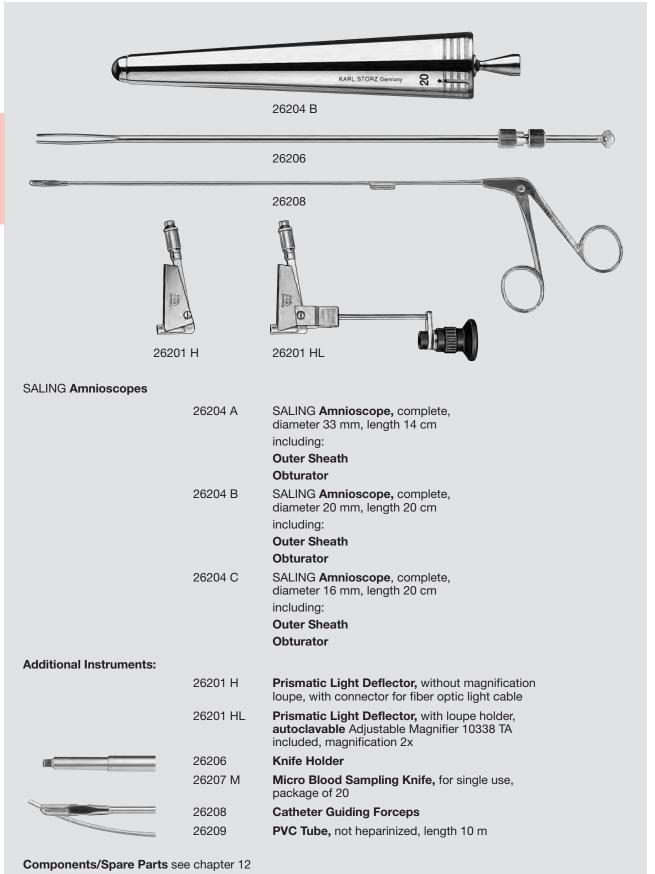




AMN 3 A 107

Blood Sampling Set

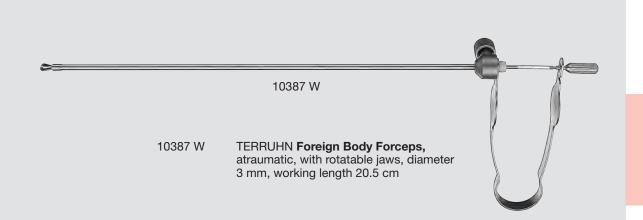


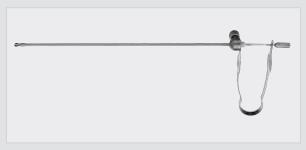


108 AMN 4









For locating and recovering an intrauterine device (IUD) lost in the uterus atraumatically and without dilation and anesthesia.



It is also easy to grasp an arm of the T cross-bar.



An ingrown Copper 7 with up-turned string immediately after removal.

Universal Cysto-Urethroscopes



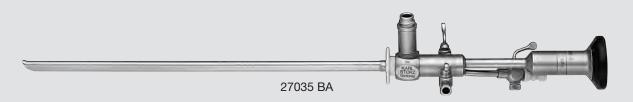
17 Fr.,

for outpatient cysto-urethroscopy

Special Features:

- Minimal discomfort for the patient
- Biopsies
- Foreign body retrieval
- Treatment of strictures and bladder stones
- Easy to use

- Atraumatic instrument tip
- High stability
- For use with semirigid and flexible forceps
- For inserting ureteral splints





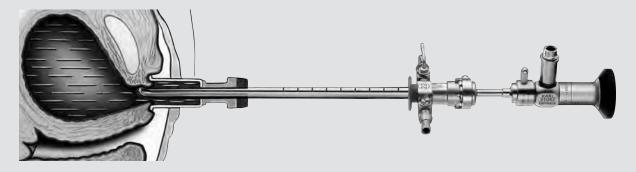
27035 BA

Universal Cysto-Urethroscope, with HOPKINS® forward-oblique telescope 30°, enlarged view, autoclavable, 17 Fr., fiber optic light transmission incorporated, 7 Fr. working channel, color code: red-yellow

Cystoscope Adaptor for female urethroscopy

The NICKELL Cystoscope Adaptor should be pressed against the urethra orifice after insertion of the cystoscope to avoid leaking of irrigation fluid and the col-

lapse of the urethra. This also permits a full length urethroscopy in the female urethra.





27026 X

27026 X NICKELL **Cystoscope Adaptor,** for female urethroscopy, for use with Cystoscope-Urethroscope Sheaths 27026 A – U, 27026 AB – DB and HOPKINS® Telescopes 27005 AA/BA/FA

Semirigid Operating Instruments see page 111
Container for Sterilization and Storage of Telescopes see catalog HYGIENE

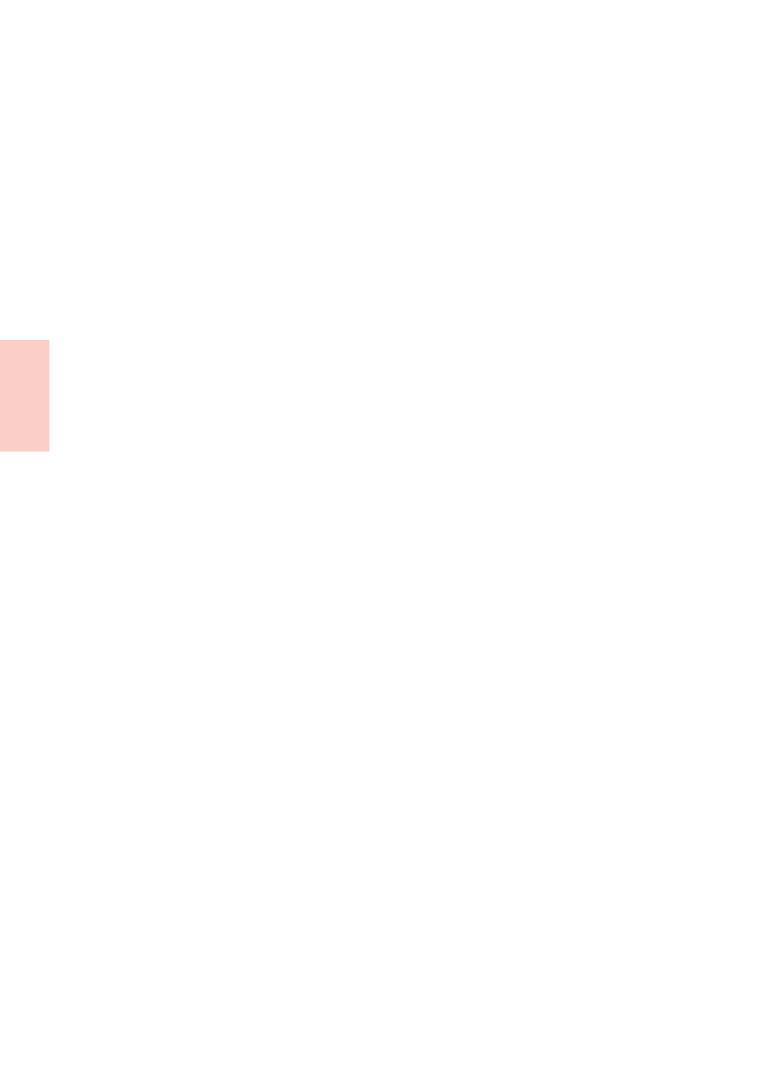


Semirigid Operating Instruments

7 Fr., for use with Universal Cysto-Urethroscope 27035 BA



	27035 L	Biopsy Forceps, semirigid, double action jaws, 7 Fr., length 40 cm
and the same of th	27035 F	Grasping Forceps, semirigid, double action jaws, 7 Fr., length 40 cm
	27035 D	Forceps, semirigid, through-cutting, single action jaws, 7 Fr., length 40 cm
	27035 S	Hook Scissors, semirigid, serrated, double action jaws, 7 Fr., length 40 cm













Today, most surgical procedures still involve open surgery, while a steadily growing proportion is performed endoscopically. As a full-range supplier in minimally invasive surgery, KARL STORZ takes account of this fact with the new HAVE 1™ concept. In conjunction with the innovative VITOM® system, KARL STORZ camera and documentation systems can be used for visualizing

and documenting open surgeries as well. Combining technologies for minimally invasive procedures with those for open surgery is efficient, economic, and improves the workflow in the operating room. HAVE 1^{TM} – the visualization and documentation solution for minimally invasive and open surgery from a single source.

Benefits of HAVE 1™:

- Only KARL STORZ offers the VITOM® system, which allows visualizing and documenting open surgeries in all medical specialties
- Excellent FULL HD image quality
- Great depth of field

- Large working distance
- Ergonomic work via the monitor
- Compact design requiring minimal space in the OR
- Use of existing KARL STORZ FULL HD endoscopy system

Brilliant Visualization in FULL HD

KARL STORZ HAVE 1™:



A AIDA™ compact NEO HD

V VITOM®

e Endoscopy

1 The complete solution from a single source

FULL HD camera platform

Medical Data Management System

Brilliant visualization of open surgeries

The diamond standard in minimally invasive surgery

Your contact for imaging and documentation





HAVE 1™ Video

7

GYN-VITOM 3 A 115

VITOM® for Loop Conization

The Visualization System in the OR



Loop conization should only be performed under 5 – 10x magnification. This enables the performance of an atraumatic procedure suitable for precanceroses, ensuring as little tissue loss as possible while providing sufficient oncological certainty.

Your experience with laparoscopic surgery is optimal training for performing surgery via monitor. Consequently, the VITOM® exoscope in conjunction with HD video technology represents an ideal module for future loop conizations. It enables you to easily diagnose le-

sions according to their extent and severity, visualize them on the monitor in HD technology, and make digital recordings at the same time. Loop conization is performed under magnification with maximum tissue preservation and without complications. An initial clinical study reported a high clinical value for this procedure (Vercellino et al., in press).

Prof. Dr. med. A. SCHNEIDER, M.P.H., Institute for Cytology and Dysplasia Fürstenberg-Karree, Medical Care Center Berlin, Germany

Use of the System

The VITOM® telescope is an exoscope which, unlike an endoscope, is not inserted into the body but placed at a working distance of 25 – 75 cm above the surgical field. The VITOM® system can be used in the OR for the visualization and documentation of colposcopic interventions in FULL HD quality, i.e. for conization with the

electrical loop as an excellent alternative to conventional colposcopes. The colposcope can thus be replaced by the VITOM® system, providing the surgeon with a range of application areas for the individual system components. In addition, the VITOM® system greatly enhances image quality.



VITOM® colpophotogram of a 46-year-old patient with Pap Group IVa-p and evidence of HPV 51 and 52 as well as cervical intraepithelial neoplasia grade 3 (CIN3) histologically diagnosed through brush biopsy. A small circular, iodine-negative atypical transformation zone type 2 can be identified here. The visualization mode CLARA delivers an excellent and clear image of the portio.



A tissue-sparing loop excision was performed under VITOM® control with a 10 mm loop. A histopathological examination of the excision specimen in sano showed CIN 3.



Loop conization is performed under monitor control. The 90° VITOM® exoscope mounted to the VERSACRANE™ holding arm combined with the mounted IMAGE1 S HD camera delivers a high-resolution image of the iodinestained portio. The large working distance between the VITOM® exoscope and surgical field provides the surgeon with more freedom of movement, making it easier to navigate the speculum and other instruments.

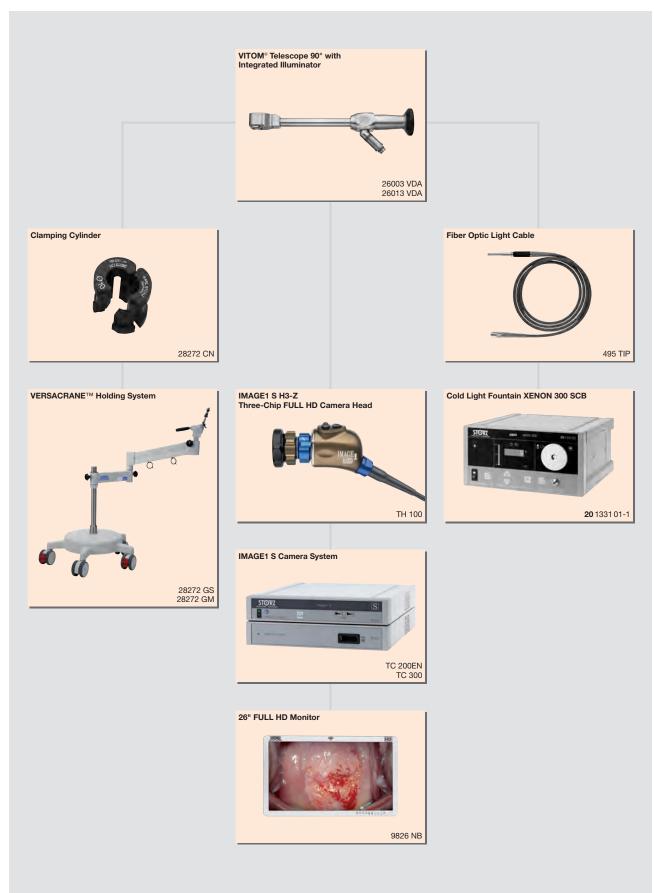
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VITOM® for Loop Conization

Overview for the OR



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VITOM® for Colposcopy





Combined with the IMAGE1 S camera system, the AIDA $^{\text{TM}}$ documentation system and a FULL HD monitor, the VITOM $^{\circ}$ 25 exoscope presents an ideal unit for colposcopy consultation. The TELE PACK X LED system offers a compact and space-saving alternative for this purpose. In addition, the entire endoscopic imaging system can be supplemented with hysteroscopes or cystoscopes for use in the doctor's office or outpatient clinic.

VITOM® enables colposcopic differential diagnosis and targeted biopsy from the most affected area in real time. The most important steps are recorded with video colposcopy and allow subsequent evaluation or comparison with findings at follow-up examinations. Should surgery be necessary, surgeons can again visualize the localization and extent of the tissue change to be removed prior to the intervention. The different visualization modes of the IMAGE1 S system allow examination of the identified lesion with various contrast and color nuances. This is particularly useful for the differential diagnosis of changes in the skin.

The correlation between video colposcopical recordings with histological images leads to new insights in colposcopy:

- The four pathognomonic signs inner border sign, ridge sign, rag sign und cuffed gland openings – are strongly associated with the presence of high-grade cervical intraepithelial neoplasia and feature a reproducible histopathological correlation.
- Pathognomonic signs are gaining increasing importance and increase the specificity of detection and lower the rate of false-positive test results for the detection of high-grade precancerosis.
- The new brush biopsy technique features the same sensitivity as conventional excisional biopsy yet is practically painless for the patient and less traumatic to tissue.

Prof. Dr. med. A. SCHNEIDER, M.P.H., Institute for Cytology and Dysplasia Fürstenberg-Karree Medical Care Center Berlin, Germany



Atypical transformation zone with a suspected CIN 3 lesion



Cytology: Pap class II, HR-HPV



Colposcopic examination using VITOM® exoscopy. The patient and physician both view the image of the portio findings on the HD monitor. The patient is integrated in the examination process and can make informed decisions on further diagnosis and therapy.

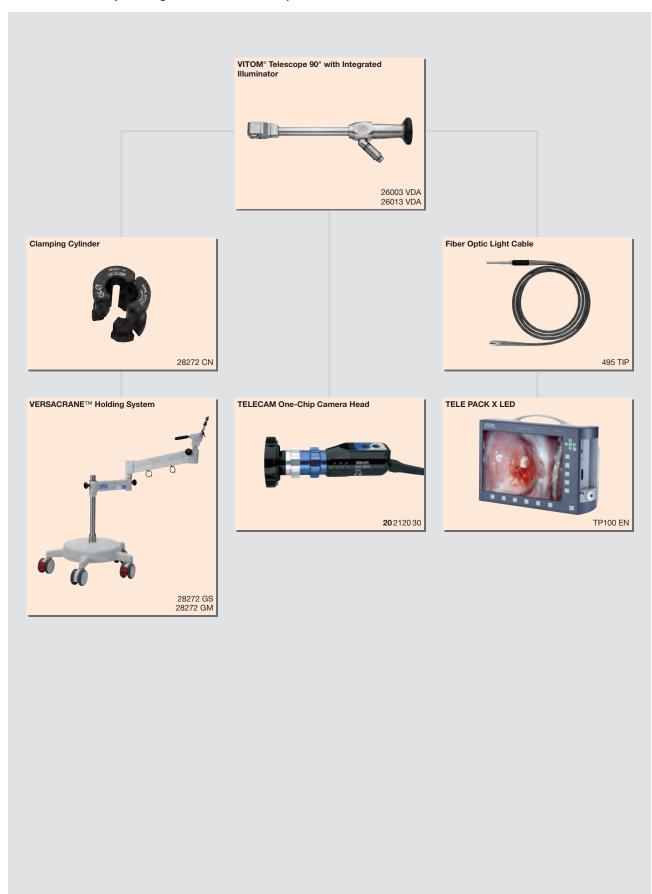
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VITOM® for Colposcopy







GYN-VITOM 7 A





Exoscope and Illumination – VITOM® Telescope with Integrated Illuminator Length 11 cm







26003 VDA VITOM® Telescope 90° with Integrated Illuminator,

VITOM® HOPKINS® telescope 90°, working distance 25 – 75 cm, length 11 cm, **autoclavable**, with incorporated fiber optic light transmission and condensor lenses, color code: blue

Note: The scope used in this set is denoted **20** 9160 25 DA.

26013 VDA

VITOM® Telescope 90° with Integrated Illuminator, VITOM® HOPKINS® telescope 90°, working distance 25 – 75 cm, length 11 cm, autoclavable, with green filter for colposcopy and incorporated fiber optic light transmission and condensor lenses, color code: blue

Note: The scope used in this set is denoted

20 9160 25 DA.



Optional: 26003 VAA

VITOM® 25 HOPKINS® Straight Forward Telescope 0°, working distance 25 – 75 cm, diameter 10 mm, length 11 cm, autoclavable, fiber optic light transmission incorporated, color code: green

Note: The scope used in this set is denoted **20** 9160 20.

Specifications:

Specifications:	
Working distance	25 cm, 50 cm, 75 cm
Depth of view	approx. 3.5 cm, 7 cm, 10 cm
Field of view IMAGE1 S H3-Z camera zoom 1x IMAGE1 S H3-Z camera zoom 2x	5 cm, 10 cm, 15 cm 3.5 cm, 7 cm, 10.5 cm
Reproduction scale 26" Monitor: H3-Z camera zoom 1x H3-Z camera zoom 2x	approx. 8x, 4x, 3x approx. 16x, 8x, 6x
42" Monitor: H3-Z camera zoom 1x H3-Z camera zoom 2x	approx. 14x, 7x, 5x approx. 28x, 14x, 10,5x
52" Monitor: H3-Z camera zoom 1x H3-Z camera zoom 2x	approx. 17x, 8x, 6x approx. 34x, 16x, 12x



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		with Integrate	VITOM® Telescope 90° with Integrated Illuminator	
		26003 VDA	26013 VDA	26003 VAA
495 TIP	Fiber Optic Light Cable, with straight connector, extremely heat-resistant, enhanced light transmission, diameter 4.8 mm, length 300 cm	•	•	•
495 NVC	Fiber Optic Light Cable, with 90° deflection to the instrument, very narrow radius of curvature, diameter 4.8 mm, length 300 cm	-	-	•
20 9170 00 495 UV	20 9170 00 495 UV VITOM® 25 Illuminator, with 2 adjustable lenses and holding device for VITOM® 25 telescopes, autoclavable, for use with VITOM® 25 telescopes (20 9160 20 and equivalent models) and Y-Fiber Optic Light Cable 495 UV, not suitable for use with VITOM® telescopes of the 2nd generation with integrated illuminator Y-Fiber Optic Light Cable, 2x diameter 3.5 mm, length 230 cm, for simultaneous connection of two instruments	-	-	•
20 9180 20	VITOM® 25 Distance Rod, length 25 cm	-	-	•
39501 A2	Wire Tray for Cleaning, Sterilization and Storage of two rigid endoscopes and one light cable, including holder for light post adaptors, silicone telescope holders and lid, external dimensions (w x d x h): 352 x 125 x 54 mm, for rigid endoscopes up to diameter 10 mm and working length 20 cm	•	•	•

Instruments and Electrodes for Conization



HAMOU® Loop Electrodes, for resection of cervical neoplasias, for use with an insulated speculum and with AUTOCON® II 80, AUTOCON® II 200 and AUTOCON® II 400 SCB

After precise localization of the neoplasia and the endocervical border limit, therapeutic conization may be performed using a loop electrode of various diameters.

The cutting current must be regulated precisely and automatically to avoid complications.

Loop Electrodes for Conization

(O O)	26 5200 43	Electrode Handle, with 2 buttons for activating the unipolar generator, for use with AUTOCON® II 80, AUTOCON® II 200 and AUTOCON® II 400 SCB, yellow button: unipolar cutting, blue button: unipolar coagulation (Cable 26 5200 45 required)
	26 5200 45	High Frequency Cable, for Electrode Handle 26 5200 43, length 400 cm
Milk Proof Sec.	26165 UG	Loop Electrode, with insulated sheath, autoclavable, size 22 x 17 mm, working length 11 cm
	26165 UM	Loop Electrode, with insulated sheath, autoclavable, size 15 x 13 mm, working length 10 cm
640L310vs1	26165 UK	Loop Electrode, with insulated sheath, autoclavable, size 10 x 8 mm, working length 9 cm
Ring Curette for Conization		
<u></u>	26165 RK	Ring Curette, bayonet-shaped, 45° curved upwards, very sharp, diameter 5 mm, with round handle, working length 16 cm

Units and Accessories for HF Surgery see chapter 11, UNITS

7

HD Imaging with Colposcopes

Direct Adaption



With the colposcope the surgeon always has a perfect view of the portio or the vulva.

Assistants, nurses, students and/or patients, however, often experience poor colposcope imaging. Furthermore, surgical interventions or findings cannot be documented.

KARL STORZ offers solutions from one source that equip colposcopes from leading manufacturers with

advanced FULL HD technology. To achieve optimal results, all components in the video chain – from the camera system to the monitor – must be of the highest quality. The most straightforward and professional connection between the camera and the colposcope is the so-called direct adaption. Here the H3-M COVIEW® microscope camera and the corresponding QUINTUS® TV adaptor are directly connected to the colposcope via the C-MOUNT connection.





Direct adaption to the colposcope from Carl Zeiss Meditec

HD Imaging with Colposcopes

System Components





TH 106

TH 106

IMAGE1 S H3-M COVIEW® Three-Chip FULL HD C-MOUNT Camera
Head, 50/60 Hz, S-Technologies available, progressive scan, with C-MOUNT
thread for coupling to microscopes, 2 freely programmable camera head
buttons, with detachable camera head cable, length 900 cm, for use with

IMAGE1 S and IMAGE 1 HUB™ HD



20 9230 55

20 9230 55 QUINTUS® Z 55 TV Adaptor, for CARL ZEISS MEDITEC

operating microscopes, f = 55 mm, recommended for IMAGE1 HD H3-M/H3-M COVIEW®, H3, H3-Z as well as

S1 and S3 camera heads



20 9230 00 Z

20 9230 00 Z **QUINTUS® Zoom TV Adaptor,** for CARL ZEISS MEDITEC operating microscopes, with variable focal length f = 43 – 86 mm, for use with all KARL STORZ cameras (SD and HD)

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For further information on KARL STORZ Cold Light Fountains, Camera Systems and Monitors see catalog TELEPRESENCE



Mechanical Holding Systems

with KSLOCK





The mechanical holding systems from KARL STORZ offer a versatile, convenient and cost-effective possibility for the secure positioning of instruments and telescopes.

A wide range of accessories enables the systems to be configured for any desired fields of application. The robust construction ensures reliable positioning without oscillation.

Special Features:

- Simple, fast and accurate positioning
- Many fields of application possible thanks to various articulated stands and a wide range of accessories
- Flexible positioning enables a large number of different positions
- All joints can be easily released or fixed by means of the central clamp
- Socket for use with European and United States standard rails of OR table
- Variable height adjustment by using the socket

- Extension Rod 28172 HM for the adjustment of particularly large working distances, for example, the VITOM® system
- Ergonomical positioning at the operating table
- Eases the work routine of the assistant
- Instruments and telescopes are clamped securely
- Steady imaging of the operation field
- Maintenance-free solid construction
- Autoclavable
- KSLOCK rapid coupling for mounting clamping jaws, instruments and accessories with KSLOCK pins



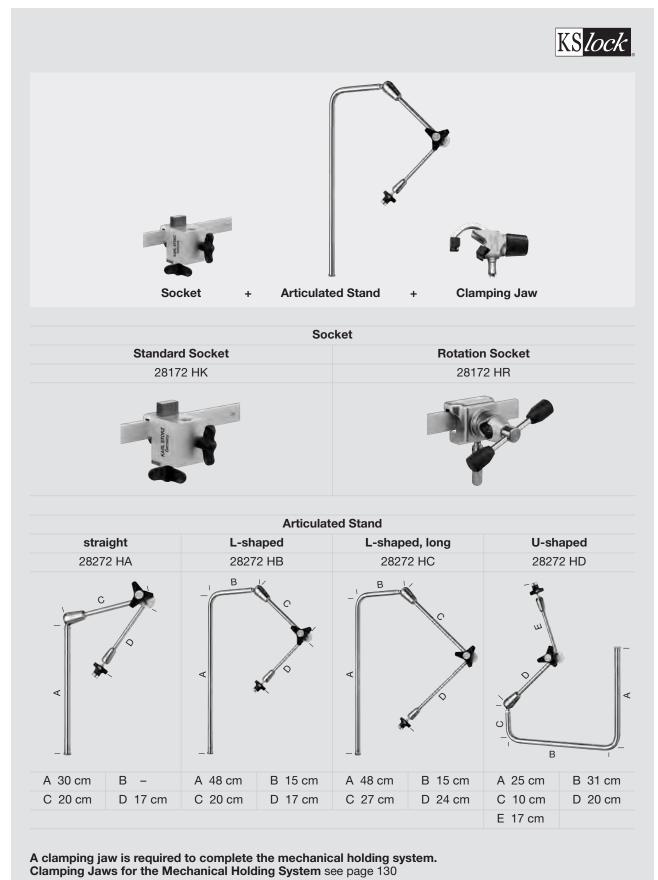
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Mechanical Holding Systems







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VERSACRANE™ Holding System



VERSACRANE™ is a versatile holding system that was especially designed for use with the VITOM® telescope system.

It enables easy and precise positioning of the VITOM® telescope and camera head in gynecological, urological and proctological interventions when the patient is in the lithotomy position.

• Ready for immediate use

The VERSACRANE™ holding arm is mounted on a mobile stand so that it can be quickly transported to the operating room and positioned before surgery.

Individual adjustment

Thanks to its gas-spring-supported arm, the VERSACRANE™ holding arm offers weight compensation for the camera head and VITOM® telescope. The braking force of each joint can also be adjusted individually.

Single hand use

An outstanding feature of the VERSACRANE™ system is its straightforward use. The VITOM® telescope and the camera system can easily be positioned with one hand.



28272 GS **VERSACRANE™ Holding Arm,** low, for use in the lithotomy

position, spring-supported, with quick release coupling KSLOCK, for use with Mobile Stand 28272 GM and KARL STORZ clamping jaws. The VERSACRANE™ holding arm is intended for use with VITOM® scopes/exoscopes.

28272 GM Mobile Stand, for use with VERSACRANE™

Holding Arm 28272 GS

Clamping Jaws for the VERSACRANE™ Holding System see page 130

Note: Should the need arise, a sterile cover may be used for the VERSACRANE™ holding arm. The VERSACRANE™ holding arm may not be used with rigid endoscopes.





The ENDOCRANE® holding arm is the system of choice if a particularly fast, accurate and safe positioning of instruments or endoscopes is required, i.e., in neurosurgery, laparoscopy or orthopedics.

The ENDOCRANE® holding arm helps surgeons and assistant surgeons to save time as the positioning of instruments and telescopes is faster and easier than with a manual holding system.

The system also relieves the assistant surgeon from having to guide the camera and delivers steady images.

The ENDOCRANE® holding system features a special piezoelectric locking joint mechanism.

This achieves positioning without misalignment as well as rapid locking (30 ms), meeting the demands of a clinical setting.

The system can be used with one hand and the large working radius of 50 cm allows variable use. A holding capacity of 20 N (2 kg) is possible in any position.

The holding arm features a fail-safe function which prevents a loss of retention force in the case of malfunction, i. e. power failure.

The system is very compact and can be mounted directly on standard OR table rails.



28272 EH

28272 EH

ENDOCRANE®, piezoregulated holding arm,

including stand

including:

Socket, to clamp to the OR table

Control Unit

Cover*, elasticated, package of 20

Spring Balance Mains Cord

Case



Clamping Jaws for the ENDOCRANE® Holding System see page 130 Components/Spare Parts see chapter 12

GYN-HT 5

Holding Systems Recommended Clamping Jaws and Accessories



Clamping Jaws			Mechanichal holding	VERSACRANET OF	ENDOCRANE ITIM
	28272 UGN	Clamping Jaw, metal, clamping range 16.5 up to 23 mm, with quick release coupling KSLOCK (male), for use with all square-headed HOPKINS® telescopes	•	•	•
	28272 UKN	Clamping Jaw, metal, clamping range 4.8 up to 12.5 mm, with quick release coupling KSLOCK (male), for use with instrument and telescope sheaths	•	-	•
1 1	28272 UGK	Clamping Jaw, with ball joint, large, clamping range 16.5 to 23 mm, with quick release coupling KSLOCK (male), for use with all square-headed HOPKINS® telescopes	•	-	-
	28272 UKK	Clamping Jaw, with ball joint, small, metal, clamping range 4.8 to 12.5 mm, with quick release coupling KSLOCK (male), for use with instrument and telescope sheaths	•	-	_
	28272 UL	Clamping Jaw, universal, clamping range 0 to 18 mm, with quick release coupling KSLOCK (male)	•	-	•
	28272 UF	Clamping Jaw, for use with all KARL STORZ polymer housing fiberscopes, with quick release coupling KSLOCK (male)	•	-	•
Accessories					
7	28272 CN	Clamping Cylinder, folding, for flexible mounting of 10 mm telescopes on the telescope sheath, autoclavable. The clamping cylinder allows vertical movement and rotation of the telescope.	•	•	•
14	28172 HM	Extension Rod, 50 cm, with lateral clamp for height adjustment of the articulated stand, for use with Articulated Stands 28272 HA/HB/HC and Sockets 28172 HK/HR	•	_	_
	041150-20*	Cover, elasticated, package of 20	•	•	•

High-End Simulator

for Hysteroscopy





The KARL STORZ simulator for hysteroscopy provides gynecologists with a training model for teaching and training the practical skills and know-how required for minimally invasive techniques.

Guided training enables trainees to enhance their surgical skills in a virtual environment and to manage complications with no risk for live patients. The simulator offers objective, comparable and reproducible performance feedback to complete the learning process. A resectoscope equipped with sensors and specially

adapted to the simulation trainer makes it possible to follow steps and movements on the monitor. The modified KARL STORZ resectoscope helps trainees become familiar with instruments in a straightforward and highly realistic manner.

The anatomical pelvis model delivers realistic, tactile feedback in a highly realistic training environment using adapted original instruments. Furthermore, the simulation software provides a wide range of intraoperative scenarios.



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High-End Simulator NEW

for Hysteroscopy



Virtual platform for versatile and risk-free GYN training

Diagnostic Hysteroscopy

12 virtual patients with various pathologies and levels of difficulty offer the user the possibility to practice with telescopes with different directions of view and to gain experience.

Learning objectives:

- To correctly position and navigate the hysteroscope
- To establish uterine distension and to improve viewing conditions by means of fluid management
- To inspect the entire uterine cavity and to describe visible pathologies

Polyp Removal

8 virtual patients with various polyps in multiple locations provide training for the first steps in operative hysteroscopy using a loop electrode.

Learning objectives:

- To inspect the entire uterine cavity and to describe visible pathologies
- To resect polyps using the loop electrode
- To completely remove polyps while preserving healthy tissue

Myomectomy

Resection of 8 different types of intrauterine fibromas (type 0) in challenging positions and with different levels of difficulty.

Learning objectives:

- To inspect the entire uterine cavity and to describe visible pathologies
- To resect the myoma in small fragments; safe handling of the loop electrode
- To coagulate sources of bleeding

Endometrium Ablation with the Rollerball

4 virtual patients with varying shapes of uterine cavities offer the possibility to gain practice in HF surgery in challenging locations in the uterus.

Learning objectives:

- To inspect the entire uterine cavity and to describe visible pathologies
- To ablate the entire endometrial surface in a safe and systematic way

Module for Advanced Hysteroscopic Resection

- 4 virtual patients for advanced hysteroscopy provide surgical situations with adhesions, a septum and complex fibromas (types 0, I and II).
- Learning objectives comprise the removal of the intramural parts of a fibroma and the re-establishment of a
 uterine cavity without perforation with the resection instrument.
- Parameters established by experts offer an objective feedback for maximum learning efficiency.

High-End-Simulator "

Software Modules



GYN Basic Module

- 12 virtual patient cases for diagnostic interventions
- 8 virtual patients for polypectomy
- 8 virtual patients for myomectomy (type 0)
- 4 virtual patients for endometrium ablation with the rollerball
- Customized courses with up to 8 patients designed upon request
- Feedback report with objective metrics
- Active and/or passive working element

GYN Advanced Hysteroscopy Module

- 8 virtual patient cases for essential hysteroscopy skills training (access, distension, navigation, polyp removal, adhesion removal, etc.)
- SimProctor[™] helps guide trainees with tips, tricks and useful hints
- Customized courses with up to 8 patients designed upon request
- Feedback report with objective metrics
- Hysteroscope
- Grasper/punch

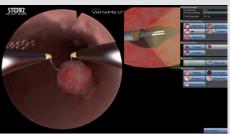
GYN Advanced Resection Module

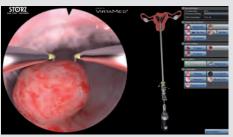
- 8 virtual patient cases with multiple polyps, multiple myoma types 0, I and II, synechiae and a septum
- Training for advanced therapeutic hysteroscopy
- Customized courses with up to 8 patients designed upon request
- Feedback report with objective metrics

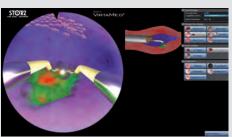
Essure® Module

- 8 virtual patient cases for the training of Essure® with increasing levels of difficulty
- Customized courses with up to 8 patients designed upon request
- Feedback report with objective metrics
- Hysteroscope for stationary GynTrainer
- Hysteroscope for portable GynTrainer
- Essure® instrument

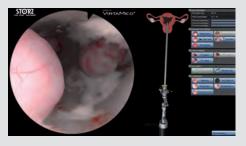












1-15

GYN-HT 9 133

High-End Simulator NEW

Stationary GynTrainer



Special Features:

- GYN basic module with skills training for:
 - Diagnostic hysteroscopy
 - Polyp removal
 - Myomectomy
 - Endometrium ablation
- Further software packages can be installed
- Anatomic pelvis model, with magnetic tracking
- High-end PC with 23" multi-touch screen

- Mobile cart and height-adjustable monitor
- Software technology choice between unipolar and bipolar loops
- Software technology choice between three camera telescopes: 0°, 12° and 30°



573622	Stationary GynTrainer, with active working element, in a reusable transport box
573623	Stationary GynTrainer, with active working element, in disposable packaging
573620	Stationary GynTrainer, with passive working element, in a reusable transport box
573621	Stationary GynTrainer, with passive working element, in disposable packaging

4-15

Accessories included in delivery see page 136



The following accessories are included with the stationary GynTrainer:



5733207

Anatomical Pelvis Model, with stand and electromagnetic tracking, including Anatomical Uterus Insert 5733200, for use with GynTrainer

5733207

5733200

Anatomical Uterus Insert, with electromagnetic tracking, for use with stationary GynTrainer, for use with GynTrainer with Anatomical Pelvis Model 5733207

Optional

5733001

Transport Case, for all stationary trainers, reusable, recommended for frequent shipment





5733205

Passive Resectoscope, adapted original instrument with passive working element, for use with GynTrainer with

Optional

5733206

Active Resectoscope, adapted original instrument with active working element, for use with GynTrainer with



5733208

5733209

5733208

Tenaculum, adapted titanium tenaculum, for use with GynTrainer with Anatomical Pelvis Model

5733209

Speculum, adapted speculum, for use with GynTrainer with Anatomical Pelvis Model

GYN-HT 11 135

High-End Simulator NEW

Stationary GynTrainer



Additional software packages:

573223 GYN Advanced Hysteroscopy Module

including:

Hysteroscope, for stationary GynTrainer **Grasper/Punch,** for stationary GynTrainer

573224 GYN Advanced Resection Module

573225 Essure® Module

including:

Hysteroscope, for stationary GynTrainer

Essure® Instrument

The following accessories are included with software modules GYN Hysteroscopy and Essure®:



5733202 **Hysteroscope,** with working channel, for use with GynTrainer with Anatomical Pelvis Model

Available separately:

5733201 Refurbishment of Anatomical Uterus Insert,

replacement of worn components, refurbishment,

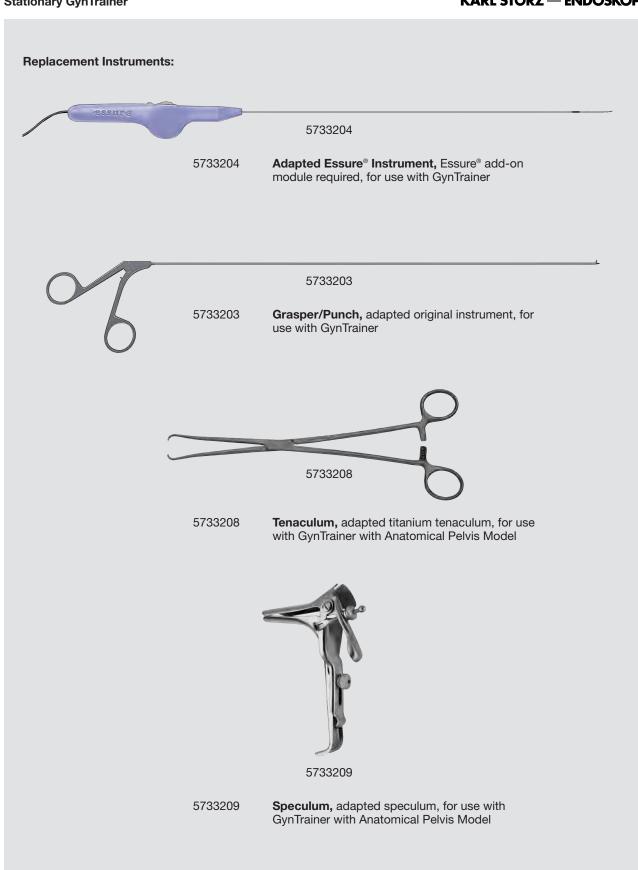
calibration and function control

High-End Simulator

NEW

Stationary GynTrainer





GYN-HT 13 137

High-End Simulator NE

Portable GynTrainer



Special Features:

- GYN basic module with skills training for:
 - Diagnostic hysteroscopy
 - Polyp removal
 - Myomectomy
 - Endometrium ablation
- Further software packages can be installed
- Simball tracking system, without anatomical pelvis model

- High-end laptop with 17" multi-touch screen
- Robust trolley, suitable for mobile use
- Software technology choice between unipolar and bipolar loops
- Software technology choice between three camera telescopes: 0°, 12° and 30°



573145

573646 **Portable GynTrainer,** with active working element 573645 **Portable GynTrainer,** with passive working element

The following accessories are included with the portable GynTrainer:



5733401 **Passive Working Element,** adapted original instrument, for use with portable GynTrainer

Optional

5733402 **Active Working Element,** adapted original instrument, for use with portable GynTrainer

Portable GynTrainer



Additional software packages:

573229 GYN Advanced Hysteroscopy Skills Module

including:

Hysteroscope, for portable GynTrainer **Grasper/Punch,** for portable GynTrainer

573224 GYN Advanced Resection Module

573226 Essure® Module

including:

Hysteroscope, for portable GynTrainer

Essure® Instrument

The following accessories are included with software modules GYN Hysteroscopy and Essure®:

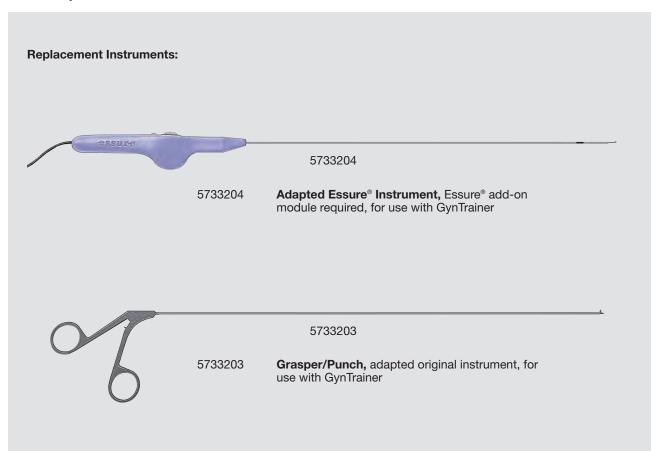


5733403 **Hysteroscope,** with working channel, for use with portable GynTrainer

High-End Simulator "

Portable GynTrainer





LYRA **Hystero-Trainer Eva II**



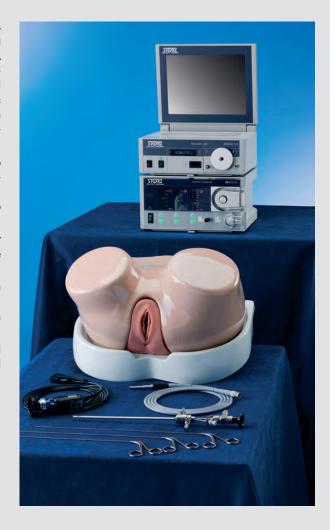
The hysteroscopy trainer with vagina and uterus models manufactured in Neoderma provides the closest training to reality in diagnostic and/or office hysteroscopy. A uterus from animal tissue or Neoderma can be integrated into the system. The trainer offers very good realistic training possibilities for performing atraumatic procedures without the use of a speculum or tenaculum to hold the portico. This method is also called vaginocervico hysteroscopy.

The introduction of a hysteroscope can occur similar to reality, enabling the surgeon to train hand-eye coordination. Simulation with semiflexible instruments for i.e. biopsy, septum dissection and polyp removal is also possible.

The workstation for operative hysteroscopy has similar components to the trainers for diagnostic or office hysteroscopy.

Operative hysteroscopy is a challenging skill that can be acquired through continuous and regular practice. Surgery involves complex hand-eye coordination, which can be enhanced through systematic training.

Furthermore, the hysteroscopy trainer enables surgical interventions to be practised using the uterus model and simulates the precise resection of pathologies.



26343 LYRA Hystero-Trainer Eva II

including:

Neoderm Uterus, with polyps

Neoderm Uterus, with septum and polyps

Neoderm Uterus, with septum without polyps

Vaginal Block, for biological organ structures/uteri

Vaginal Block, for artificial uteri (Neoderm)

Neutral Electrode, for unipolar use

Neoderm Uterus, for biological implants

Base Body

7-11

Components/Spare Parts see chapter 12

GYN-HT 17 141



Ductoscopy



Mammary endoscopy or ductoscopy allows direct visualization of the lactiferous ducts of the mammary gland. It makes it possible to view minimal pathological correlates, e.g., blood in secretion, before they can be detected with conventional imaging procedures.

Indications:

This procedure is mainly used in the case of pathological secretion of the mammary gland. In contrast to conventional, unselective ductectomy, this method permits a selective excision of the affected lactiferous ducts under direct vision.

Some practitioners also use this method to perform ductal lavage on patients with a high-risk status due to family history or to examine painful, inflammatory processes of the mammary gland.

The procedure can be performed under local or general anesthesia. Extramammary causes should first be ruled out before clarification of pathological secretions. A ductectomy is indicated if an intramammary pathogenesis is suspected. First the lactiferous duct is dilated with superfine Hegar dilators. Magnifying spectacles will greatly facilitate this process. To avoid the risk of a via falsa, the lactiferous ducts should be stretched. These can be held in position using threads, as can be seen in Fig. 1.

The ductoscopes used are available with a diameter of 0.8 mm and 1.3 mm. The choice of ductoscopes depends on the number of working channels required. The ductoscope measuring 0.8 mm is available with an irrigation channel whereas the 1.3 mm scope is equipped with an irrigation and a working channel.

The first working channel is generally used for the hydrodilation of the lactiferous ducts with isotonic saline solution. Marking wires or even biopsy forceps can be introduced through the second working channel. Before introduction with the ductoscope, the instruments should be fully assembled and inspected by the operating surgeon. Furthermore, the operating surgeon should clarify orientation (ventral, dorsal) in the area before inserting the ductoscope as the endocamera has no room for maneuver.

Following dilation, the ductoscope is inserted in the lactiferous duct under continuous water pressure. Water pressure is generated via a 20 ml syringe, which is connected to the working channel with an extension tube, in order to facilitate inspection of the lactiferous ducts.

Following a short learning curve, it is now possible to insert the ductoscope into various lactiferous ducts at the bifurcation. Compression at the base of the breast enables the pathological secretion to be expressed at the bifurcation site. This allows the surgeon to identify the pathological nipple discharge.

In order to perform selective extirpation of the pathological duct, the discovered findings must be marked. This can be achieved in two ways. One possibility is to use the second working channel of the ductoscope to introduce a marking wire.

The other possibility is to use indirect imaging such as sonography to mark suspicious findings directly before the ductoscope tip. Some authors recommend removing suspicious findings in the proximity of the endoscope under direct vision. The incision selected should observe the standard techniques practiced in oncoplastic breast surgery.

A high-resolution digital camera and infinitely adjustable light source permits a clear display of the intervention on a video screen and documentation with the AIDA system.

An intervention requires approx. 20-40 ml dilation liquid. After the instruments are removed, glandular adaptation and suturing is performed in the usual manner.

Ductoscopy enables direct visualization and examination of pathological processes inside the lactiferous ducts before detection with imaging procedures is possible. Furthermore, the procedure allows selective lactiferous duct extirpation with minimal excision volume as opposed to unselective dutectomy.

Priv.-Doz. Dr. med. M. HAHN, Senior Consultant Senology, Universitäts-Frauenklinik Tübingen, Germany



Fig. 1: Ductoscopy with the 0.8 mm ductoscope

-15

144 DUKT 2

Ductoscopy



Special Features:

- Minimal sheath diameter
- Superior image quality
- Maximum irrigation performance due to irrigation channel with lateral irrigation connections
- Ergonomically shaped handle
- Autoclavable



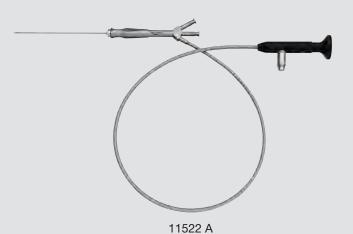
11521 A

11521 A Miniature Straight Forward Telescope 0°,

semiflexible, **autoclavable**, NITI, with integrated irrigation channel, with remote eyepiece, fiber optic light transmission incorporated

Outer diameter:

Outer



11522 A

Miniature Straight Forward Telescope 0°, semirigid, autoclavable, NITI, with remote eyepiece, with integrated irrigation channel and working channel, fiber optic light

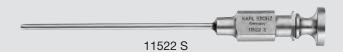
transmission incorporated,

Outer diameter: 1.3 mm
Irrigation channel diameter: 0.25 mm
Working channel diameter: 0.6 mm
Working length: 12 cm





For use with Miniature Straight Forward Telescopes 11521 A and 11522 A



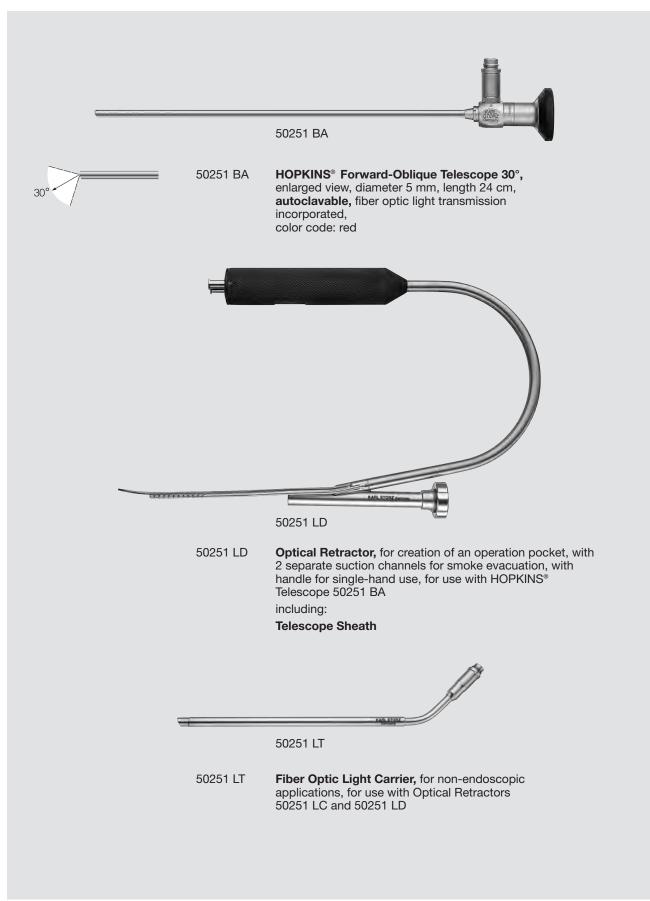
11522 S **Examination Sheath,** with blunt obturator, working length 5 cm, for use with Miniature Straight Forward Telescopes 11521 A and 11522 A

11522 SL **Examination Sheath,** with blunt obturator, working length 9 cm, for use with Miniature Straight Forward Telescopes 11521 A and 11522 A

Optical Retractors

for Mammaplasty



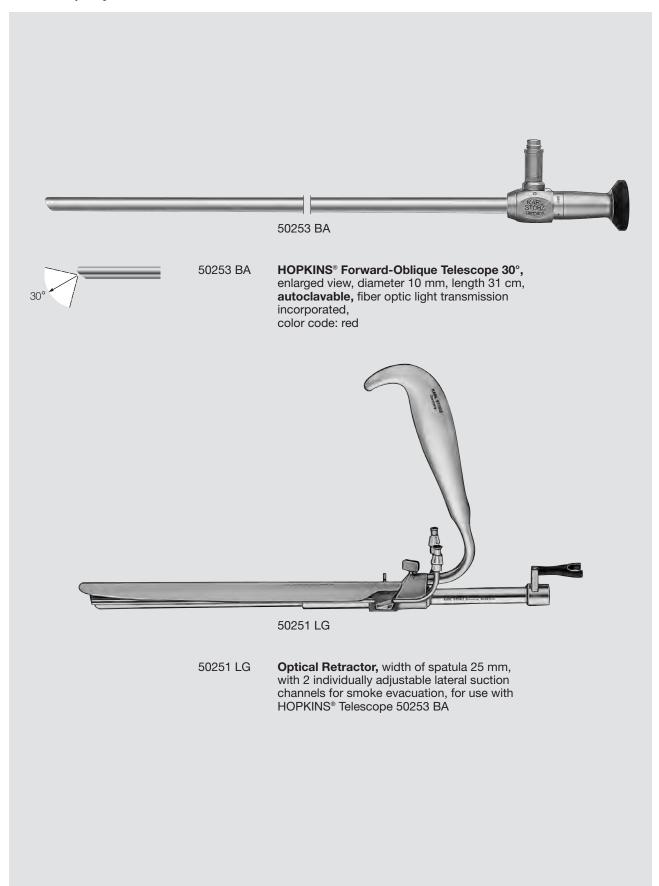


DUKT 5 147

Optical Retractors

for Mammaplasty





148 DUKT 6

Illuminated Retractors







496 H **Retractor,** with fiber optic light carrier, width of spatula 25 mm, length 14 cm

50251 R **Retractor,** with fiber optic light carrier, with teeth, with suction channel for smoke evacuation, width of spatula 30 mm, length 9 cm

So251 RG Retractor, with fiber optic light carrier, with atraumatic teeth, with suction channel for smoke evacuation, width of spatula 35 mm,

length 12 cm

Optical and Illuminated Retractors

TÜBINGEN Model





For the submammary and the inframammary approach

50251 RS Illuminated Retractor, TÜBINGEN model, width of blade 30 mm,

fiber optic light carrier integrated in blade, length 15 cm, for use

with HOPKINS® Telescope 30° 50230 BA

including:

Handle

50230 BA **HOPKINS® Forward-Oblique Telescope 30°**,

enlarged view, diameter 4 mm, length 18 cm,

autoclavable, fiber optic light transmission incorporated,

color code: red

For the axillary approach (latissimus dorsi flap)

50251 RB Illuminated Retractor, TÜBINGEN model, width of blade 40 mm,

fiber optic light carrier integrated in blade, length 20 cm, for use

with HOPKINS® Telescope 30° 26105 BA

including:

Handle

26105 BA **HOPKINS® Forward-Oblique Telescope 30°,** enlarged view,

diameter 4 mm, length 30 cm, autoclavable, fiber optic light

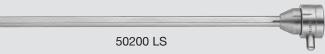
transmission incorporated,

color code: red

Recommended Fiber Optic Light Cable

495 NCS Fiber Optic Light Cable, with straight connector,

extremely heat-resistant, enhanced light transmission, diameter 4.8 mm, length 250 cm



50200 LS Telescope Sheath

Telescope 50200 LS is required to use the endoscope.

Components/Spare Parts see chapter 12

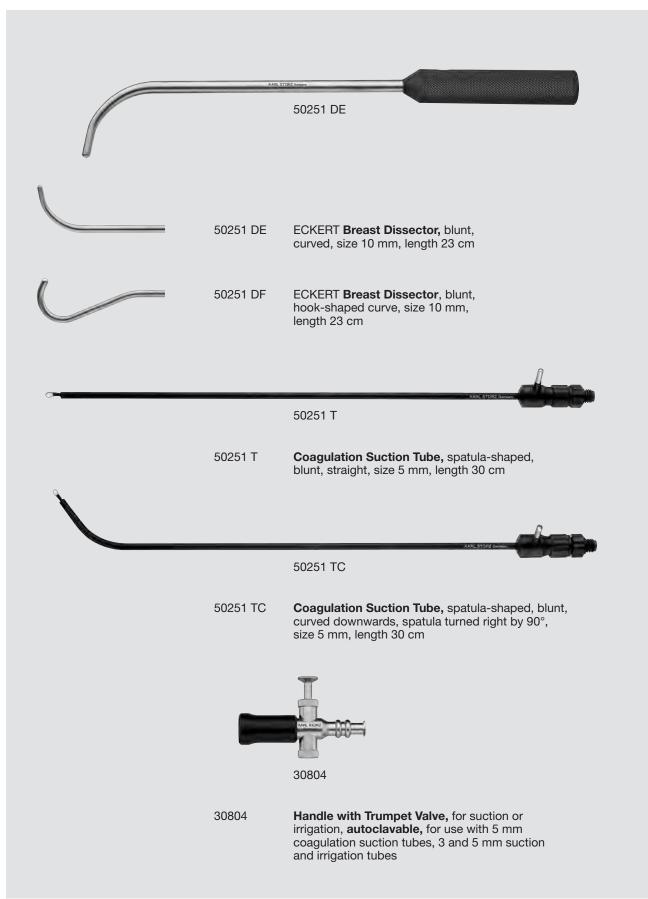
References: Krämer, B., Röhm, C., Wallwiener, D. & Hoffmann, J., 2006. Der endoskopisch assistierte Latissimus-dorsi-flap (LDF) mit modifiziertem Instrumentarium (Retraktor). Senologie – Zeitschrift für Mammadiagnostik und -therapie, Thieme-Verlag, (3) S. 93. DOI: 10.1055/s-2006-953737

150 DUKT 8

Instruments

for Mammaplasty









The unipolar endo-dissector has been developed for preparation of the implant pocket for breast implants under endoscopic vision.

The endo-dissector is used with a 0° telescope with a diameter of 10 mm in order to create a retro mammary or retro pectoral pocket through the axillary approach. In addition, the endo-dissector is equipped with a unipolar coagulation electrode which enables the surgeon to dissect and coagulate tissue under visual control.

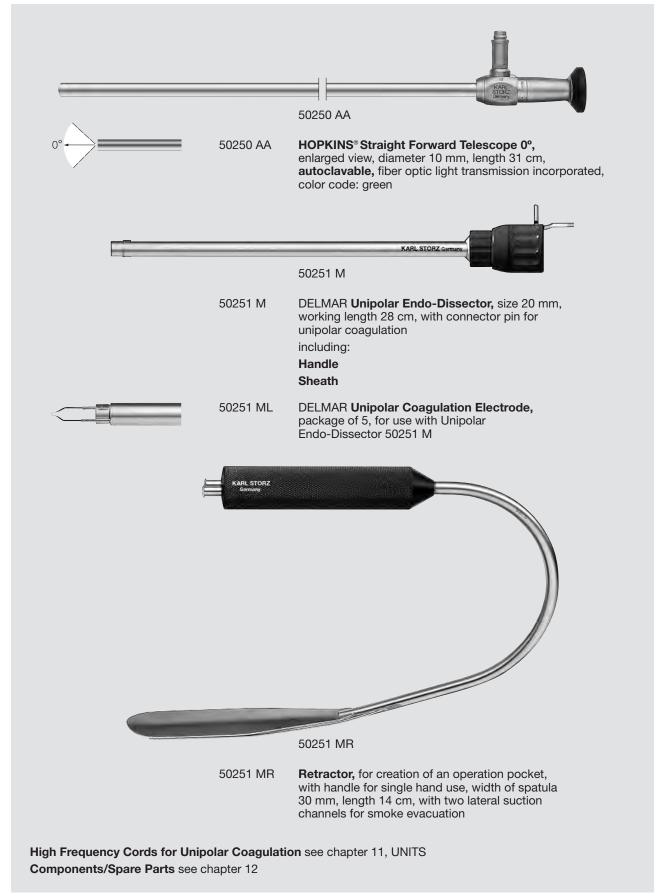
By means of endoscopic view, the unipolar endodissector facilitates very precise preparation in respect of the shape of the implant. The fact that it is possible to coagulate at the same time means that a bloodless pocket can be maintained, without haematoma. No drainage is necessary.

The characteristics of the unipolar endo-dissector make this method an excellent alternative to other procedures which are carried out either submammary or on the mammilla.

H. DELMAR, M. D. Cap d'Antibes, France

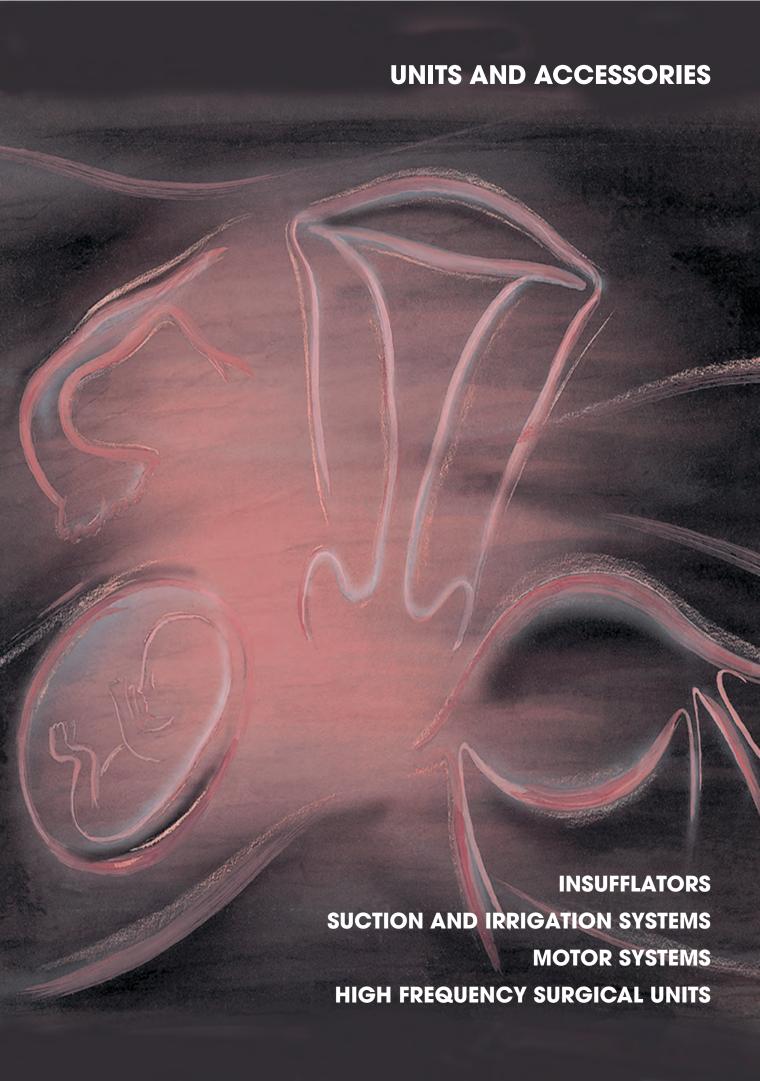


DELMAR Unipolar Endo-Dissector Set



4

DUKT 11 153



INSUFFLATORS

Units and Accessories for Gynecology





- INSUFFLATORS
- **SUCTION AND IRRIGATION SYSTEMS**
 - MOTOR SYSTEMS
- HIGH FREQUENCY SURGERY UNITS

The units manufactured by KARL STORZ combine long-lasting precision mechanics with state-of-the-art micro-electronic programmable controls. At KARL STORZ, the greatest emphasis is placed on user and patient safety. The quality assurance system of KARL STORZ is certified in accordance with the requirements of ISO 9001/EN 46001. It guarantees constant quality testing in the selection of materials and components. At the end of each manufacturing process, tests are carried out with automatic measuring and testing systems developed specially for this purpose. The results are recorded and logged. That gives each device a distinct "fingerprint" that can be checked at any time before and after it is delivered to the customer.

The standardized, modular design of KARL STORZ units was developed based on extensive ergonomic studies and is conceived for ease of care and cleaning and user-friendly practice, as well as to meet the demands of the special hygienic standards required in surgery. Clearly laid out adjacent function keys and displays guarantee efficient operation and make it easier to constantly monitor actual and set parameters. Acoustic and visual warning signals also assist the user. The settings can be changed manually at any time. Automatic microelectronic control systems guarantee optimum operating conditions and therefore relieve the surgeon in his work who can then fully concentrate on medical procedures.

The overall KARL STORZ product line includes the following categories of units with accessories:

- Insufflators
- Suction and Irrigation Systems
- Motor Systems
- Lithotripsy Systems
- High Frequency Surgery Units

-993

GYN-UNITS-INTRO

Insufflators





■ INSUFFLATORS

HAMOU® MICRO HYSTEROFLATOR® SCB

HAMOU® MICRO-HYSTEROFLATOR® SCB

for Distension of the Cavum Uteri with CO₂ Insufflation, Recommended Standard Set Configuration



Special Features:

- Simple, fully automatic operation
- High degree of patient safety
- Clear, adjacent bar diagrams for set values and actual values allow easy monitoring of insufflation procedure
- Precision jog keys for precise preselection of values
- Optical and acoustic warning signals in case of patient overpressure
- Electrically controlled gas refill (i.e. caused by loss of gas while changing instruments)
- With connection possibilities to the KARL STORZ Communication Bus (KARL STORZ-SCB)



26 4315 08-1 HAMOU® MICRO-HYSTEROFLATOR® SCB,

CO₂ insufflator with HAMOU® electronic adjustment and adjustment of insufflation parameters, with KARL STORZ Communication Bus (KARL STORZ-SCB), max. insufflation pressure 200 mmHg, max. insufflation flow 100 ml/min, power supply 100 – 240 VAC, 50/60 Hz including:

Silicone Tubing Set, sterilizable

Universal Wrench

SCB Connecting Cable, length 100 cm

Gas Filter*, for single use, sterile, package of 10

Specifications:

Gas flow	0-100 ml/min	Pressure gauge for	- Gas bottle pressure
Pressure in steps of 25 mmHg	0-200 (0-26600 Pa) mmHg	gas bottles	- Intrauterine pressure: 0-200 (0-26600 Pa) (mmHg) - Gas flow 0-100 ml/min
Gas	CO ₂	Dimonoiono w y h y d	- Gas load
Measuring/control	electronic	Dimensions w x h x d	305 x 155 x 270 mm
system		Weight	6 kg
Power supply	100-240 VAC, 50/60 Hz	Certified to	IEC 601-1, CE acc. to MDD



Optional Accessories for HAMOU® MICRO-HYSTEROFLATOR® SCB see page U 8 **Components/Spare Parts** see chapter 12

1-994

GYN-UNITS 2 A

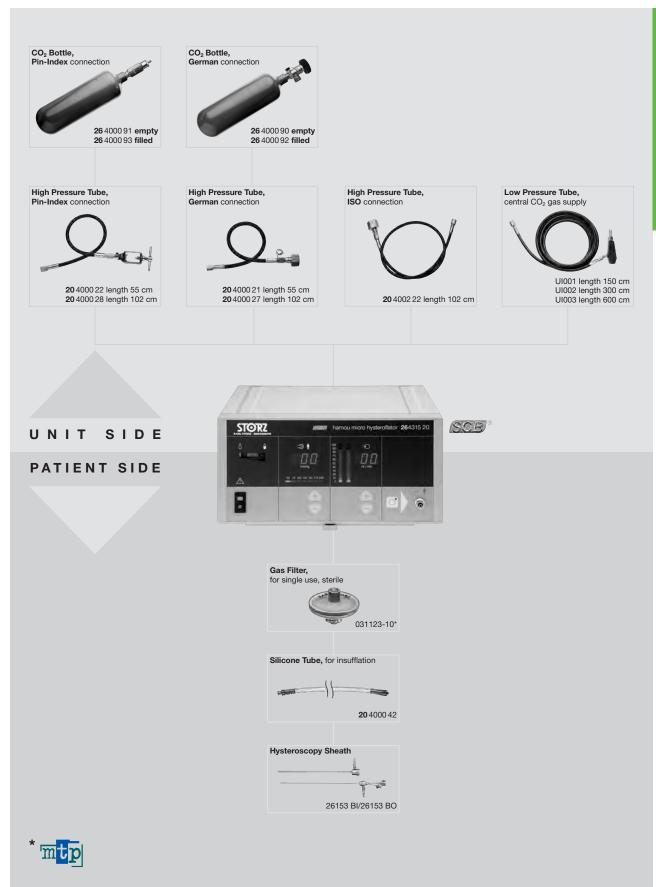
U 6

INSUFFLATORS

HAMOU® MICRO-HYSTEROFLATOR® SCB

System Components





Optional Accessories for HAMOU® MICRO-HYSTEROFLATOR® SCB



	20 4000 32	High Pressure Inline Gas Filter
0.	20 4000 21 20 4000 27	CO₂ High Pressure Tube, American connection/German connection, length 55 cm Same, length 102 cm
9	20 4000 22 20 4000 28	CO ₂ High Pressure Tube, American connection/Pin-Index connection, length 55 cm Same, length 102 cm
	20 4002 22	CO₂ High Pressure Tube, American connection/ISO connection, length 102 cm
	UI 001 UI 002 UI 003	Low Pressure Tube, for the central CO ₂ gas supply, length 150 cm Same, length 300 cm Same, length 600 cm
	20 0900 70 20 0903 70	SCB Connecting Cable, length 30 cm Same, length 60 cm
	26 4000 90 26 4000 92	CO ₂ Bottle, empty, with German connection Same, filled
	26 4000 91 26 4000 93	CO ₂ Bottle, empty, with Pin-Index connection Same, filled
	031123-10*	Gas Filter, for single use, sterile, package of 10



Suction and Irrigation Systems





SUCTION AND IRRIGATION SYSTEMS

HYSTEROMAT E.A.S.I.® SCB
HAMOU® ENDOMAT® SCB
ENDOMAT® LC SCB
EQUIMAT® SCB

HYSTEROMAT E.A.S.I.® SCB

Double Roller Suction and Irrigation System, Recommended Standard Set Configuration



Special Features:

- Constant monitoring of intrauterine pressure due to controlled suction/irrigation function
- Intuitive use via touch screen
- Can be used in diagnostic and operative hysteroscopy as well as laparoscopy and with the intrauterine shaver
- Pre-configured procedure options
- Possibility to create own procedures





26 3400 01-1 HYSTEROMAT E.A.S.I. SCB,

power supply 100 – 240 VAC, 50/60 Hz, HYSTEROMAT E.A.S.I.® SCB: SCB ready, compatible from RUI Release 45

including:

Mains Cord

SCB Connecting Cable

Basic Tubing Set*, for single use

Accessories

031217-10*	Suction Tubing Set, for single use, sterile, package
	of 10, for use with HYSTEROMAT E.A.S.I.® SCB and
	LIBOMAT E A S L® SCB

UROMAT E.A.S.I.® SCB

031717-10* Irrigation Tubing Set, with two puncture needles, for single use, sterile, package of 10, for use with

HYSTEROMAT E.A.S.I.® SCB and UROMAT E.A.S.I.® SCB

031162-10* Patient Tube, for single use, sterile, package of 10, for

use with Pump Tubing Day Set 031161-01, 031167-01, 031168-01, 031261-01 and 031767-01

031767-10* Pump Tubing Day Set, with two puncture needles, sterile,

package of 10, for use with HYSTEROMAT E.A.S.I.® SCB

and UROMAT E.A.S.I.® SCB in combination with

Patient Tube 031162-01

Specifications:

opoomoationoi			
Pressure-regulated	- HYST 0-100 mmHg - LAP 0-400 mmHg	Dimensions w x h x d	447 x 155 x 313 mm
Flow-regulated		Weight	8.8 kg
	- LAP 100-1300 ml/min	Certified to	IEC 601-1, CE acc. to MDD
Power supply	100-240 VAC, 50/60 Hz		



Optional Accessories for HYSTEROMAT E.A.S.I.® see pages U 18-19

Components/Spare Parts see chapter 12

4-1

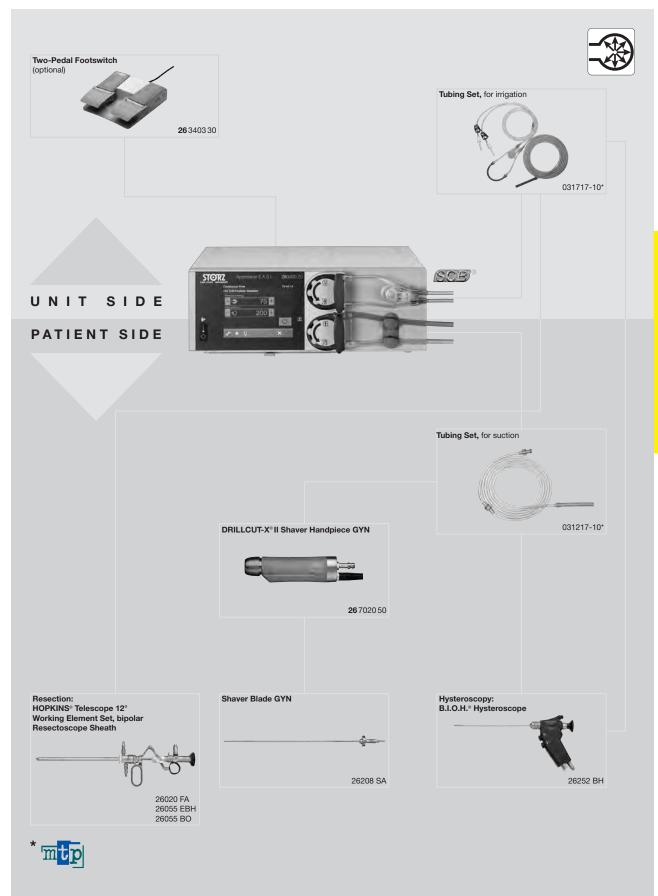
U 10 GYN-UNITS 6 B

SUCTION AND IRRIGATION SYSTEMS

HYSTEROMAT E.A.S.I.® SCB

System Components





HAMOU® ENDOMAT® SCB

Suction and Irrigation System,
Recommended Standard Set Configuration



Special Features:

- Pressure-regulated suction and irrigation system for use in laparoscopy and gynecology
- Modern color touch screen as user interface
- Maximum parameters for LAP and HYST mode are automatically fixed by the choice of the tubing cassette
- Ergonomic tubing cassette system

- Simultaneous display of set values and actual values enables continuous monitoring of suction and irrigation parameters
- With connection possibilities to the KARL STORZ Communication Bus (SCB) as of Software Release 20090001-45 and higher



26 3311 01-1 HAMOU® ENDOMAT® SCB, with integrated

SCB module, power supply 100 - 240 VAC,

50/60 Hz including:

SCB Connecting Cable, length 100 cm Cassette Tubing Set, for single use

VACUsafe Suction*, 2 |

Accessories

031517-10* Cassette Tubing Set, with two puncture

needles, for single use, sterile, package of 10,

for hysteroscopy

031518-10* **Same,** for laparoscopy

Specifications:

Pressure	- HYST 0-200 mmHg - LAP 100/ 300/ 500 mmHg
Flow	- LAP 0-1300 ml/min - HYS 200/400/600 ml/min
Suction pressure, regulated	- HYST 0.1-(-)0.8 bar (-80 kPa) - LAP 0.1-(-)0.8 bar (-80 kPa)

Power supply	100-240 VAC, 50/60 Hz
Dimensions w x h x d	305 x 164 x 315 mm
Weight	9 kg
Certified to	IEC 601-1, CE nach MDD



Optional Accessories for HAMOU® **ENDOMAT® SCB** see pages U 18-19 **Components/Spare Parts** see chapter 12

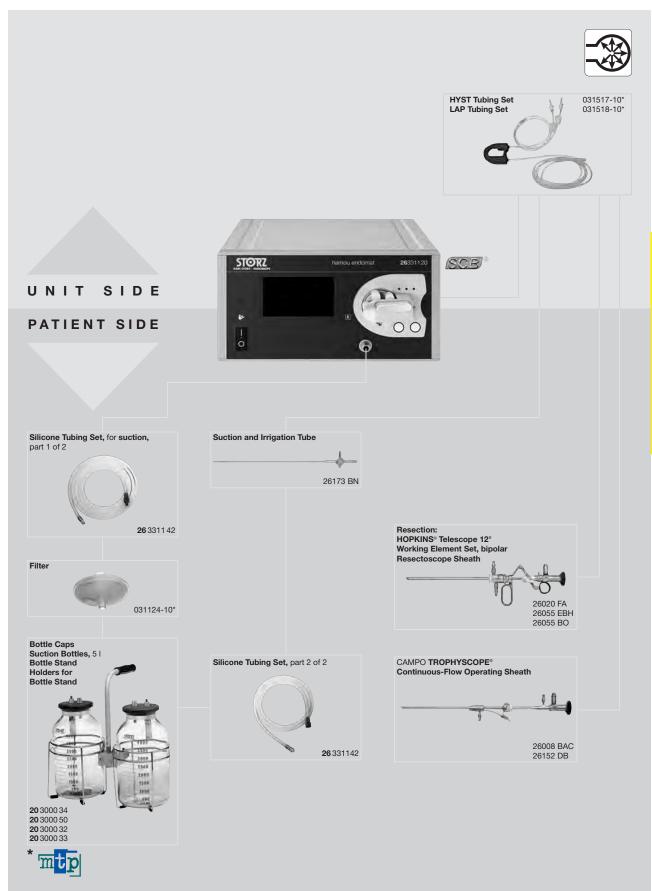
U 12 GYN-UNITS 8 C

SUCTION AND IRRIGATION SYSTEMS

HAMOU® ENDOMAT® SCB

System Components





ENDOMAT® LC SCB

Roller Pump Suction System, Recommended Standard Set Configuration



Special Features:

- Simple roller pump system, flow-regulated, for suction
- Activation via footswitch of UNIDRIVE® S III motor system

 With connection possibilities to the KARL STORZ Communication Bus (KARL STORZ-SCB)





20 3303 02-1 **ENDOMAT® LC SCB,** suction pump, power supply 100 – 240 VAC, 50/60 Hz, for use with UNIDRIVE® S III, system requirements for use with SCB-PC: SCB-R-UI Software Release, V03.20.00.xx or higher including:

Silicone Tubing Set, for suction, sterilizable SCB Connecting Cable, length 100 cm Control Cable, UNIDRIVE® S III – KARL STORZ pump systems

Specifications:

Flow-regulated	0-1000 ml/min
Pressure	non-regulated: max. 1125 mmHg (150 kPa)
Suction pressure	non-regulated: -0.46 bar (-46 kPa)
Power supply	100-240 VAC, 50/60 Hz

Dimensions w x h x d	305 x 110 x 260 mm
Weight	4.5 kg
Certified to	IEC 601-1, CE acc. to MDD

Optional Accessories for ENDOMAT® LC SCB see page U 19

Components/Spare Parts see chapter 12

For information on Shaver Systems see chapter 4

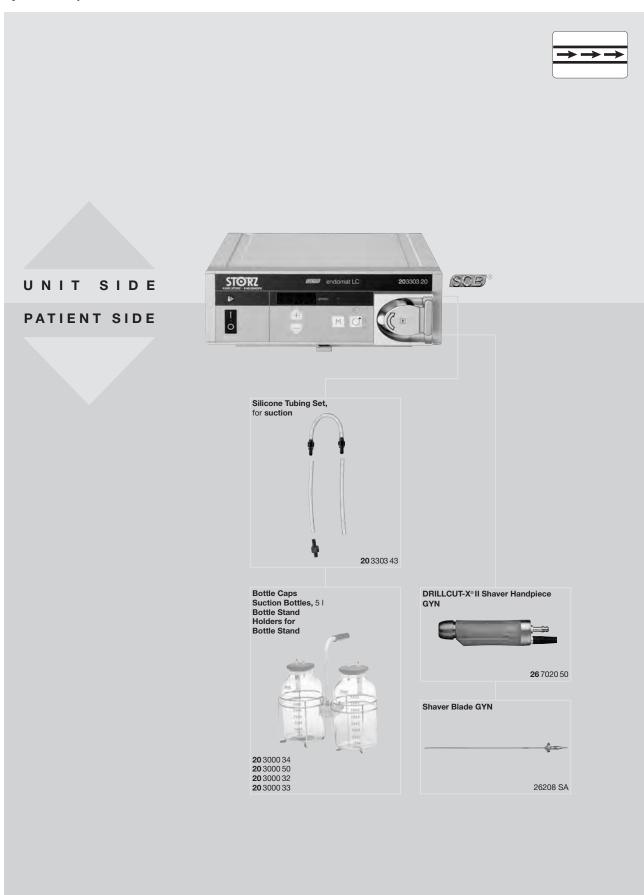
7-11,

ENDOMAT® LC SCB

System Components



SUCTION AND IRRIGATION SYSTEMS



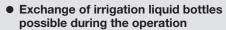
EQUIMAT® SCB

System Components for Measuring Volume Difference



Special Features:

- Exact determination and monitoring of volume difference
- Increased patient safety
- Acoustic and optical status display
- Freely programmable limiting values
- Independent of the used suction/irrigation system







20 3020 03-1 **EQUIMAT® SCB,** system for differential gravimetric volume measuring, with integrated SCB module, power supply 100 – 240 VAC, 50/60 Hz

including:

Scale Measuring Element II

Suspension Holder

SCB Connecting Cable, length 100 cm

Specifications:

Volume display

- Measuring range: 0-30000 ml
- Resolution: 5 ml
- Alarm limiting value: 0-2000 ml

Flow display

- Measuring range: 0-19999 ml/min
- Resolution: 10 ml/min
- Alarm limiting value: 0-500 ml/min

Optional accessories for EQUIMAT® SCB see pages U 18-19

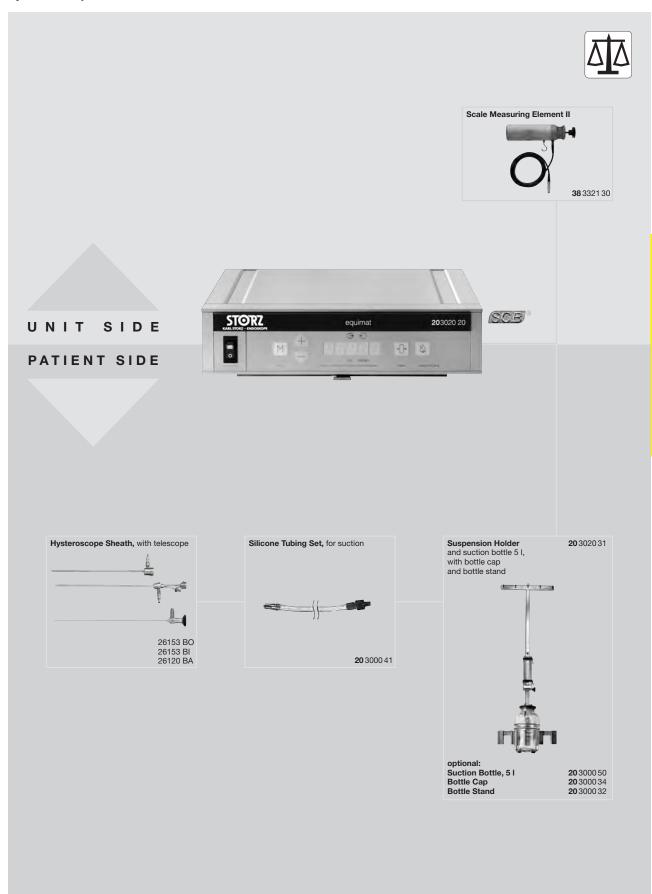
Components/Spare Parts see chapter 12

SUCTION AND IRRIGATION SYSTEMS

EQUIMAT® SCB

System Components





Optional Accessories for Suction and Irrigation Systems



		HYSTEROMAT E.A.S.I.®		ENDOMATe 1.	
031217-10*	Suction Tubing Set, for single use, sterile, package of 10, for use with HYSTEROMAT E.A.S.I.® SCB and UROMAT E.A.S.I.® SCB	•	-	-	-
031717-10*	Irrigation Tubing Set, with two puncture needles, for single use, sterile, package of 10, for use with HYSTEROMAT E.A.S.I.® SCB and UROMAT E.A.S.I.® SCB	•	-	-	-
031162-10*	Patient Tube, for single use, sterile, package of 10, for use with Pump Tubing Day Set 031161-01, 031167-01, 031168-01, 031261-01 and 031767-01	•	-	-	-
031767-10*	Pump Tubing Day Set, with two puncture needles, sterile, package of 10, for use with HYSTEROMAT E.A.S.I.® SCB and UROMAT E.A.S.I.® SCB in combination with Patient Tube 031162-01	•	-	-	+
031517-10* 031518-10*	Cassette Tubing Set, with two puncture needles, for single use, sterile, package of 10, for hysteroscopy Same, for laparoscopy	-	•	-	-
031247-10*	Tubing Set, for suction, for single use, sterile, package of 10	-	-	•	-

* mtp

SUCTION AND IRRIGATION SYSTEMS

Optional Accessories for Suction and Irrigation Systems



			HYSTEROMAT E.A.S.		ENDOMAT® 1.0	EQUIMAT® SCB
	20 3303 43	Silicone Tubing Set, for suction, sterilizable	-	-	•	-
	20 3000 41	Silicone Tubing Set, sterilizable, to be fed into suction bottle	-	-	-	•
	26 3311 42	Silicone Tubing Set, for suction, sterilizable	-	•	-	-
200 200 200 200 200 200 200 200 200 200	20 3000 50 20 3000 52 20 3000 32 20 3001 30 20 3000 33 20 3000 34	Suction Bottle, 5 I, sterilizable Suction Bottle, 1.5 I, sterilizable Bottle Stand, for suction bottle 5 I Bottle Stand, for suction bottle 1.5 I or irrigation bottle 1 I Bottle Stand Holder, for Bottle Stand 20 3000 32 Bottle Cap, for suction bottles 1.5 I and 5 I, sterilizable	•	•	•	•

4-15

GYN-UNITS 15 U 19

Optional Accessories for Suction and Irrigation Systems



		HYSTEROMAT		ENDOMATe :	EQUIMAT® SCB
030648-10*	VACUsafe Connecting Tube, 30 cm, with green multiadaptor, unsterile, package of 10	-	•	-	•
030847-10*	VACUsafe EXTRA-LARGE LUER-Lock Tubing Set	-	•	-	•
030020-18* 030220-48*	VACUsafe Canister, 2 I, package of 18 VACUsafe Suction Bag, 2 I, with filter, for single use, package of 48, color code: green	-	•	_	•
030970-10*	Tissue Trap Filter, with adaptor, for single use, package of 10, for use with VACUsafe suction bags and other suction bottle systems	•	•	•	•
20 0900 70	SCB Connecting Cable, length 30 cm	•	•	•	•
26 3403 30	Two-Pedal Footswitch, one-stage, for activating a higher flow for improved visibility	•	-	-	-



MOTOR SYSTEMS

Motor Systems





MOTOR SYSTEMS

IBS® - BIGATTI Intrauterine Shaver

IBS® - BIGATTI Intrauterine Shaver



For use with DRILLCUT-X® II Morcellator Handpiece GYN 26702050

Special Features

- Maximum number of revolutions can be preset
- Consistently high motor performance over the entire range of revolutions
- Processor controlled number of revolutions and motor torque
- Optimized user control
- Operating elements are simple and clear to read
- Automatic handpiece recognition
- Integrated control connection for KARL STORZ pump systems in combination mode
- For use with: DRILLCUT-X° II GYN morcellator handpiece
- With connection possibilities to the KARL STORZ Communication Bus (KARL STORZ-SCB)



26 7010 01-1 UNIDRIVE® S III SCB, power supply

100 - 240 VAC, 50/60 Hz

including:

Mains Cord

One-Pedal Footswitch, two-stage

SCB Connecting Cable, length 100 cm

Specifications:

 Operation mode
 oscillating (morcellator)
 Dimensions w x h x d
 305 x 165 x 233 mm

 Max. rotations
 40,000 (rpm) w x h x d
 Weight
 4 kg

 Power supply
 100-120/230-240 VAC, 50/60 Hz
 Certified to
 IEC 601-1, CE acc. to MDD

Components/Spare Parts see chapter 12

4-

GYN-UNITS 19 E U 23

IBS® - BIGATTI Intrauterine Shaver



Handpiece 26 7020 50

- Ergonomically designed handpiece, fits comfortably in the hand
- Powerful motor, also suitable for harder materials
- Absolutely silent running, no vibration
- Oscillation mode for shaver attachments, max. 5000 rpm
- 360° rotating straight working inserts
- Wide range of shaver blades

- LOCK for fixation of shaver blades
- Central, straight suction channel
- Easy hygienic processing, suitable for use in washer and autoclavable at 134 °C
- Removable handle, ergonomically adjustable, flexible positioning



26 7020 50



26 7020 50 DRILLCUT-X® II Shaver Handpiece GYN,

for use with UNIDRIVE® S III SCB

407120 90 **Handle,** adjustable, for use with DRILLCUT-X®II

Shaver Handpiece GYN 26 7020 50

41250 RA

Cleaning Adaptor, LUER-Lock, for cleaning DRILLCUT-X® II morcellator handpieces

For use with DRILLCUT-X® II Shaver Handpiece GYN



26208 SA

26208 SA **Shaver Blade GYN,** straight, sterilizable, concave cutting edge, double serrated, oval cutting window,

diameter 4 mm, length 32 cm, for use with DRILLCUT-X® II Handpiece **26** 7020 50,

color code: blue-green

222224

26208 SB

Shaver Blade GYN, straight, sterilizable, double serrated cutting edge, rectangular cutting window,

diameter 4 mm, length 32 cm, for use with DRILLCUT-X® II Handpiece **26** 7020 50,

color code: blue-yellow

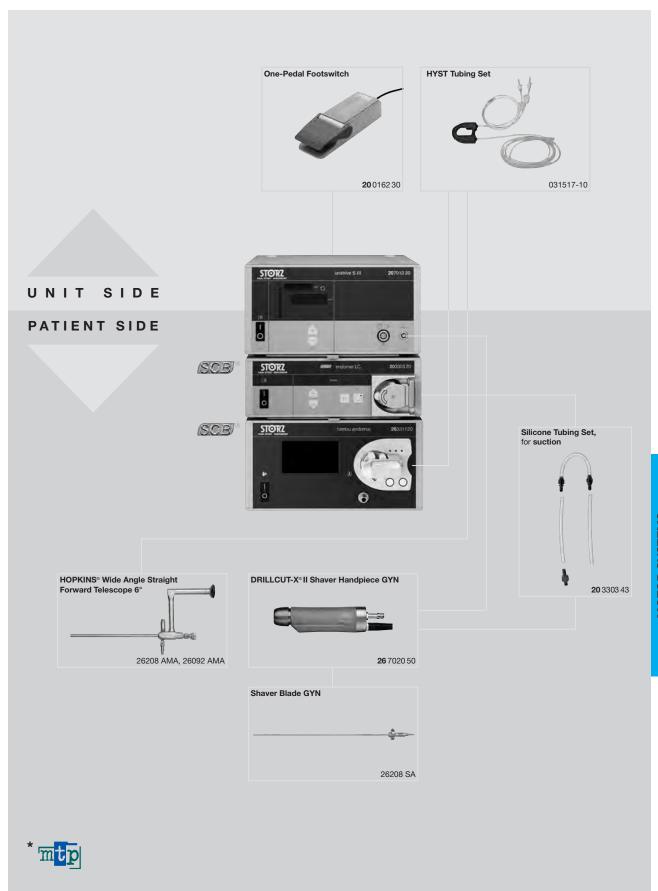
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U 24 GYN-UNITS 20 E

MOTOR SYSTEMS

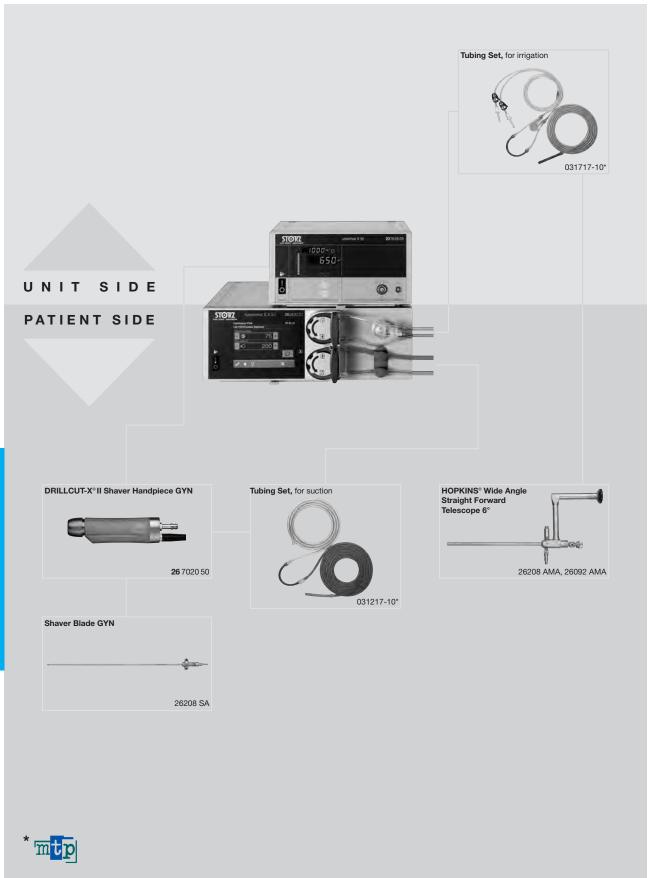
IBS® - BIGATTI Intrauterine Shaver





IBS® - BIGATTI Intrauterine Shaver





HIGH FREQUENCY SURGERY UNITS

High Frequency Surgery Units





■ HIGH FREQUENCY SURGERY UNITS

AUTOCON®II 400 SCB
AUTOCON®II 80

HIGH FREQUENCY SURGERY UNITS

AUTOCON® II 400 SCB



Special Features:

- For interdisciplinary use
- Cutting-edge next-generation unit with a convenient, easy-to-disinfect touch screen
- Bi-Vascular-Safe mode for bipolar coagulation and thermofusion of large-lumen vessels
- Equipped with 2 bipolar or 2 unipolar HF outputs depending on unit
- Defibrillator-safe CF outputs for maximum patient and user safety
- Permanent safety due to continuous monitoring of the contact between the neutral electrode and the patient during unipolar use

- 2 freely programmable foot pedals can be connected simultaneously
- Automatic activation of HF energy or via handswitch or footswitch depending on mode used
- Self-test for maximum patient and user safety
- Unit versions for standard use, bipolar resection and thermofusion of large-lumen vessels according to individual user requirements
- Up to 28 pre-programmed procedures for a wide range of disciplines make the unit extremely simple to operate. 100 program memories are available for individual programming.











AUTOCON® II 400 SCB

Safety Aspects and Main Features



Integrated voltage stability control or arc control

The two state-of-the-art generators both guarantee optimal surgical cutting and coagulation power that adapts continuously to the particular indication, especially when there are wide variations in the tissue structures and tissue impedances. At the press of a button, the operator can switch between arc control (TOP Cut mode) and voltage stability control (POWER Cut mode).

TOP Cut mode

In this mode, the HF energy required for a cutting effect is automatically reduced to the necessary physical minimum in each individual case. The electric arc always remains at a constant level, thus ensuring a uniform surgical effect. Such precise work offers a clear safety advantage and produces a cut that conserves tissue and reduces stress for the patient.

This increased safety with the AUTOCON®II 400 SCB unit is achieved by using the latest and fastest microprocessor and sensor technology, which enables the unit to capture all the important parameters, such as variable incision speed, geometry of the active electrode, different impedance behavior of biological tissue types and fluids, and transition and contact resistances. This data is then used to adjust the HF power output and HF voltage. This means that the operator is not restricted in his work or obliged to adapt to the HF unit. On the contrary, the HF unit adapts optimally to all the user's application and operating techniques.

POWER Cut mode with constant HF voltage and power

This mode ensures a uniform surgical effect and consistent cutting efficiency over a wide impedance range and many different tissue types.

RAM system – return electrode application monitoring

This safety system continuously monitors the contact quality between the neutral electrode and the patient's skin, and additionally indicates it with symbols. If the contact surface area decreases, the safety system gives an early visual and acoustic alarm, thus preventing a burn under the application site of the patient electrode. To increase the contact reliability of the neutral electrode, the user can prevent the application of single-faced electrodes.

Gastro Cut and Papillo Cut

These two new resection modes, which were specially developed by KARL STORZ for use in flexible endoscopy, permit a fractionated and controlled cut with no bleeding. The special HF generator technology allows controlled output of cutting and coagulation pulse current. Both the pulse sequence and the pulse speed can be set separately and specifically for each mode.

LF/HF leakage currents

Stray currents and the associated risk of burns are minimized by design measures.

SCB- and OR1™-compatible

The units are designed for integration in the KARL STORZ Communication Bus (SCB). Full integratability of the HF unit in the networked, and even speech-controlled, operating room of the future is already a standard feature (system requirement: RUI software release 2009001-26 or later).

C-Cut® mode and LAP-C-Cut mode – the intermittent coagulation-cutting mode with AUTOCON®II 400 SCB

Designed for blood-free cutting during laparoscopy and when using irrigation liquids, the electric current is specially modulated and offers a reproducible coagulation current with high cutting efficiency. This makes time-consuming subsequent coagulation a thing of the past. Using the C-Cut® mode thus reduces the need for blood transfusions and saves surgery time. The result is an overall reduction in operating costs, and for the patient it means additional protection.

Bipolar generator with 370 W HF power

This outstanding performance range allows the unit to be used in conjunction with the newly developed bipolar special and standard accessories. This highend unit is even suitable for indications using irrigation liquids, which in the past could only be performed with special-purpose HF systems. The safety of the bipolar technology from KARL STORZ eliminates the need for applying a neutral electrode, including for interventions which used to be standard unipolar procedures.

Unipolar generator with 300 W HF power

With a peak power of 300 watts, the AUTOCON®II 400 SCB is ideally equipped for interventions in all areas of

HIGH FREQUENCY SURGERY UNITS

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AUTOCON® II 400 SCB

Safety Aspects and Main Features



Precise power setting and power limitation

Exact fine tuning in 1 W steps is provided for interventions requiring maximum precision with very low power.

Up to 8 hemostatic effects

Individual selection of up to 8 hemostatic effects for unipolar and bipolar cutting, each with up to 370 W output, permits optimal control of coagulation and the surgical effect in every situation.

Forceps auto-start function

When the forceps tips contact the tissue, bipolar coagulation is activated automatically after a freely adjustable delay of up to 9.9 seconds.

6.5" touch screen

The color touch screen makes the AUTOCON®II 400 SCB the world's first HF unit with this new, user-friendly operating technology. It also offers the important advantage of very easy cleaning and wipe-down disinfection.

100 program memories

Simple programming of the indication-related unit parameters makes the AUTOCON®II 400 SCB easy and intuitive to operate because all the programs can be stored in numeric order or text-based with user name and indication. The stored programs can be called up in the indication list at the touch of a button.

Bipolar coagulation auto-stop function

Automatic power shutdown when the coagulation procedure has been ended.

Self-test program

A comprehensive software safety concept ensures smooth, safe use after switching on. Detected component faults are indicated by an error code display, enabling rapid troubleshooting. The self-test also includes the connected accessories for the specific purpose of minimizing waiting times in preoperative work-up.

Software upgrade

The service port on the back of the unit allows the HF functions of the AUTOCON®II 400 SCB to be expanded economically for future forms of HF treatment. This means that the AUTOCON®II 400 SCB is always up-to-date.











8

HIGH FREQUENCY SURGERY UNITS

AUTOCON® II 400 SCB, AUTOCON® II 80

Special Features



Special Features:	AUTOCON®II 400	AUTOCON® II 80
Degree of coagulation (effect) can be preselected in several steps: The degree of coagulation measures extent of coagulation depth	•	-
Bi-Vascular-Safe mode for bipolar coagulation and thermofusion of large-lumen vessels	•	-
Easy to use due to automatic mode selection thanks to recognition of instrument-cable connection	•	-
Spray coagulation: Coagulation with modulated HF voltage (Up > 500 V); very long arcs enable coagulation of large and bleeding areas of tissue without contact to tissue	•	-
Autostart function: Manual adjustment of operating time limit for bipolar coagulation	•	-
Voltage-regulated cutting	•	-
Arc-controlled cutting, unipolar	•	-
Separate papillo-cut and gastro-cut functions enable fractionated cutting with regulated HF current at different cutting speeds for flexible endoscopy	•	-
Autostart function for bipolar coagulation: Automatic activation of coagulation current as soon as coagulation electrode touches tissue with both branches	•	-
Activation of HF functions possible via footswitch or manual control switch for unipolar or bipolar	•	-
Bipolar resection with KARL STORZ bipolar electrotomes	•	-
Bipolar application with NaCl irrigation solution	•	-
Modular connecting sockets for unipolar and bipolar applications can be selected according to individual requirements	•	•
100 applications with text can be stored	•	-
Convenient use via 6.5" touch screen	•	-
Switchover function enables switching between two modes within a user program via a footswitch from the sterile area	•	-
Compatible with KARL STORZ Communication Bus (KARL STORZ-SCB)	•	-
Service port for software updates and HF functionality upgrades	•	-

AUTOCON®II 400 SCB





HF Modes	Effects	P max. at 500 Ohm	V _P max. at 500 Ohm	Crest Factor	Arc Control	Voltage Contro
Jnipolar						
TOP-Cut	8	300	1040	1.4	•	-
POWER-Cut	8	300	740	1.4	-	•
C-Cut®	8	200	1450	3.2 – 3.6	-	•
LAP-C-Cut	8	200	1450	3.2 – 3.6	-	•
Gastro-Cut	4	200	880	1.4	-	•
Papillo-Cut	4	200	880	1.4	-	•
Standard Coag	8	200 (at 50 Ohm)	190	1.4	-	•
Forced Coag	4	120	1800	6.0	-	•
Spray Coag	2	120	4300	7.4	-	•
Bipolar						
Bipolar-Cut	8	100	740	1.4	-	•
Saline-C-Cut	8	370	770	1.4	-	•
Saline-C-Cut ++*	8	300 (at 75 Ohm)	490	1.4	-	•
Saline-Time-C-Cut	8 time 0.1-1 sec.	370	770	1.4	-	•
Saline-Time-C-Cut ++*	8 time 0.1-1 sec.	300 (at 75 Ohm)	490	1.4	-	•
Saline Coag	8	200 (at 75 Ohm)	190	1.4	-	•
Saline Coag ++*	8	200 (at 50 Ohm)	190	1.4	-	•
Saline-Time-Coag	8 time 0.1-1 sec.	200 (at 75 Ohm)	190	1.4	-	•
Saline-Time-Coag ++*	8 time 0.1-1 sec.	200 (at 75 Ohm)	190	1.4	-	•
Bipolar Soft Coag	8	120 (at 75 Ohm)	190	1.4	-	•
Bipolar Soft with Auto-Stop	8	120 (at 75 Ohm)	190	1.4	-	•
Bi-Vascular-Safe**	8	300 (at 25 Ohm)	220	1.4	-	•

^{*}Only for units with additional resection module

Specifications:

Safety systems

Power supply	20 5352 2x-12x: 220-240 VAC, 50/60 Hz 20 5352 2xU12x: 100-120 VAC, 50/60 Hz
Dimensions w x h x d	448 x 164 x 345 mm

Weight

- Automatic self-test
- Maldosage
- Neutral electrode safety system
(dynamic, two-part, one- and two-part NE)
- LF/HF leakage current monitor
- Activation time
- Deactivable HF 10 kg Certified to IEC 60601-1, CE acc. to MDD

^{**}with software package "Bi-Vascular-Safe"

AUTOCON® II 400 SCB

High Frequency Surgery Unit, Recommended Standard Set Configurations





AUTOCON® II 400 SCB,

power supply 220 – 240 VAC, 50/60 Hz

including:

Mains Cord

SCB Connecting Cable, length 100 cm

AUTOCON® II 400 SCB,

power supply 100 – 120 VAC, 50/60 Hz including:

Mains Cord

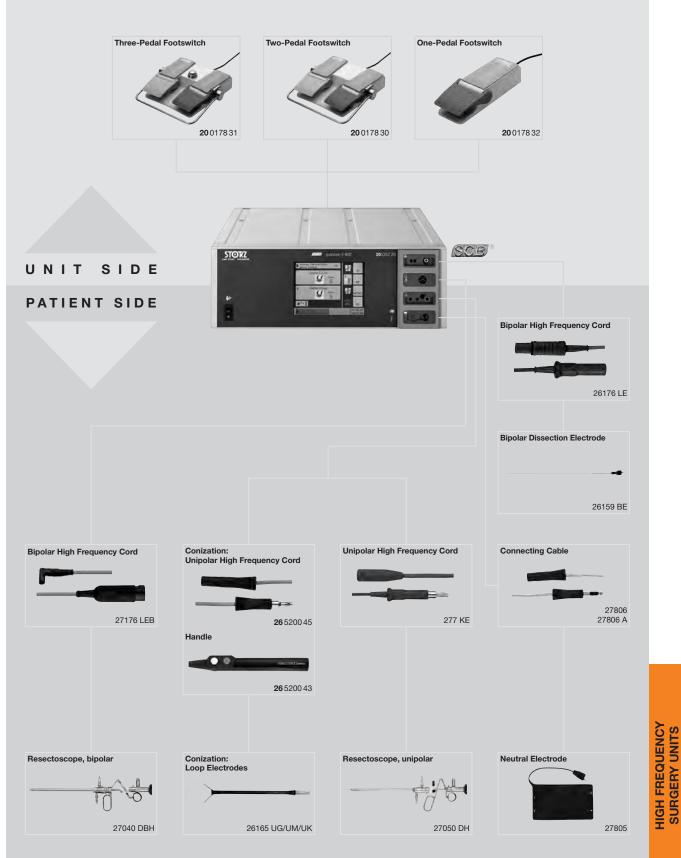
SCB Connecting Cable, length 100 cm

Application	Standard: Unipolar/Bipolar	High-End
Unit version	-122 (220 – 240 VAC) U122 (100 – 120 VAC)	-125 (220 – 240 VAC) U125 (100 – 120 VAC)
Product No.	20 5352 01-122 20 5352 01U122	20 5352 01-125 20 5352 01U125 basic unit
	_	20 5352 02-125 20 5352 02U125 basic unit, incl. additional resection module
	_	20 5352 03-125 20 5352 03U125 basic unit, incl. Bi-Vascular-Safe mode
	_	20 5352 04-125 20 5352 04U125 basic unit, incl. additional resection module + Bi-Vascular-Safe mode
Socket Position		
1	Bipolar Combination	Bipolar Combination
2	Bipolar Combination	Bipolar Multifunction
3	Unipolar 3-pin and Erbe	Unipolar 3-pin and Erbe
4	NE 6.3 mm jack and 2-pin	NE 6.3 mm jack and 2-pin

Optional Accessories for AUTOCON®II 400 SCB see pages U 38-41 **Components/Spare Parts** see chapter 12

AUTOCON®II 400 SCB

System Components





20 5308 01

AUTOCON® II 80,

power supply 100 - 240 VAC, 50/60 Hz

including:

Mains Cord

Specifications:

opoomoutiono.	
HF rated power	- Dry Cut: 80 Watt/500 Ohm - Forced Coag: 50 Watt/500 Ohm - Soft Coag: 80 Watt/100 Ohm - Auto Cut: 80 Watt/500 Ohm - Bipolar Soft: 80 Watt/100 Ohm
Max. voltage	- Dry Cut: 830Vp - Forced Coag: 1200Vp - Soft Coag: 180Vp - Auto Cut: 500Vp - Bipolar Soft: 180Vp

Safety systems	- permanent power control - maldosage - neutral electrode safety system - automatic self-test
Power supply	100-240 VAC, 50/60 Hz
Dimensions w x h x d	280 x 135 x 300 mm
Weight	4 kg
Certified to	IEC 60601-1, CE acc. to MDD

Optional accessories for AUTOCON® II 80 see pages U 38-41

Components/Spare Parts see chapter 12

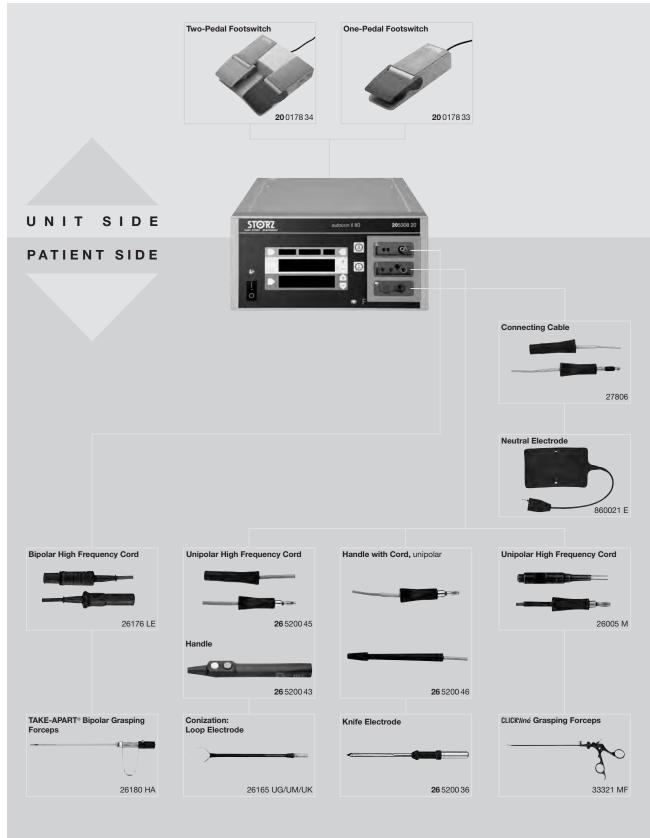
HIGH FREQUENCY SURGERY UNITS

AUTOCON® II 80

System Components



HIGH FREQUENCY SURGERY UNITS



Optional Accessories for AUTOCON® II 400 SCB and AUTOCON® II 80



				or use with
			AUTOCON®II 400	AUTOCON®II 80
	20 017831	Three-Pedal Footswitch, for use with AUTOCON® II 400 SCB	•	-
Top .	20 0178 30	Two-Pedal Footswitch, for use with AUTOCON® II 400 SCB and AUTOCON® II 200	•	-
	20 0178 32	One-Pedal Footswitch, for activating coagulation, for use with AUTOCON® II 400 SCB and AUTOCON® II 200	•	-
	20 0178 34	Two-Pedal Footswitch, digital, one-stage, for use with AUTOCON® II 80	-	•
	20 0178 33	One-Pedal Footswitch, digital, one-stage, for use with AUTOCON® II 80	-	•
	27805	Neutral Electrode, of conductive silicone with 2 rubber ties for fastening, contact surface A = 500 cm², for use with Connecting Cable 27806	•	•
	860021 E	Neutral Electrode, of conductive silicone, with 1 rubber tie for fastening, contact surface A = 187 cm ² , for use with Connecting Cable 27806	-	•
	27806	Neutral Electrode Connecting Cable, for Neutral Electrodes 27805 and 860021 E, length 400 cm	-111 -115 -122 -125	•
	27806 UR	Neutral Electrode Connecting Cable, for Neutral Electrode 27805	-112 -116 -122 -125	•
	27806 US	Neutral Electrode Connecting Cable, for Neutral Electrode 27802	-112 -116 -122 -125	•
	27802	Neutral Electrode, for single use, contact surface divided into two, A = 169 cm², package of 50, Connecting Cable 27801 required	•	•
	27801	Connecting Cable, for connecting Neutral Electrode 27802, length 500 cm	-111 -115 -122 -125	•
-	26 5200 43	Electrode Handle, with 2 buttons for activating the unipolar generator, yellow button: unipolar cutting, blue button: unipolar coagulation (Cable 26 5200 45 required)	•	•
	26 5200 45	High Frequency Cable, for Electrode Handle 26 5200 43, length 400 cm	-111 -115 -122 -125	•
	26 5200 46	Electrode Handle, without buttons, with integrated connecting cable, length 300 cm	-111 -115 -122 -125	•

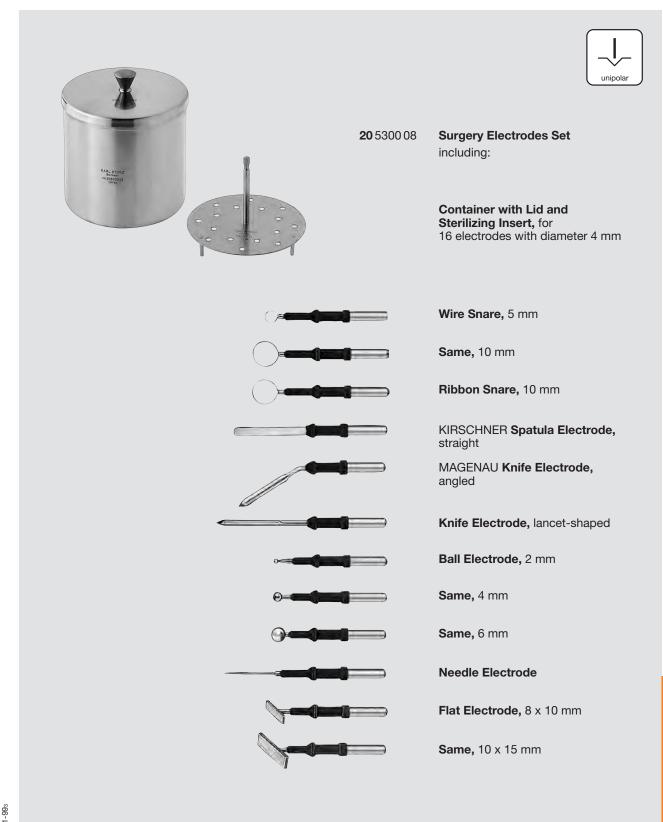
U 38 GYN-UNITS 34 A

HIGH FREQUENCY SURGERY UNITS

Surgery Electrodes Set

Accessories





For use with Electrode Handles 26 5200 43 and 26 5200 46 Components/Spare Parts see chapter 12

Accessories

Unipolar High Frequency Cords



Unipolar High Frequency Cords, for use with unipolar working elements



KARL STORZ Instrument

High Frequency Surgery Units

	277	Unipolar High Frequency Cord, with 4 mm plug, length 300 cm, for use with models KARL STORZ and Erbe type T, older models
	277 A	Unipolar High Frequency Cord, with 4 mm plug, length 300 cm, for use with Martin HF units
	277 KE	Unipolar High Frequency Cord, with 5 mm plug, length 300 cm, for use with AUTOCON® II 400 SCB (111, 115, 122, 125), AUTOCON® II 200, AUTOCON® II 80, AUTOCON® (50, 200, 350) and Erbe type ICC
	277 KB	Unipolar High Frequency Cord, with 8 mm plug, length 300 cm, for use with models AUTOCON® II 400 SCB system (112, 116) and Valleylab

High Frequency Cords





	26002 M	Unipolar High Frequency Cord, with 4 mm plug, length 300 cm, for models KARL STORZ, Erbe type T, older models and Ellman
	26004 M	Unipolar High Frequency Cord, with 4 mm plug, length 300 cm, for use with Martin HF units
	26005 M	Unipolar High Frequency Cord, with 5 mm plug, length 300 cm, for AUTOCON® II 400 SCB system (111, 115, 122, 125), AUTOCON® II 200, AUTOCON® II 80, AUTOCON® system (50, 200, 350) and Erbe type ICC
	26006 M	Unipolar High Frequency Cord, with 8 mm plug, length 300 cm, for use with AUTOCON® II 400 SCB system (112, 116) and Valleylab models

Please note: All high frequency cords of this page are delivered with a length of 300 cm. If a length of 500 cm is requested please add letter $\bf L$ to the part number, e. g. 26002 M $\bf L$, 26176 LV $\bf L$.

Accessories

Bipolar High Frequency Cords



Bipolar High Frequency Cords, for use with bipolar working elements

bipolar NaCl

KARL STORZ Instrument

High Frequency Surgery Units



27176 LEB

Bipolar High Frequency Cord, for AUTOCON®II 400 SCB system (high-end), length 300 cm, for use with KARL STORZ bipolar resectoscopes

27176 LEBL Same, length 500 cm

Bipolar High Frequency Cords



KARL STORZ **High Frequency** Instrument Surgery Units



Please note: All high frequency cords of this page are delivered with a length of 300 cm. If a length of 500 cm is requested please add letter L to the part number, e. g. 26002 ML, 26176 LVL.

CompatibilityHigh Frequency Cords to AUTOCON® HF Electrosurgical Units



AUTOCON® II 80	20 5308 20	_	20 5308 20	_	_
AUTOCON® II 400 SCB	20 5352 20-111 20 5352 20-115	20 5352 20-112 20 5352 20-116	20 5352 20-122	20 5352 20-125 20 5352 21-125	20 5352 22-125 20 5352 23-125
Unipolar High Freq	uency Cords				
27806	•	_	•	•	•
27801	•	_	•	•	•
27806 UR	-	•	•	•	•
27806 US	-	•	•	•	•
26 5200 45	•	_	•	•	•
26 5200 46	•	_	•	•	•
26002 M	•	•	•	•	•
26005 M	•	_	•	•	•
26006 M	-	•	-	-	-
Bipolar High Frequ	ency Cords				
26176 LE	•	_	•	•	•
26176 LV	-	•	•	•	•
Bipolar High Frequ	ency Cords/Instru	uments to Multifu	nction Socket		
AUTOCON® II 400 SCB	20 5352 20-115	20 5352 20-116	-	20 5352 20-125 20 5352 21-125	20 5352 22-125 20 5352 23-125
20 5400 21	-	_	-	-	•
20 5400 22	-	_	-	-	•
20 5400 23	_	_	_	_	•



Introduction



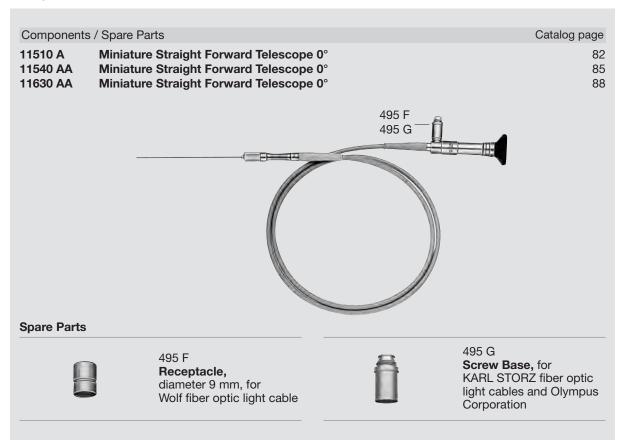
The chapter "Components / Spare Parts" contains detailed information on KARL STORZ instruments.

For easy location and reference, an index is available which lists the order number of the spare parts as well as those of the entire instrument, set or unit.

Hotline

Queries concerning products, exchange, maintenance and cleaning can be addressed to the KARL STORZ EP1 Hotline: 07461/708-980, from Monday to Thursday from 7-18 h and Friday from 7-17 h.

Example:



Spare parts assigned to instrument with catalog page reference and order numbers for individual components/spare parts

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26120 BA	HOPKINS® Forward-Oblique Telescope 30°	20
26020 FA	HOPKINS® Telescope 12°	20
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495 G Screw Base, for KARL STORZ fiber optic light cables and Olympus Corporation

Components	s / Spare Parts
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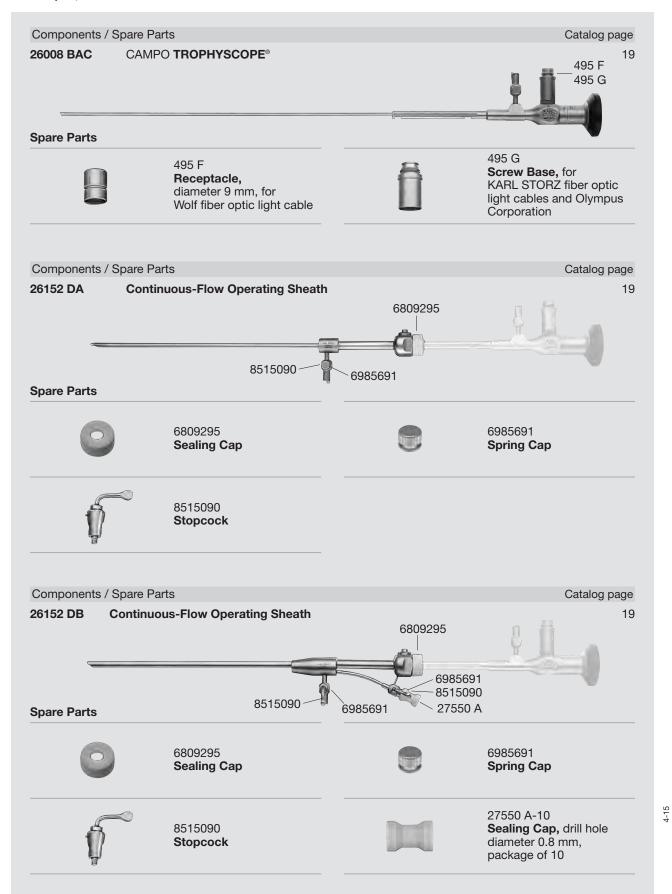
20232 BL	long handle
26252 BB	BETTOCCHI® B.I.O.H.® Compact Hysteroscope, only
26252 BO	Outer Sheath
26252 BV	Suction and Irrigation Valve
26252 BM	Monobloc Adaptor
27550 N	Seal, for instrument ports, package of 10



Components	7 Spare Parts	Catalog page
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5921100	O-Ring, diameter 10/12 mm, for Valve 26252 BV	
5922700	O-Ring, diameter 10.5 mm, for Valve 26252 BV	
5936400	O-Ring, diameter 14 mm, for Valve 26252 BV	
7609791	Sealing Cap, for working channel	
5922000	O-Ring, for Sheath 26252 BO	
9211970	Box	

Telescopes, Sheaths

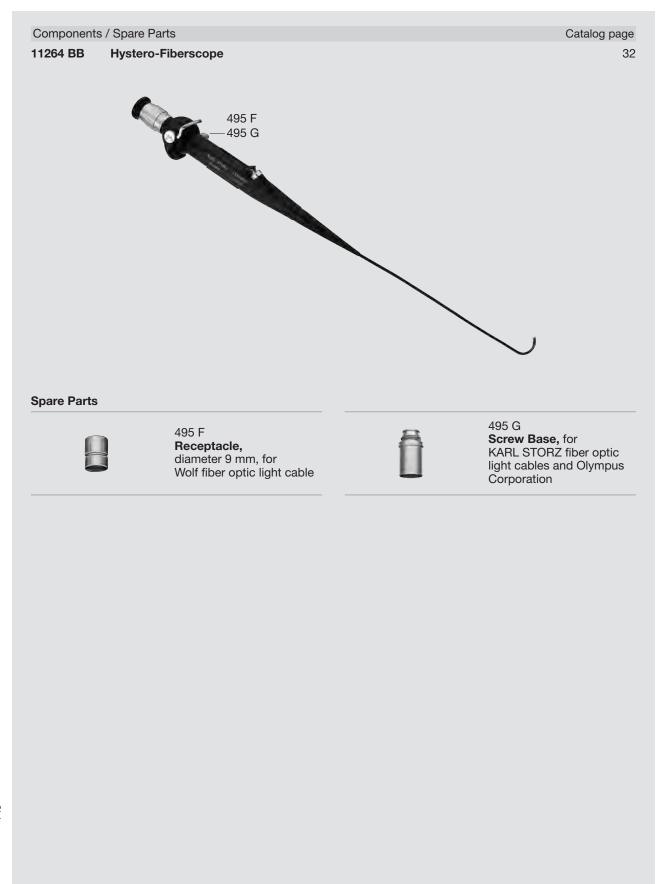




SP 4 GYN-SP 2



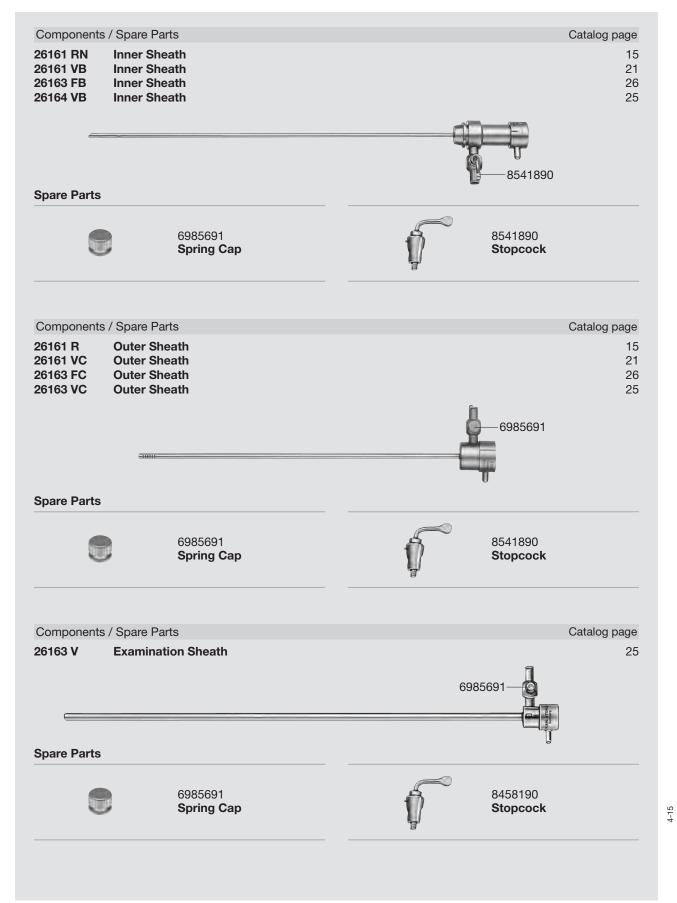




GYN-SP 3



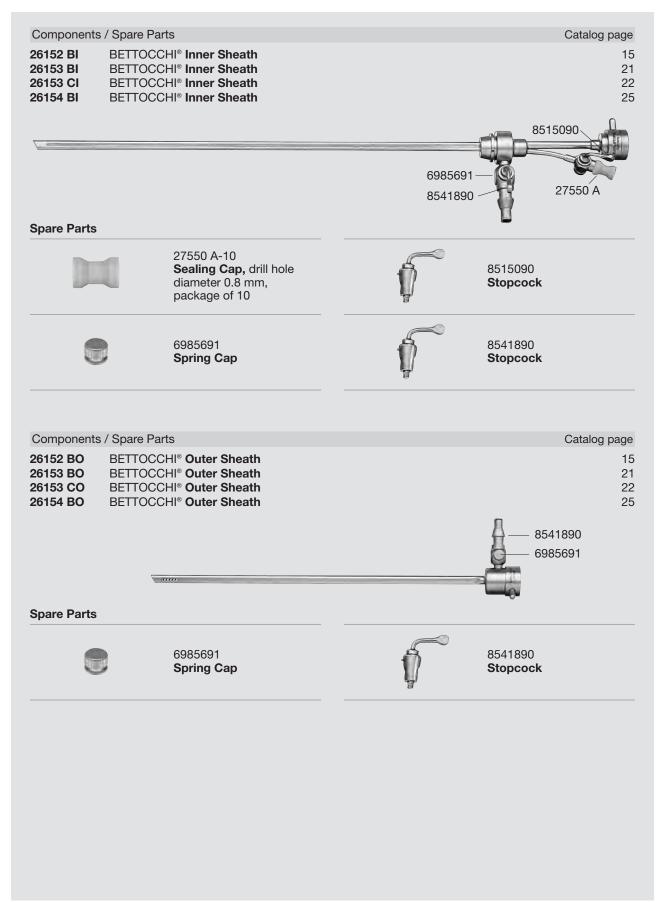




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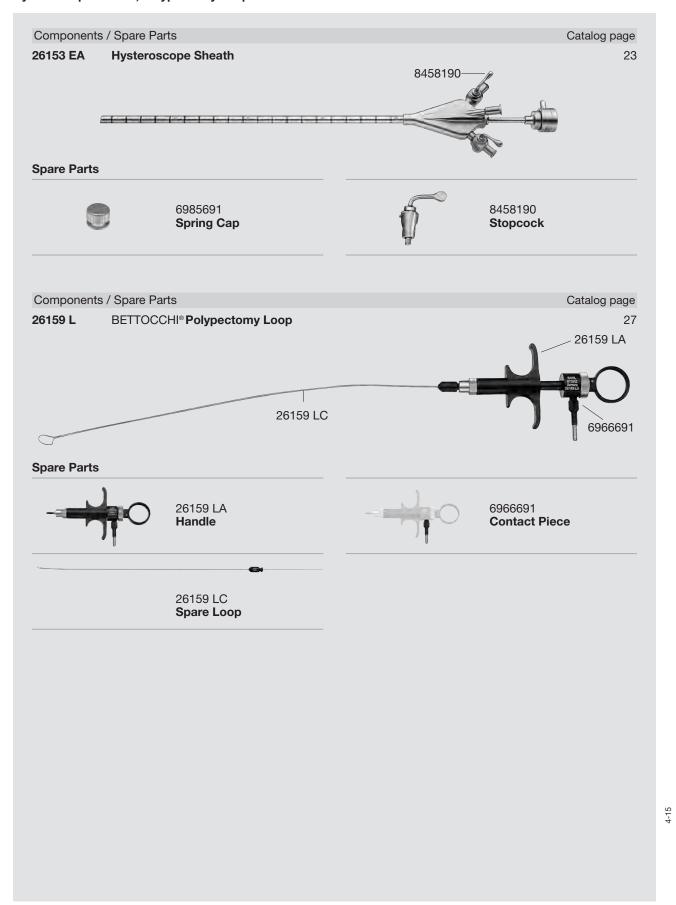




GYN-SP 5

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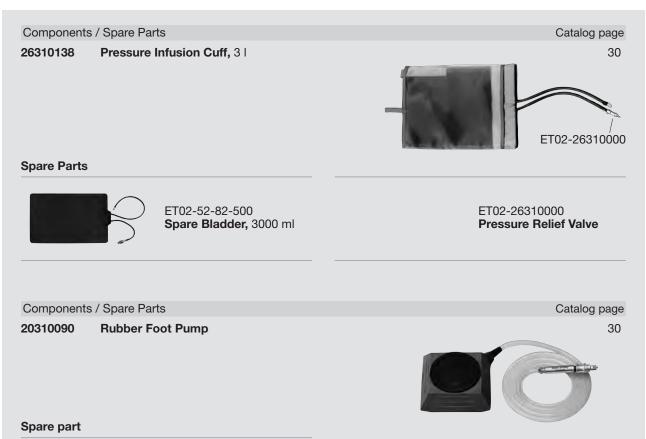




SP 8 GYN-SP 6

Pressure Infustion Cuff, Rubber Foot Pump





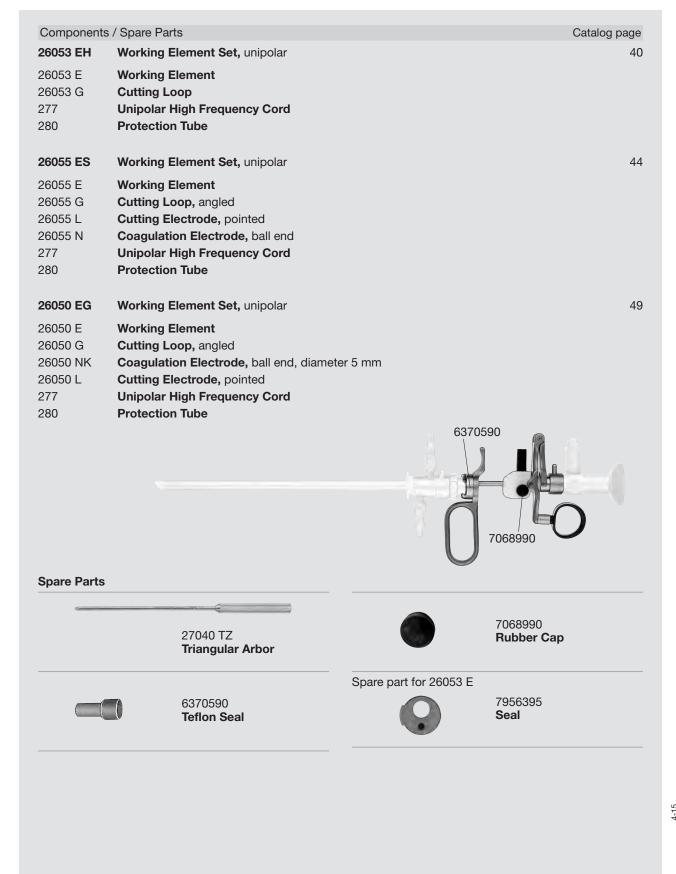
ET02-51-20-001 Blow-off Valve

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Unipolar and Bipolar Resection







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Unipolar and Bipolar Resection Working Elements





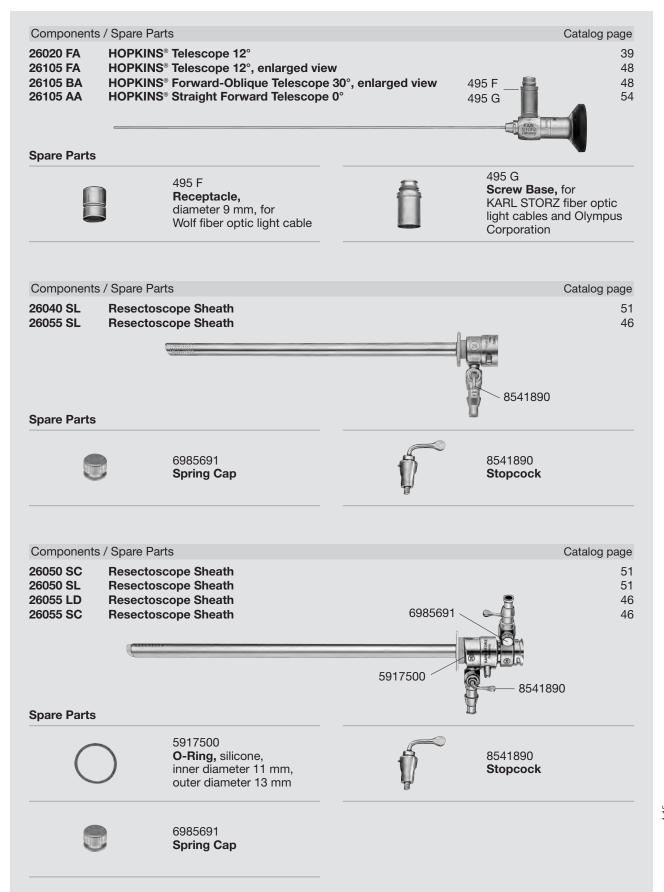
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26053 EB	Working Element	
26053 GP	Cutting Loop	
27176 LEB	Bipolar High Frequency Cord	
280	Protection Tube	
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26055 EB	Working Element	
26055 GP1	Cutting Loop	
26055 BL1	Cutting Electrode, pointed	
26055 NB1	Coagulation Electrode, ball end	
27176 LEB 280	Bipolar High Frequency Cord Protection Tube	
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26040 EBH	Working Element Set, bipolar	50
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26040 GP1	Cutting Loop, bipolar	
26040 BL1 26040 NB1	Cutting Electrode, bipolar, pointed Coagulation Electrode HALF MOON®,	
200 1 0 ND 1	bipolar, with ball end	
27176 LEB	Bipolar High Frequency Cord	
280	Protection Tube	6345190
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		6345190
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opare raits	27040 TZ Triangular Arbor	6345190 Teflon Seal
Opare Falls		6345190 Teflon Seal
Opare Falls		6345190 Teflon Seal
Opare rails		6345190 Teflon Seal
Opare rails		6345190 Teflon Seal
Opare rails		6345190 Teflon Seal
Opare Falls		6345190 Teflon Seal
Opare Falls		6345190 Teflon Seal
Opare Falls		6345190 Teflon Seal
Opare rails		6345190 Teflon Seal
Opare rails		6345190 Teflon Seal

GYN-SP 9 SP 11

Unipolar and Bipolar Resection

Telescopes, Sheaths



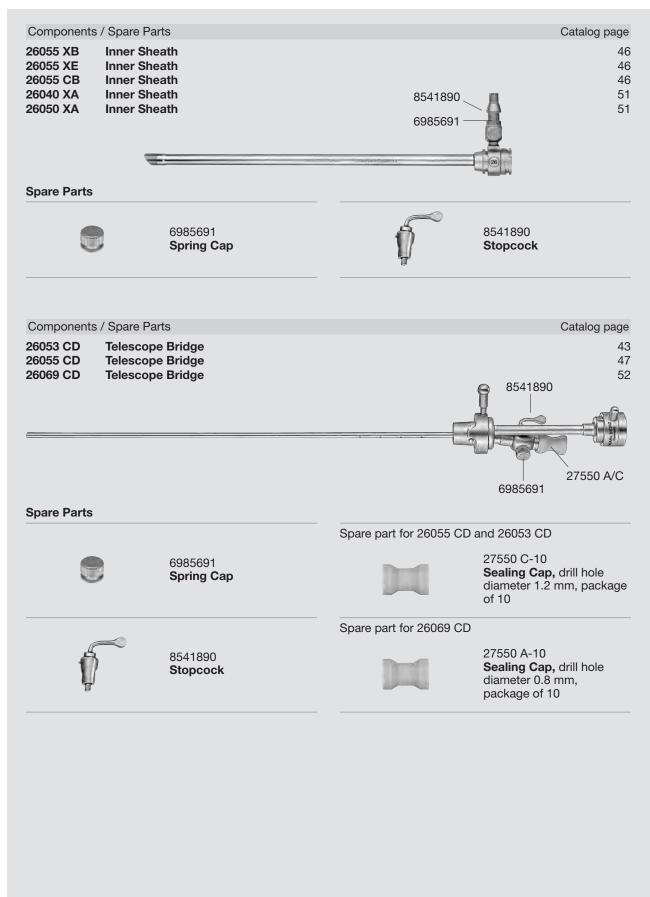


SP 12 GYN-SP 10

Unipolar and Bipolar Resection





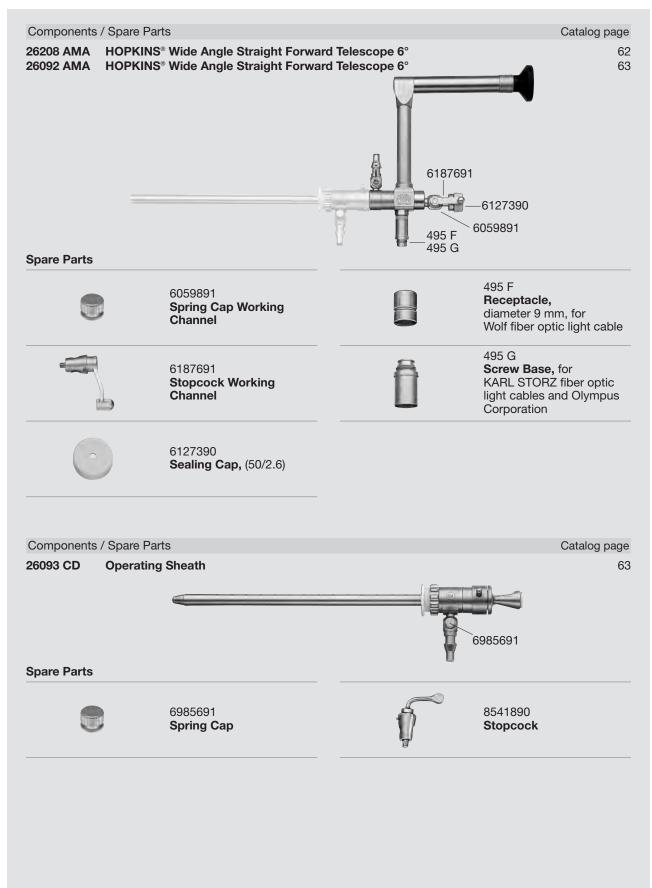


GYN-SP 11 SP 13

Shaver System for Gynecology

Telescopes, Sheaths



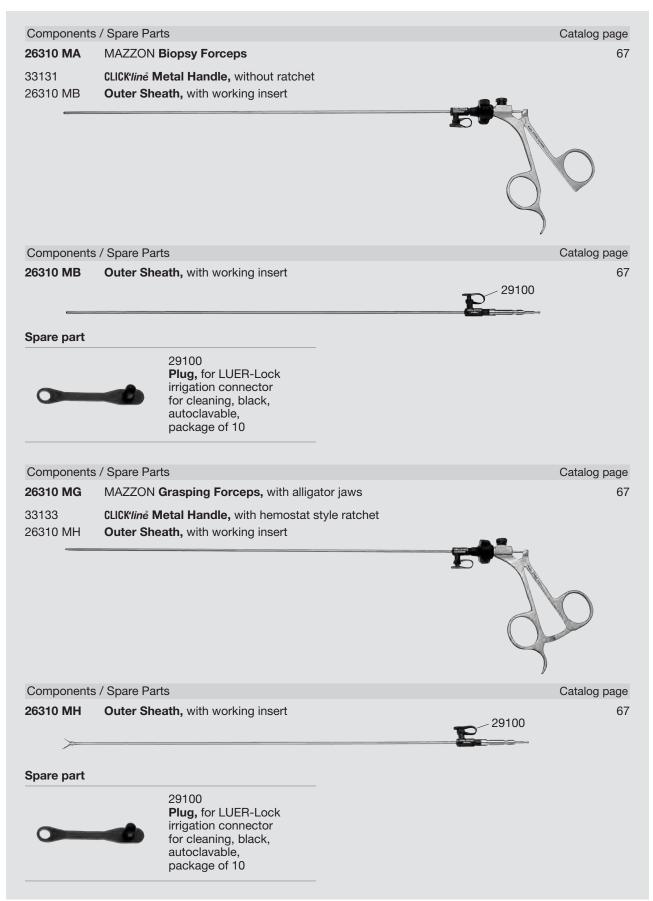


SP 14 GYN-SP 12

Shaver System for Gynecology

MAZZON Biopsy Forceps, MAZZON Grasping Forceps

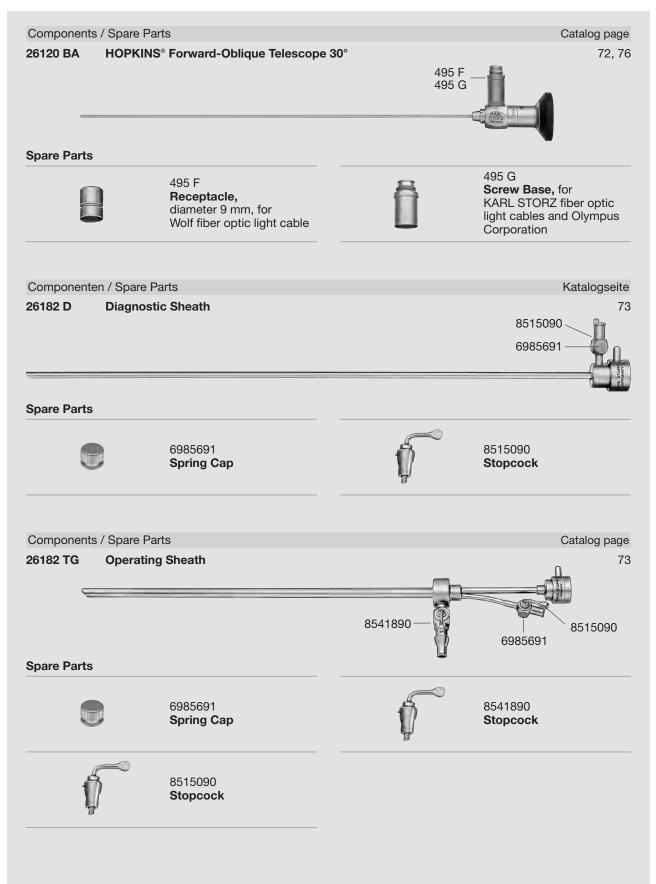




GYN-SP 13 SP 15



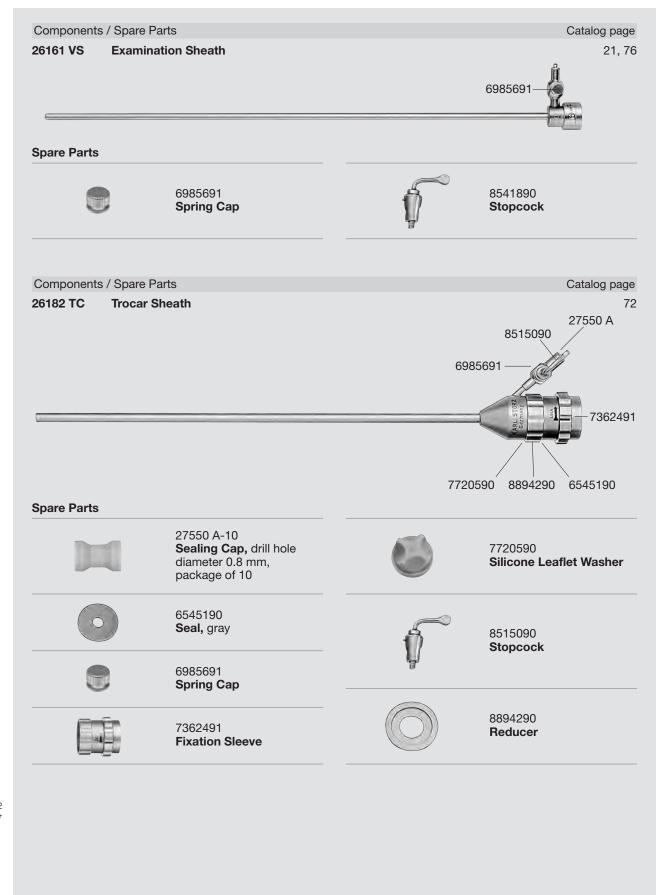




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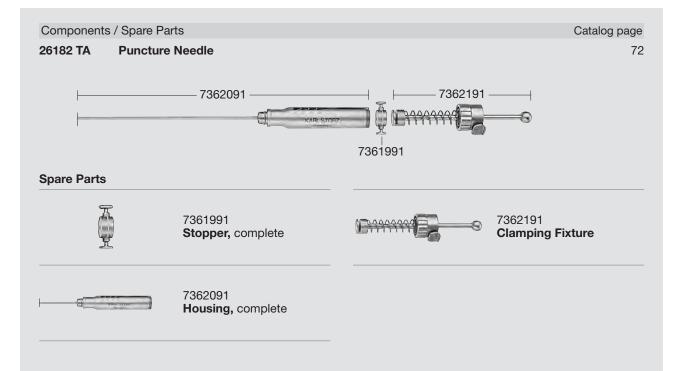




GYN-SP 15 SP 17

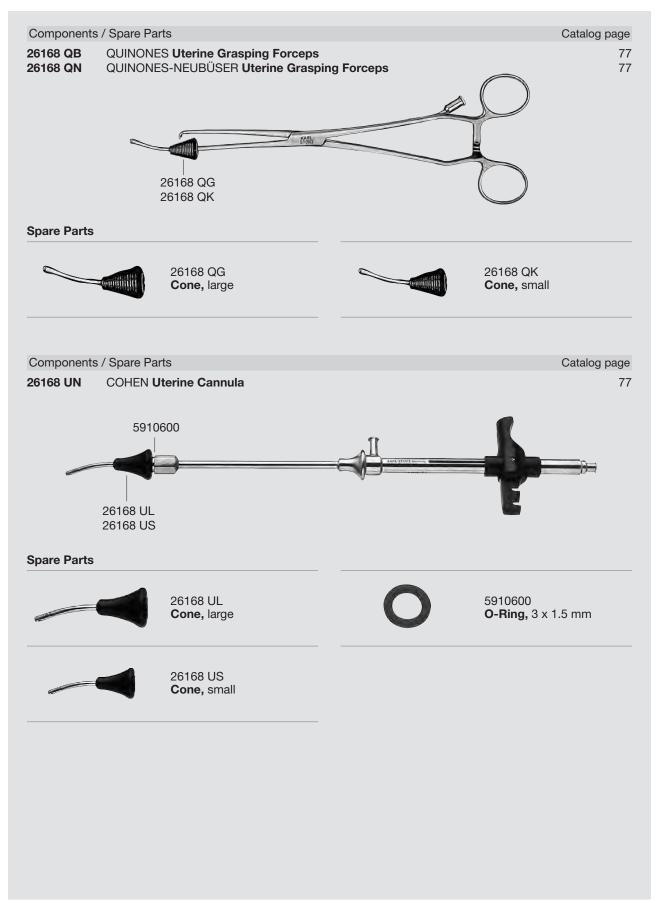


Puncture Needle



QUINONES and QUINONES-NEUBÜSER Uterine Grasping Forceps, COHEN Uterine Cannula

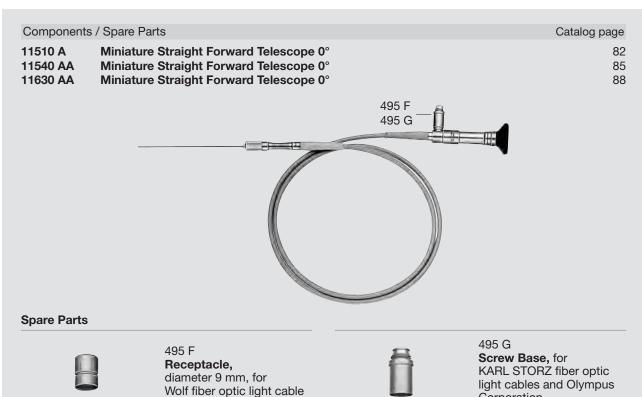




GYN-SP 17 SP 19

Telescopes





Components / Spare Parts Catalog page HOPKINS® Straight Forward Telescope 0° 26008 AA 26008 FUA **HOPKINS® Telescope 12°** 26008 BUA **HOPKINS® Forward-Oblique Telescope 30°** 495 F 495 G

Spare Parts



495 F Receptacle, diameter 9 mm, for Wolf fiber optic light cable



495 G Screw Base, for KARL STORZ fiber optic light cables and Olympus Corporation

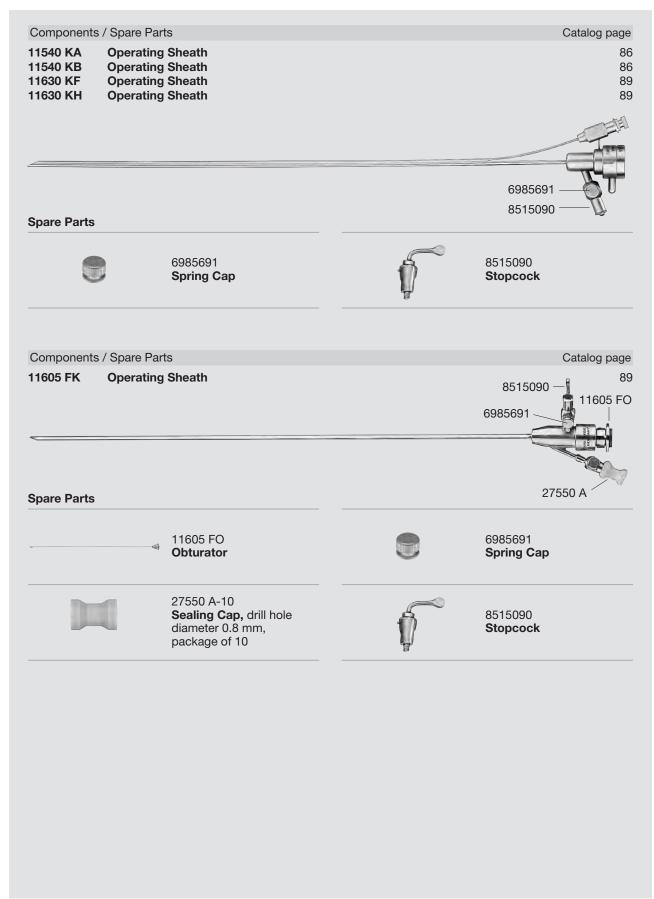
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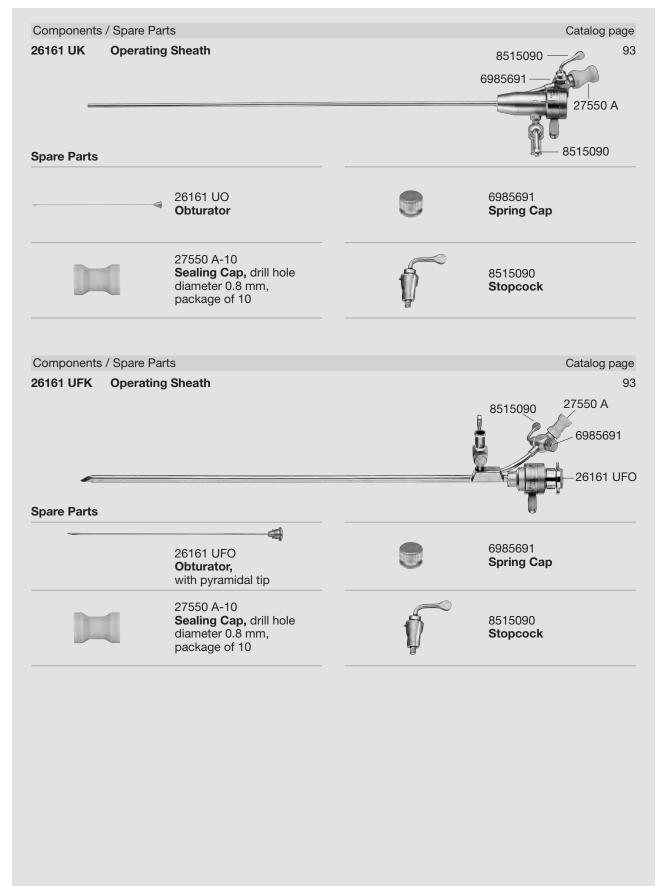




GYN-SP 19 SP 21

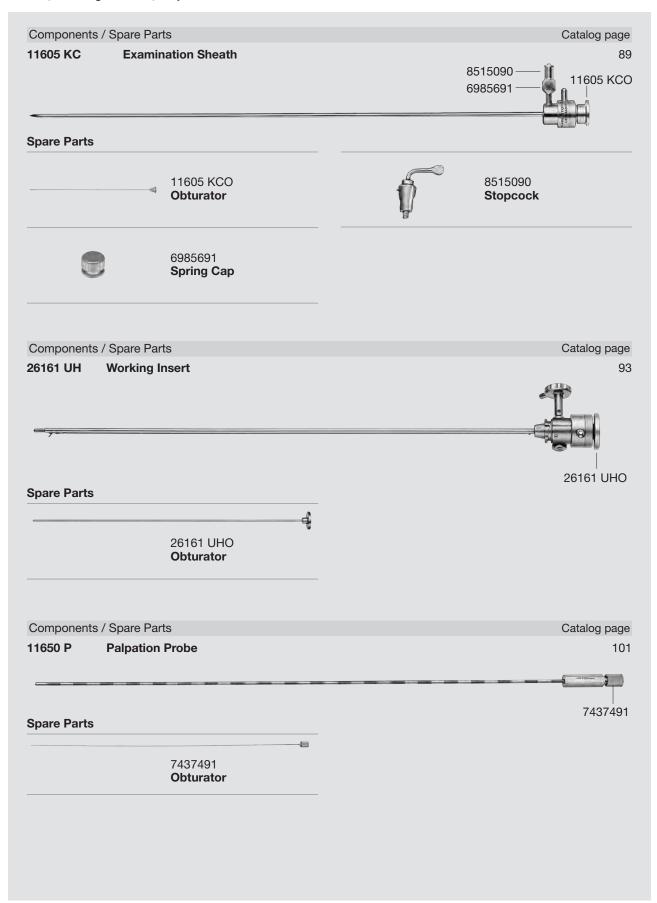
Sheaths





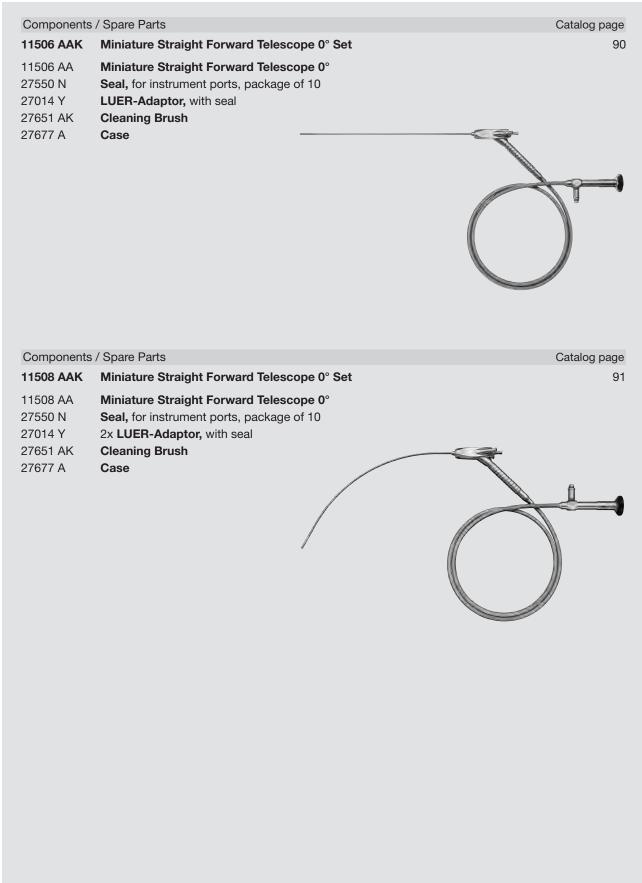
Sheath, Working Element, Palpation Probe





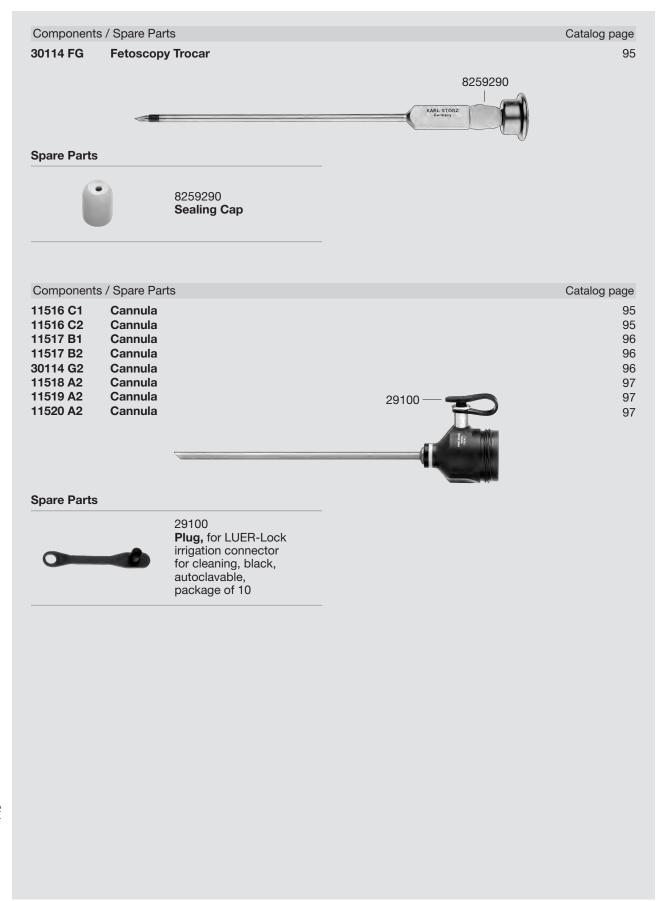
Miniature Straight Forward Telescope 0° Set





Trocar, Cannulas





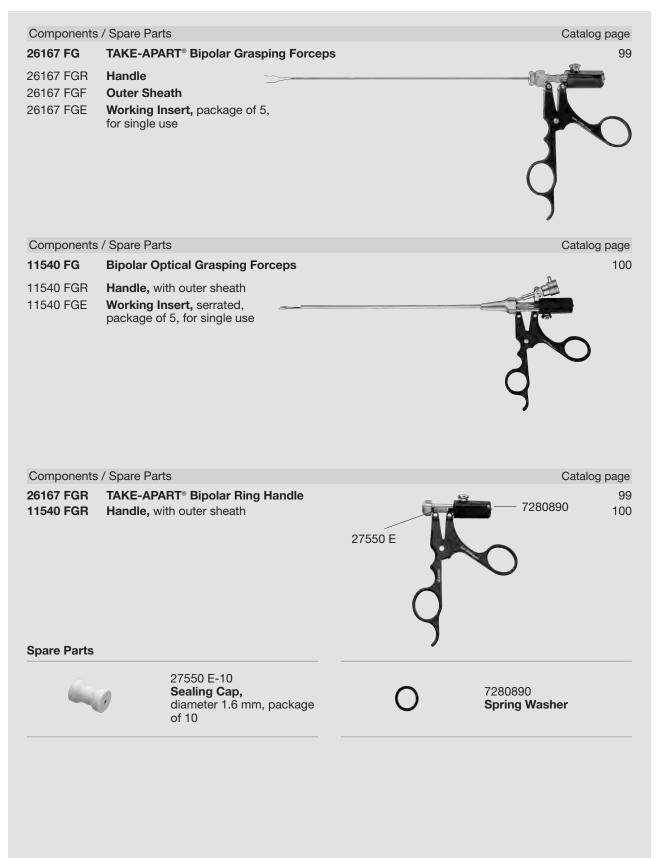
Silicone Leaflet Valves





Grasping Forceps, Handles

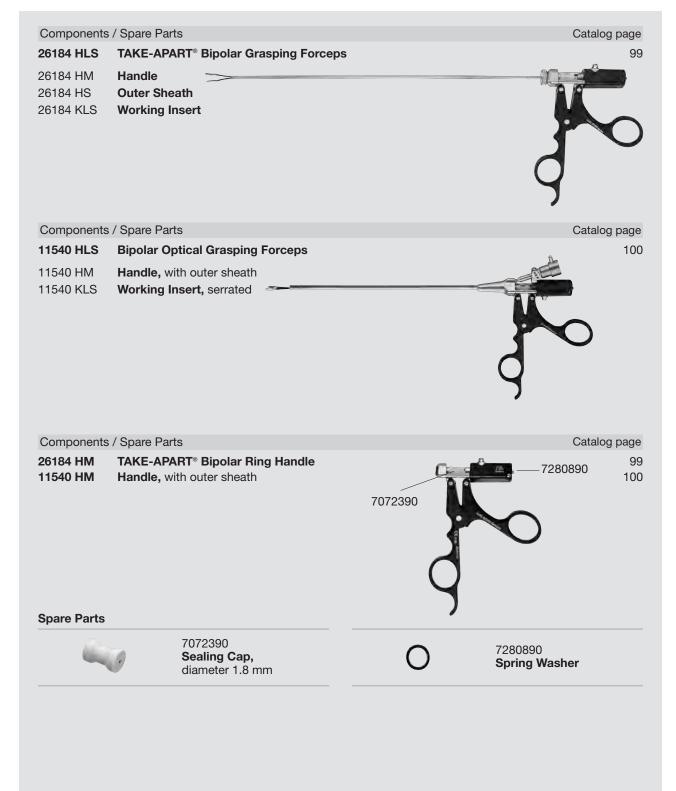




GYN-SP 25 SP 27

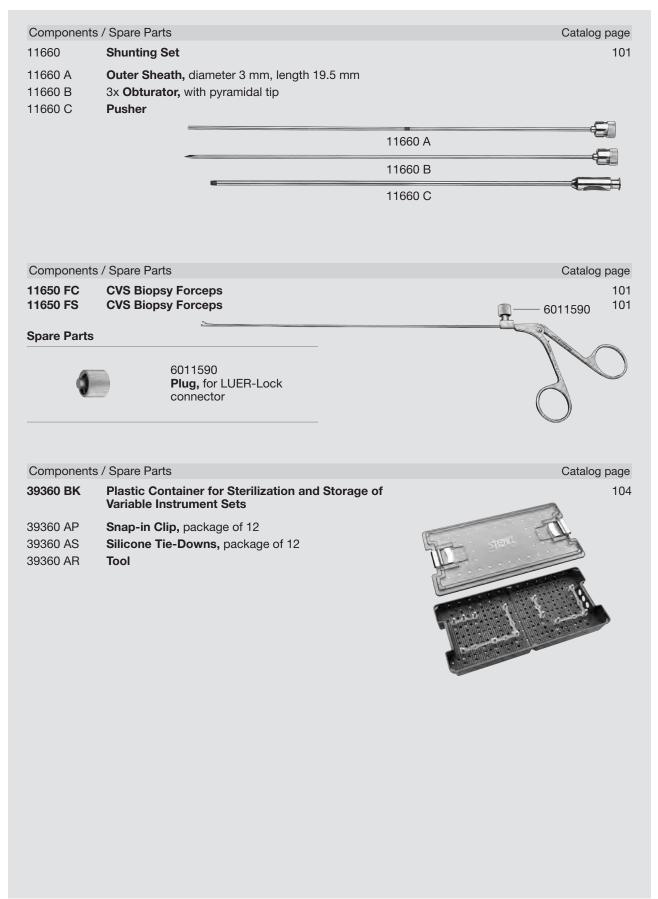
Grasping Forceps, Handles





Shunting Set, Biopsy Forceps, Plastic Container



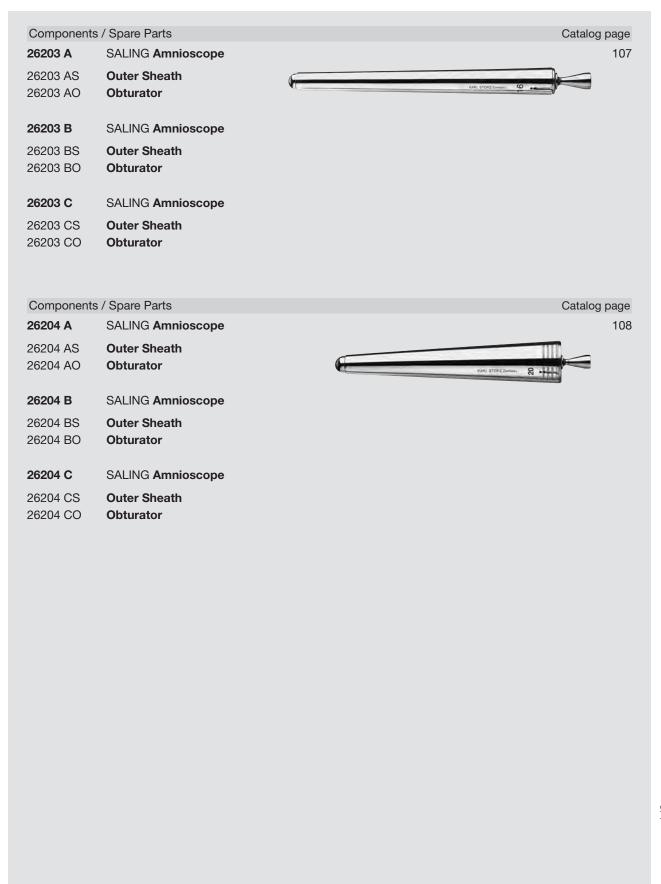


GYN-SP 27

Micro Blood Extraction Set, Amnioscopes and Cystoscopes





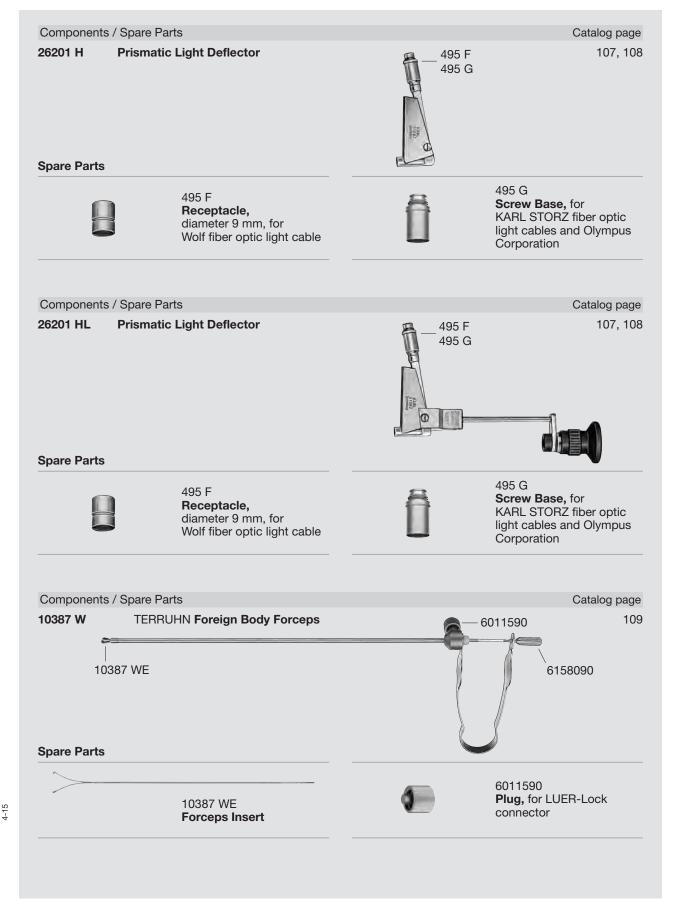


SP 30 GYN-SP 28

Micro Blood Extraction Set, Amnioscopes and Cystoscopes





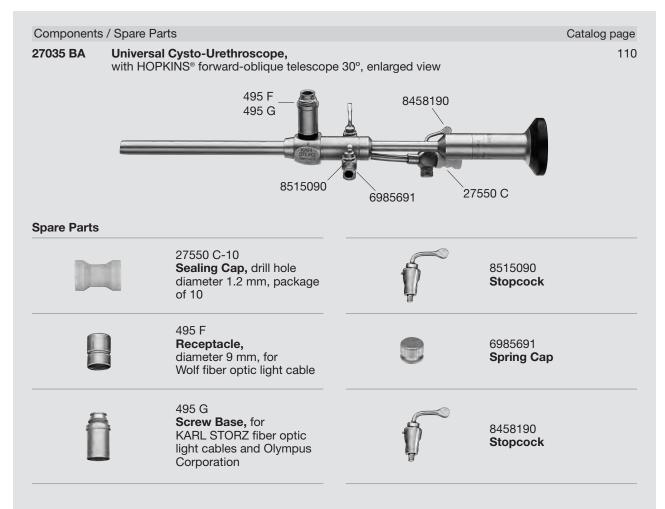


GYN-SP 29 SP 31

Micro Blood Extraction Set, Amnioscopes and Cystoscopes



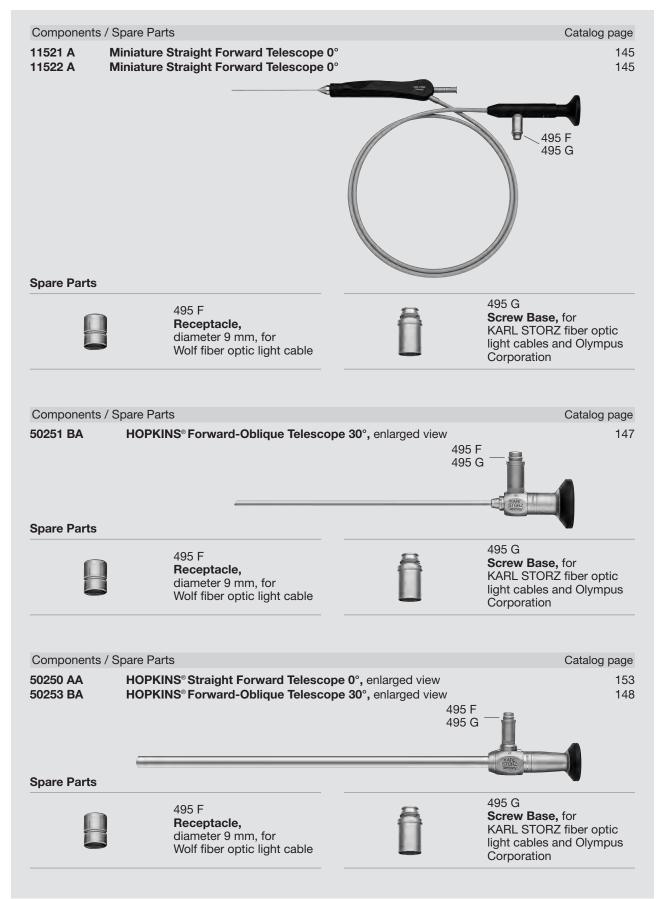
Cystoscopes



4

Telescopes

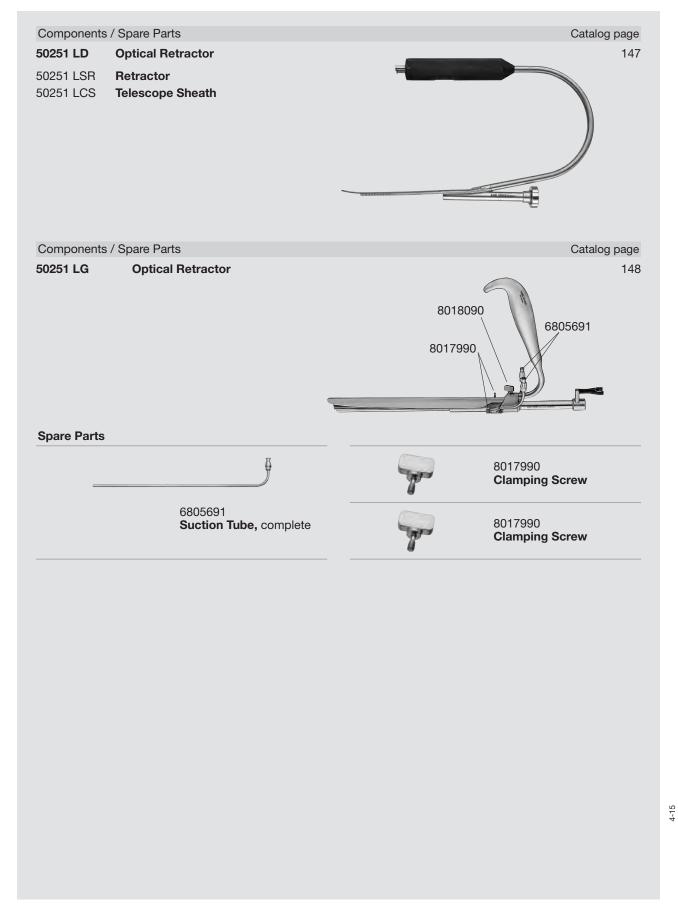




GYN-SP 31

Optical Retractors

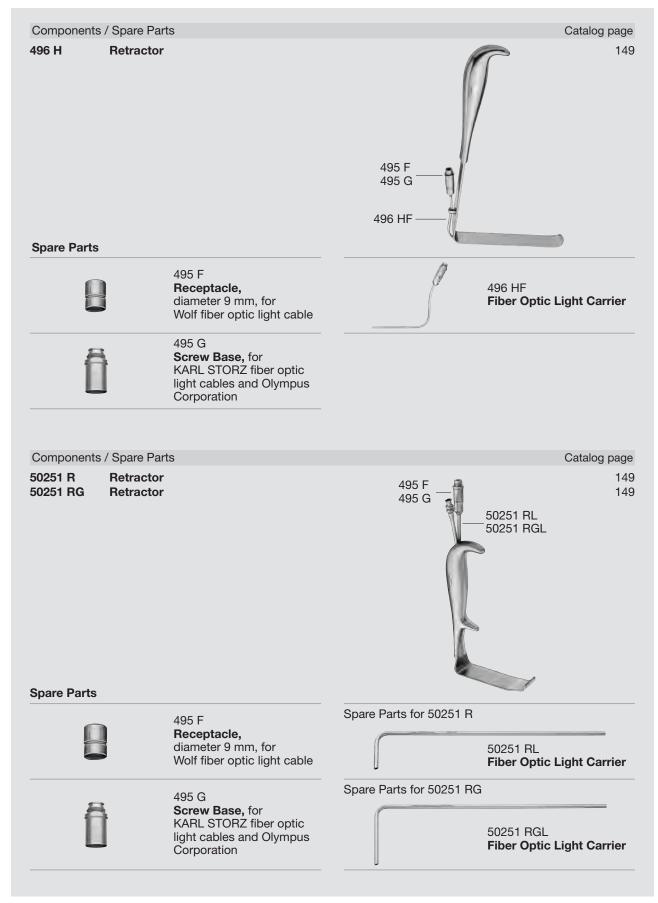




SP 34 GYN-SP 32



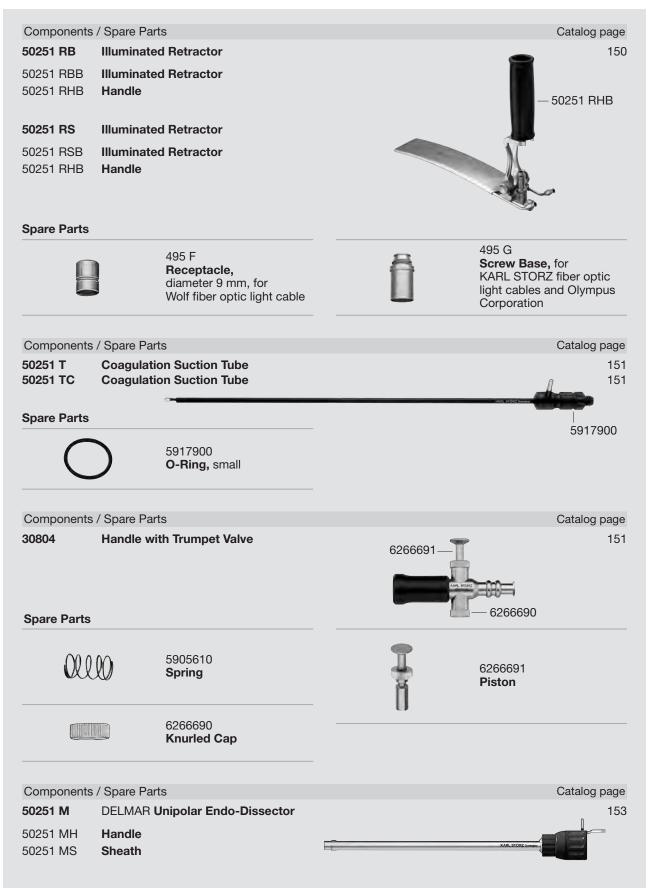




4

Illuminated Retractors, Coagulation Suction Tubes, Handle, DELMAR **Unipolar Endo-Dissektor**





SP 36 GYN-SP 34

Holding Systems

Mechanical Holding Systems, ENDOCRANE®



Components / Spare Parts

28172 HK Socket, to clamp to the OR table

Catalog page

Spare Parts

ET35-91-090 **Butterfly Nut,**

for fixing the retaining rod



Components / Spare Parts

Catalog page

28172 HR Rotation Socket, to clamp to the operating table 127

Spare Parts

28172 HRS

Butterfly Nut, to clamp Socket 28172 HR to the operating table, one already mounted on Socket 28172 HR



Components / Spare Parts

28272 HA **Articulated Stand Articulated Stand** 28272 HB **Articulated Stand** 28272 HC 28272 HD **Articulated Stand** Catalog page

127 127 127

127

Spare Parts



28172 HZ Set Screw.

for articulated stands



Components / Spare Parts

28272 EH **ENDOCRANE®**, piezoregulated holding arm

28272 EHS ENDOCRANE® Arm, including stand 28172 HG Socket, to clamp to the OR table

20780020 **Control Unit**

041150-20* Cover, elasticated, package of 20

28272 ECW **Spring Balance**

400 A Mains Cord, length 300 cm

27677 BV Case



4-15

GYN-SP 35 **SP 37**

Training Models LYRA Hystero-Trainer Eva II



Component	s / Spare Parts	Catalog page
26343	LYRA Hystero-Trainer Eva II	141
26343 A1	Neoderm Uterus, with polyps	
26343 A2	Neoderm Uterus, with septum and polyps	
26343 A3	Neoderm Uterus, with septum without polyps	
26343 B	Vaginal Block, for biological organ structures/uteri	
26343 C	Vaginal Block, for artificial uteri (Neoderm)	
26343 D	Neutral Electrode, for unipolar use	
26343 F	Neoderm Uterus, for biological implants	
26343 X	Base Body	

Insufflators

HAMOU® MICRO-HYSTEROFLATOR® SCB



Catalog page

Catalog page

Catalog page

U 8

U 8

U 7

U 8

U8

U 6

Components / Spare Parts

26431508-1 HAMOU® MICRO-HYSTEROFLATOR® SCB

26431520-1 HAMOU® MICRO-HYSTEROFLATOR®, power supply 100 - 240 VAC, 50/60 Hz

20400042 Silicone Tubing Set, sterilizable

Universal Wrench 20400030

20090170 SCB Connecting Cable, length 100 cm

031123-10* Gas Filter, for single use, sterile,

package of 10



26431520-1

Spare Parts



2027590 Mains Fuse, T 2.0 AL (SB), package of 10

Components / Spare Parts

CO₂ High Pressure Tube 20400022 20400028 CO₂ High Pressure Tube

Spare Parts



2903390 Seal, for use with CO₂ bottle, Pin-Index connector

Components / Spare Parts

20400021 CO₂ High Pressure Tube 20400027 CO₂ High Pressure Tube

Spare Parts



2903490 Seal, for use with CO2 bottle, German connection

Components / Spare Parts

20400042 Silicone Tubing Set

600008

Catalog page



LUER-Lock Tube Connector, female, tube diameter 6 mm

Spare Parts 600007 **LUER-Lock Tube** Connector, male, tube diameter 6 mm

GYN-SP 37

Suction and Irrigation Systems

HYSTEROMAT E.A.S.I.® SCB



Catalog page

U 10

Components / Spare Parts

26340001-1 HYSTEROMAT E.A.S.I.® SCB

26340020-1 **HYSTEROMAT E.A.S.I.** SCB

power supply 100 – 240 VAC, 50/60 Hz

400 A Mains Cord

20090170 SCB Connecting Cable, length 100 cm

031917-10 **Basic Tubing Set,** for single use



26340020-1

Spare Parts



1973290 Mains Fuse, T 1.6 AL (SB), package of 10

* mtp

1 1 5

SP 40 GYN-SP 38

Suction and Irrigation Systems

HAMOU® ENDOMAT® SCB



Catalog page

U 12

Components / Spare Parts

26331101-1 HAMOU® ENDOMAT® SCB

26331120-1 HAMOU® ENDOMAT® SCB

20090170 SCB Connecting Cable, length 100 cm 031951-10* Cassette Tubing Set, for single use

VACUsafe Suction, 21 031520-03*



26331120-1

Spare Parts



2027590 Mains Fuse, T 2.0 AL (SB), package of 10

Components / Spare Parts

26 3311 42 Silicone Tubing Set, for suction, sterilizable



Spare Parts



27500 **LUER-Lock Tube** Connector, male, tube diameter 9 mm

59351111018 **LUER-Lock Connector,** male

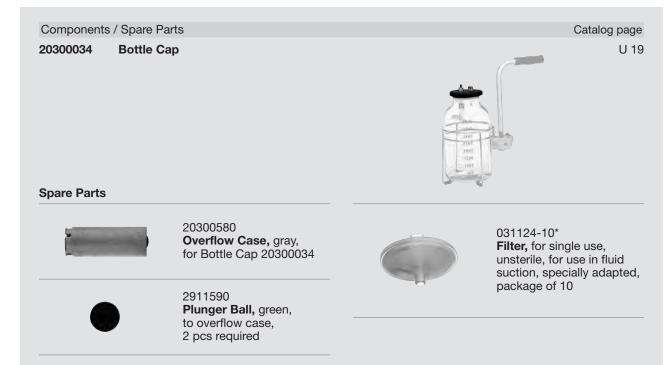


20300180 **Tubing Connector Set**

Suction and Irrigation Systems HAMOU® **ENDOMAT® SCB**







Suction and Irrigation Systems

ENDOMAT® LC SCB



Components / Spare Parts Catalog page 20330302-1 **ENDOMAT® LC SCB** U 14 20330320-1 ENDOMAT® LC SCB, power supply 100 - 240 VAC, 50/60 Hz 20330343 Silicone Tubing Set, for suction, sterilizable SCE STORZ SCB Connecting Cable, length 100 cm 20090170 Control Cable, UNIDRIVE® S III -20701070 KARL STORZ pump systems 20330320-1 **Spare Parts** 2027390 Mains Fuse, T 1.0 A (SB), package of 10 Components / Spare Parts Catalog page 20330343 Silicone Tubing Set, for suction, sterilizable U 19 **Spare Parts** 20330393 20300482 Pump Tube, sterilizable, **Connector Set** package of 25

GYN-SP 41 SP 43

Suction and Irrigation Systems

EQUIMAT® SCB, UNIDRIVE® S III SCB



Catalog page

Components / Spare Parts

20302003-1 EQUIMAT® SCB

20302020-1 **EQUIMAT**® **SCB**, power supply

100 - 240 VAC, 50/60 Hz

38332130 Scale Measuring Element II

20302031 Suspension Holder

20090170 SCB Connecting Cable, length 100 cm



20302020-1

Spare Parts



2027390 Mains Fuse, T 1.0 A (SB), package of 10

Components / Spare Parts

26701001-1 UNIDRIVE® S III SCB

20701020-1 UNIDRIVE® S III SCB,

power supply 100 – 240 VAC, 50/60 Hz

400 A Mains Cord

20016230 **One-Pedal Footswitch,** two-stage 20090170 **SCB Connecting Cable,** length 100 cm





Catalog page

U 23

20701020-1

Spare part for use at 230 V:



2027590 Mains Fuse, T 2.0 AL (SB), package of 10

Spare part for use at 110 V:



2027690 Mains Fuse, T 4.0 AL (SB), package of 10

High Frequency Surgery Units

AUTOCON® II 400 SCB, AUTOCON® II 80



Catalog page

U 34

Components / Spare Parts

2053520x-12x AUTOCON® II 400 SCB

2053522x-12x AUTOCON® II 400 SCB,

power supply 220 - 240 VAC, 50/60 Hz

400 A **Mains Cord**

20090170 SCB Connecting Cable, length 100 cm

2053520xU12x AUTOCON® II 400 SCB

2053522xU12x AUTOCON® II 400 SCB,

power supply 100 - 120 VAC, 50/60 Hz

400 A **Mains Cord**

20090170 SCB Connecting Cable, length 100 cm



2053522x-12x 2053522xU12x

Spare part for use at 230 V:



2027690 Mains Fuse, T 4.0 AL (SB), package of 10 Spare part for use at 110 V:



2028090 Mains Fuse, T 8.0 AL (SB), package of 10

Components / Spare Parts

20530801 **AUTOCON® II 80**

AUTOCON® II 80, 20530820

power supply 100 - 240 VAC, 50/60 Hz

400 A Mains Cord, length 300 cm Catalog page

U 36

Spare Parts



2027690 Mains Fuse, T 4.0 AL (SB), package of 10



20530820



Surgery Electrodes Set



